Ferris State University in Michigan took 160 BSW and MSW students and faculty to Lansing (the state capital) for NASW's Legislative Education and Advocacy Day (LEAD).

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Dear Reader,

In the last issue, I said: “Respecting the worth and dignity of all people” is my motto, and if we keep this in mind as our guiding principle—in our daily lives, in our work, in our advocacy for and with others—I think that’s a good place to start.” Allan Barsky builds on this thought in his column on page 4 (with guest co-author Laura Groshong). When we are talking about advocacy, they ask, how does respect apply?

Vilissa Thompson addresses related issues in her #MacroSW article (page 26) on the role of allies, understanding disability, and online disability advocacy. The New Social Worker is the media partner of the #MacroSW Twitter chats. Check them out on Thursday nights.

Two articles in this issue focus on working with clients in rural areas. Christine Lucio moved to Bethel, Alaska, when she was having difficulty finding a job. She says she would do it again, if given the chance. From another perspective, Audrey Morrison has found e-therapy an effective way to provide services to people who cannot otherwise access them, such as in Nunavut, Canada.

Each April is National Poetry Month, and we are honored to publish the winners of the National Poetry Contest for Social Workers, held by the University of Iowa School of Social Work. See page 22 for the winning poems.

Respite foster care has been used to give parents (biological and foster) short breaks. What is the effect of these placements on children? (See page 13.)

Doing therapy with children is different from working with adults. That seems obvious, but have you thought about tangible ways to work that are backed up by neuroscience? Kristina Sargent has. (See page 16.)

Have you had an awesome mentor? Maybe it’s time to pay it forward (page 6). If you want to switch to a new practice area, check out Valerie’s article on transferable skills (page 10). Is palliative care your passion? See page 24.

The American Red Cross is looking for disaster mental health volunteers (page 20). Case for Here, a new project, is seeking volunteer expert witnesses for immigrants at risk of deportation (page 28).

Check out Addison’s review of Lion (page 29), and book reviews on page 30.

I hope you enjoy the articles in this issue of The New Social Worker. Until next time—happy reading!

The publisher/editor

Publisher’s Thoughts

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 1,250-1,500 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 students or colleagues. What do you want them 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. See http://www.socialworker.com/Guidelines_for_Writers/ for additional information.
There’s something that enables a person to not only overcome adversity but to flourish. And, once flourishing, to inspire others. Whatever that quality is, Nikki Bond has it.

She might have been discouraged by a childhood that was difficult, to say the least. She experienced homelessness for two years. After Bond turned seven, her parents split up. She didn’t see her father for 24 years. She spent every weekend during the summers with two great-aunts.

She also came into contact with the court system and entered the foster care system because of physical abuse by her mother. “I could show the marks,” Bond says.

Instead of wallowing in the past or even dwelling in it, she pours her abundant energies and talents into her MSW studies (due to be completed in May) at Rhode Island College, and into her vast professional and volunteer experiences.

For the internship in her final year of graduate school, she is doing macro social work at the North Providence (RI) Health Equity Zone. Bond researches and writes grants that will provide sustainability to existing or additional programs that promote health equity; conducts community needs assessments to determine health equity-related needs; collaborates with partners, including municipalities, local businesses, and community residents; and evaluates programs—among other responsibilities.

Simultaneously, Bond works for the Dean of Students/Director of Family and Student Support of the Breakthrough Providence program. Her duties include providing emotional, social, behavioral, and academic support to assist students; observing students and teachers in the classroom; meeting school administrators to assist students in having a successful academic experience; and facilitating psychoeducational groups for students and their families.

Bond has been a writing instructor, teachers’ assistant in the psychology department of the University of Rhode Island, and an English tutor at the Community College of Rhode Island. She has done research in several institutions—including for a NASA Department of Physics Study at the Community College of Rhode Island—and given presentations on subjects as diverse as the history of Spain through its art history and Bridging the Gap of Academic Equity.

The MSW student is heavily involved in community service, as well. She is president of the Rhode Island College Master of Social Work Student Organization and a board member of the Rhode Island Chapter of the National Association of Social Workers.

Despite her frenetic schedule and positive outlook, Bond has not forgotten the past. These many years later—she is 38 now—she lives with PTSD. “I have a lot of triggers and nightmares,” she says. “But it’s not about overcoming something but doing something with life. I’ve always been a fighter.”

Her family life now is much more harmonious than her family of origin, and extraordinarily busy. She is married to Russ, a teacher. They have five children, ranging in age from 4 to 20.

She had her first child at 17 and was a single mother for a time. “It took me eight years to get my undergraduate degrees [in both psychology and English],” she says.
**Ethics Alive!**

**R-E-S-P-E-C-T in Social Work Advocacy**  
*by Allan Barsky, J.D., MSW, Ph.D.*  
and Laura Groshong, LICSW

Respect is a core social work value, permeating all aspects of practice. The principle of demonstrating respect implies a moral duty to be friendly, deferential, accepting, tolerant, or civil. Respect can mean different things to different people, at different times, and in different contexts. Behaviors that may be viewed as respectful by one person or cultural group may be viewed as disrespectful by another.

For social workers, it is also important to consider respect in relation to the type of work they are doing. In this article, we explore the nature of respect in the context of social work advocacy. Advocacy refers to strategies used to influence others for the benefit of a particular client or cause. Whereas social workers demonstrate respect to individual clients by honoring their right to self-determination and avoid imposing their values and beliefs, advocacy often involves persuasion and trying to change the beliefs and behaviors of others.

In its statement of core ethical principles, the *NASW Code of Ethics* (2008) provides, “Social workers respect the inherent dignity and worth of the person.” Other standards suggest social workers should use respectful language regarding clients and colleagues. Interestingly, Standard 6.04—the standard that describes social workers’ obligation to participate in social and political action—is silent on the issue of using respectful language.

As we explore what respect means in the context of social work advocacy, we ask you to consider whether it is ever ethically justifiable to use disrespectful language and strategies to advocate for just causes. We also ask you to consider who gets to determine what constitutes respectful language—the advocate, the people intended to be persuaded, the general public, vulnerable minorities, or the social work profession?

On one hand, does it not seem obvious that social workers should be respectful in all their communications, whether for advocacy or otherwise? Deontologists such as Emmanuel Kant (1964) would argue that respect is a categorical imperative; that is, being respectful is always a good thing. In a civil society, demonstrating respect is rationally necessary. It fits with the Golden Rule, “Do unto others as you would have them do unto you.” According to Kant, respect is a principle that should be followed regardless of the situation and potential consequences.

Consider a social worker who is unhappy with a particular presidential candidate, believing this candidate is bigoted and, if elected, would impose racist policies on vulnerable minorities. Would it be ethical for this social worker to participate in an online smear campaign to ensure this candidate is not elected? Would it be disrespectful, for instance, to label the candidate’s supporters “a basket full of deplorables”? (See Blow, 2016). If using disrespectful language is the best way to ensure a “positive outcome” in the election, does the end justify the means? Deontologists would say “no.” We should not use people as a means to an end, and we should therefore act with respect regardless of the outcome of the particular election. On the other hand, teleologists believe that consequences are important and the end does justify the means (Bentham, 1823). Although the use of disrespectful messaging in advocacy may lead to negative consequences for the candidate, the greater good is served by ensuring that the other candidate, who the social worker believes will promote social justice, is put into office. What good is it to be “nice and respectful,” if doing so does nothing to rectify poverty, discrimination, unemployment, violence, and other social problems?

Radical social advocates such as Saul Alinsky (1971) have long believed that being nice and respectful allows the status quo to continue. According to this view, for disempowered and disadvantaged groups to have their concerns heard and acted upon, social advocates may need to use insults, harassment, and ridicule, treating opponents of their causes as enemies to be defeated. If a White supremacist group is advocating racial profiling, why should social workers have an ethical responsibility to use respectful language to advocate against this group? Isn’t it more important to confront racism and promote social justice than to pander to bigotry and forego the most effective forms of advocacy, even if the messaging may be distasteful to some? Further, don’t social workers have a right to freedom of speech, including the right to advocate strongly?

In contrast to Alinsky’s radical approach, Mahatma Gandhi suggests, “In a gentle way, you can shake the world.” Gandhi and other advocates of nonviolence suggest that meaningful change cannot occur through the use of violence, including physical, emotional, or verbal violence. According to nonviolence principles (or “ahimsa”), advocates may be assertive and strong, but they should also be compassionate.
and national attention to the issue of campus safety. Openly carrying dildos made many people feel uncomfortable. Time will tell if this provocative action will lead to a productive discussion and resolution of the conflict between those who value the right to openly carry a weapon and those who believe this promotes an unsafe environment.

Ultimately, no professional social work association can prescribe exactly which words, which forms of protests, and which expressions of persuasion are ethical or unethical. As noted, expressions that are considered respectful and appropriate to some may be considered disrespectful and inappropriate to others. Still, social workers should consider the impact of their language—not just on whether it promotes their social causes, but also how it reflects on the profession and how it may have a broader impact on society.

The ideal may be to demonstrate respect and advocate effectively at the same time. In practice, however, social workers may decide to use language that may be perceived as offensive to some (or many) in order to pursue their just causes. Rather than having professional associations imposing their decisions, individual social workers, small groups of social workers, and social work organizations should think critically about their choices, using the ethical principles in the Code of Ethics as a guide. Questions to be considered include:

• What are my options for advocacy and advancing social justice?
• What are the long- and short-term impacts of these strategies?
• Which advocacy strategies and forms of expression are most likely to achieve my goals?
• How do these strategies reflect on me as a social work professional, and on my profession as a whole?

Professional associations should also do their part to support social workers, allowing them discretion to determine the best ways to advocate, while also promoting the ideals of the profession— including respect, honesty, and social justice.

References


Allan Barsky, Ph.D., J.D., MSW, is Professor of Social Work at Florida Atlantic University and author of Social Work Values and Ethics (Oxford University Press).

Laura Groshong, LICSW, is Director of Policy and Practice for the Clinical Social Work Association, a social worker in private practice, and a registered lobbyist in Washington state.

The views expressed in this article do not necessarily represent the views of any of the organizations to which the authors are affiliated, or the views of The New Social Worker magazine or White Hat Communications.
In the Field

Paying It Forward: A Reflection on Being a Learner and a Mentor

by Meghan Thiel, LMSW, LCSW

I will never forget my first client death, as a Master of Social Work intern with the palliative care team in a large academic hospital. I had been so excited about the prestigious internship, the highly ranked program and, frankly, the drama of working in a large hospital. I was a young graduate student with little life experience, and I don’t know that I really understood what I was getting into. But I was eager to get started.

My first patient death was a middle-aged man who was in the ICU and, after hearing from the medical staff that care was futile, his family had decided to terminally extubate. As the medical staff removed the endotracheal tube that kept the patient breathing, I stood outside of the patient room with the family, watching my supervisor provide support. I handed out tissues with clammy hands. I remember feeling helpless and unsure of my purpose. My supervisor appeared calm and collected as she moved between the family members. After the patient was extubated, the family returned to his bedside. I waited just outside of the room with my supervisor while the patient died, allowing the family some private time. I felt useless. I had no answers for the family as they were in the midst of their worst day.

I returned home that day sobbing, overwhelmed by seeing the death of the patient and raw grief of the family, upset that I couldn’t do anything to lessen the pain they were experiencing. I went to my supervisor the next week to tell her that I didn’t think I was a good fit for this internship and that I wasn’t sure I wanted to continue in it. As always, she was thoughtful and composed. She asked me to give it some more time and reassured me that if it was not a good fit, we would figure out another plan.

Countless times that year, I went to my supervisor with the typical “first year social work” problems. I took cases to her that I struggled with, and she challenged my worldviews and assumptions. And, most importantly, I learned how to build a partnership with a mentor.

After my graduation, although I no longer worked in palliative care, she continued to mentor me, sometimes with difficult cases, but also with the professional relationships I was building and the career I was constructing. Four years later, I
am back working in palliative care. Palliative care has become a passion of mine and—thanks to my supervisor's mentoring, support, and patience—I was able to complete my internship and find employment doing the work I love.

Our team has recently added a new team member—someone who, like me, had been new to palliative care. He recently came back to our office in tears, after being involved in a very difficult case, feeling for the family, and for our limitations as health care providers, upset by the sight of such raw pain. As he reflected on the experience of the case, I was reminded of some of my own first cases and of that first death—feeling sadness for the patient’s life cut short and for the family who must go on without them; worry about professional boundaries, yet wanting to be emotionally present; and fear that the job may be too much to handle.

In reassuring my new colleague of his competence, and validating his feelings toward the difficult case, I thought of the many hours I spent with my own supervisor. I feel privileged to be able to pass on some of the words of wisdom, encouragement, and support that my mentor passed to me. There are, of course, still cases that overwhelm me, but I am better equipped to manage those cases and my own emotions toward them, and to know when I need to reach out for help.

My mentor has always been kind, understanding, compassionate, and a good listener—all of the things we strive to be for our patients. If I can be those things for both my patients and my colleagues, even though I won’t always have the answers, then I think that’s right where I am supposed to be.

Meghan M. Thiel, LMSW, LCSW, earned her BSW from Central Michigan University in 2012 and her MSW from the University of Michigan School of Social Work in 2013. She is currently working at the South Miami Hospital of Baptist Health South Florida. Her professional interests include palliative care, bioethics, and interdisciplinary education. This reflection is dedicated to her MSW internship supervisors, Janice and Amanda.
In 2013, my husband and I faced some difficult choices. He was separating from the military, and soon we’d have no income or housing. We were panicked. I was a recent grad, but with the economy, I was having no luck finding employment. No one wanted a new grad with no experience, and if they did, they weren’t paying. I had applied to around 400 jobs, and some weren’t even related to social work. I had a few interviews, but no one was offering me a position. We had two small children, crippling loan debt, and were facing homelessness. We were getting desperate and feeling hopeless, and that’s when I got that call that would change my life in ways I couldn’t possibly imagine.

A young recruiter contacted me and asked if I was interested in the social work position she had available. I hadn’t heard of the hospital or location but said I was interested, because what else did I have? She scheduled an interview and then told me about the salary and benefits. I was pacing my room, heart racing and hands shaking. No one had ever offered me that much money before. I went from total despair to instant elation. I had my second interview, Googled as much as I could about a place called “Bethel, Alaska,” and before I knew it, there we were living in Alaska. Those first months were surreal.

You may think that, given our circumstances, they didn’t have to offer us much to get us on that plane. I mean, really, what other choice did we have? Well, oddly enough, I was offered another position in the Lower 48 (contiguous United States) that same week, but I took the job in Bethel instead. We ended up with choices but picked Alaska because it made the most sense based on our goals.

What was so appealing about Alaska, and why would I want other new social workers to do what I did? What are the benefits and challenges? Would we go back?

Financial Benefits and Challenges

The salary and benefits packages are hands down some of the best. In addition to making about $20,000 more than I had ever made per year, I was also offered a retention bonus. Often, hard-to-fill positions within Alaska offer a sign-on and/or a retention bonus, and these can be up to $5,000 or more. My benefits package included airfare for myself and my family, as well as relocation assistance for household goods. Many rural organizations understand that moving is a huge financial burden and, without assistance, many potential employees simply can’t afford to move. Keep in mind that if you take some of the benefits offered, they come with a service obligation.

Education while in Alaska was a huge financial incentive I received. I was authorized a yearly conference trip that was completely paid for by my corporation. They also reimbursed me for my continuing education and license fees. The biggest educational benefit I received, though, was my student loan repayment. This was around $20,000 per year, and as most of you know, that’s huge. Please note that the individual organizations often do not offer this directly, but instead it’s offered through federal or state programs. Please review the programs carefully, as they all come with contractual obligations.

There were many financial incentives to living in rural Alaska. However, I should mention it isn’t free from financial challenges. Almost everything is more expensive in Alaska, and living in the bush costs even more. You have to remember that with no road system, gas and groceries are either being flown or barged in, and neither is cheap. I’d say you should anticipate gas and groceries to be double the price of whatever you currently pay. Fortunately, there are now things like Amazon Pantry to offset some of those costs.

Housing and utilities are more expensive, as well, but some corporations have their own housing that can be at a reduced price or can even be part of your benefits package.

The best financial advice I can give is that before you move to Alaska, have money saved and do your research regarding the cost of living. There are lots of calculators out there that should be able to help you. They won’t have the rural locations but will have the major cities, and those can give you a rough estimate for cost of living. Just remember that rural locations will almost always be more expensive, so you should anticipate paying slightly more.

Professional and Community Benefits and Challenges

The professional and community benefits and challenges, to me, are one in the same. Learning about my community through school activities with my children, church activities with my friends, or professional opportunities with my colleagues taught me about my clients and the community, which made me a more culturally competent community member and clinician.

The professional and personal education and experiences I received while living and working in Bethel are big parts of what have molded me into the clinician and person I am now. I don’t take the same things for granted that I did before residing in Bethel. Personally that meant things like food, water, and plumbing. Professionally, the ability to refer clients to resources...
is something that still often amazes me, just because there are such limited resources in Alaska.

Would I Go Back?

The knowledge and experience I gained while in Bethel is something that will forever tie me to the region, but it’s also part of why I left. The realities of Bush Alaska are harsh. Alaska is known for high rates of sexual assault, child abuse, suicide, domestic violence, alcoholism, and substance abuse. Each of these realities presents its own set of challenges, and when you start combining these societal issues with staffing and management issues, it can become overwhelming. When self-care also becomes limited, it can really take its toll. I had a solid support group, but once my husband was stationed in Texas, I felt I had no other choice but to leave. Our family being together was ultimately more important to me than my career goals in Alaska. I would absolutely go back to Alaska if given the chance, and I think anyone who is given the opportunity to do what I did should strongly consider the option. If you have an adventurous spirit, enjoy challenges, and like extreme learning opportunities, it can be a once-in-a-lifetime opportunity.

Additional Reading


Christine Lucio, MSW, LCSW, lived and practiced in rural Alaska for 2½ years as a medical social worker and later as a behavioral health clinician. She now lives in rural west Texas and works as a therapist on a military installation.
School social work, mental health social work, aging social work, medical social work, child welfare social work, military social work, macro social work. At the heart of these diverse areas of practice and expertise, we are all social workers and hold a variety of social work skills.

When I review member résumés in my position at NASW-NC, I am often asked how one can portray the social work skills specific to one area of practice as transferable to another practice area. If you have spent the last five years working with children, this doesn’t mean you can’t successfully switch your area of practice to aging adults or program administration. Most of the time, being able to successfully articulate skills an open position requires is crucial to making the case for a practice move. Licensure may be a barrier, if you don’t have one. But, in general, being able to switch from one area of social work practice to another is one benefit of our profession that enables us to continue to learn and grow.

Transferable skills are skills social workers develop in one setting that they can use and build upon in another setting. The ability to identify your transferable skills allows you to explore career opportunities where you can use your personal qualities and abilities as well as your professional knowledge and competence. That can be more important than the job titles you’ve held or where you’ve worked in the past.

Let’s start by outlining the difference between hard skills and soft skills when it comes to defining your professional social work skillset on your résumé and articulating your value in an interview, job review, or to anyone who questions what a social worker does.

Communication. The ability to read, write, and speak clearly to convey important information is essential. But for social workers, it is crucial to be able to communicate well with a variety of individuals, including clients, team members, and supervisors. Social workers should understand and be practiced at verbal and nonverbal communication, as well as be able to write clearly and concisely to communicate objectives, goals, and scope of services.

Self-care and coping with pressure. Stress and burnout in social work are real. Being able to articulate how you manage pressure is critical. Do you actively use supervision, set boundaries, seek out professional development opportunities? Outlining a self-care plan and following that plan as a social worker is, indeed, a valuable skill.

Self-awareness. The ability to have a clear understanding of your own strengths, weaknesses, thoughts, and beliefs is necessary in social work practice. An awareness of how we come across and how our own “use of self” shapes our communication with others makes us much better social workers.

Emotional intelligence/empathy. A fundamental skill all social workers should have is the ability to recognize their own, and other people’s, emotions and respond appropriately.

Problem solving. Social workers help clients work through challenges on a daily basis. Finding solutions to your clients’ struggles and working with limited funding and resources requires adept problem-solving abilities. Articulating this as a hard skill requires spe-
specific examples and the ability to convey a conscious decision-making process.

Time management/organizational skills. Juggling a caseload, managing interns, finding time for case notes, handling crisis situations—these responsibilities require social workers to have a great deal of organization and the ability to prioritize according to the urgency of a client’s needs and the other demands encountered every day.

Acceptance/ability to respect clients’ rights to self-determination. An ethical principle from your NASW Code of Ethics is to “respect the inherent dignity and worth of the person.” Social workers are mindful of individual differences and diversity. The Code also states, “Social workers promote clients’ socially responsible self-determination. Social workers seek to enhance clients’ capacity and opportunity to change and to address their own needs.” You are meeting your clients where they are and respecting their socially responsible right to self-determination.

Teamwork. Teamwork can be a crucial part of social work practice and involves cooperating with others to meet the same goal. Teamwork can be rewarding and challenging and includes providing constructive feedback, despite any personal conflict between individuals. Successful work on teams involves professional accountability, case coordination, and sometimes means involving multidisciplinary team members. I often see, “Works on multidisciplinary team,” on social workers’ résumés. Simply being a member of a team or attending a meeting is not a skill. Are you a contributing member of your team, and can you articulate that on your résumé?

Transferable Hard Skills in Social Work

Hard skills include specific knowledge and abilities that are easy to quantify. These types of skills are learned and can be defined, evaluated, and measured. Hard social work skills are often most critical to landing an interview when applying for a job through an online applicant tracking system (ATS), as the electronic gatekeepers will not even land you in a hiring manager’s hand if you don’t meet specific skills requirements and include certain keywords.

Here are a few examples of skills that are, in general, transferable from one area of social work practice to another. This list is not exhaustive.

Workload/case management. Social work case management is the process of planning, seeking, advocating for, and monitoring services on behalf of a client. Employers want to know: Can you successfully manage a caseload of clients? In some instances, clients will need services for the rest of their lives, but in most cases, clients will come off your caseload. Do clients graduate from your program or services? In other words, are you an effective social worker? Social work is the “helping profession,” right? Articulating the ability to prioritize your workload and successfully graduate a client off your caseload because you “helped” your client and did your job well is much better than saying, “Provided case management.”

Interviewing skills. Being able to create a welcoming presence and establish rapport, appropriately question, paraphrase, reframe, clarify, and summarize are all solid social work skills, regardless of who your client is. Using your active listening skills and responding appropriately and compassionately are all part of interviewing your clients.

Advocacy. I review many résumés that say, “Advocate on behalf of clients.” Great! But how? Advocacy encompasses so many aspects of social work. Direct practice advocacy involves referring clients to appropriate services to ensure their needs will be met. Advocacy also includes social and political action on local, state, and national levels on behalf of your client population, and profession, to challenge social injustices.

Assessment. I can’t tell you how many times I have seen the sentence, “Provide biopsychosocial assessments,” on social workers’ résumés. Yes, this is an important skill, but for a non-social worker to understand what this means, you need to be more specific. The purpose of assessments is to gather, evaluate, record, and report multidimensional facts about your client’s situation and use social work knowledge and theory to develop a treatment plan or next steps for care. This skill is very transferable, because many social work settings require an initial client screening.

Care planning. Okay, you conducted your client assessment. Now what? You must use your critical thinking skills to define your client’s needs or risks and the actions you will take to address these needs. Communicating how you identify clients’ needs, plan their care, and regularly review and update your clients’ care plans is critical, because most direct practice caseloads require these skills.

Technology skills. Basic computer skills are essential, but let’s go beyond proficiency with Microsoft Office. Do you have experience with telehealth/video therapy software, billing and data protection software, medical and electronic records, or social media? We live in a digital age, and employers want to know if you can keep up with their ever-updating practice platforms.

Leadership and management. The ability to supervise, manage, and lead staff and programs is definitely a skill that can transfer from one setting to another. Can you define your supervisory skills? Have you hired and managed staff? Created a strategic plan for your organization? Provided licensure supervision? Give specific information about your leadership abilities, instead of simply saying, “Managed staff,” “Led a team,” or “Provided leadership.”

Decision-making, planning, and delegating are all parts of leadership and should be articulated and quantified on your résumé. Informal leadership roles are also important in conveying your potential. For example, have you taken the lead on a certain area of practice, attended a conference, or done independent reading and presented information to your team? Even if you haven’t had a formal management title, this doesn’t mean you aren’t a leader.

Transferability—continued on page 25
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As a supervisor of a therapeutic foster care program and a preventive respite program, I (the first author) began to notice unintended consequences for the children served. It appeared to me that for some youths and their families, preventive respite foster care did not deter future foster care placement. Instead, it served as a gateway that fast-tracked the child into the system of foster care. I began to note that many of the youths who used preventive respite were soon being referred for foster care services.

I recall children being nervous and afraid to spend a weekend in a new place with a family they had never met. It became evident that there was a problem with the system when the same youths began to ask for respite foster care services because they enjoyed spending time at a particular foster home. It seemed to me that enough had been written about the benefits of respite for caregivers, but little has been written about the impact on the children.

There are more than 500,000 children in foster care, with $20 billion spent on child protection every year (Doyle, 2007). Despite such investment, the return is that children in foster care have arrest and delinquency rates that are three times higher, are twice as likely to experience teen pregnancy, and tend to have 40 percent lower employment rates than others. Paradoxically, for children at risk of removal from their biological homes as a result of abuse or neglect, remaining at home has been shown to be a protective factor against adult arrest, delinquency, teen pregnancy, and employment and earnings when they remain in their homes despite abuse or neglect (Doyle, 2007).

Although there are a variety of services aimed at keeping children in their homes, respite services have been used both as an approach to prevent children from leaving their homes and as an approach to prevent placement disruption for those already in foster care. The question is whether this service does prevent (re)placement or whether it predicts it. This article is intended to begin the discussion by reporting the experiences of a small program assessment of the impact of respite services from the perspective of the child.

Programmatic Definitions and Differentiations

There are several variations of respite foster care services. This inquiry focuses on two primary types of respite related to foster care, including preventive respite and placement preservation respite. The first type of service, preventive respite, is provided to families with their children living in the home. It is a preventive service that is intended to provide a break from the stresses of parenting while simultaneously providing an opportunity for service planning. The intention of this type of respite foster care is to prevent a long-term out-of-home placement. A second type of respite foster care, placement preservation respite, serves foster families and their foster children to preserve the existing foster care placement. The service involves a temporary foster care placement to relieve the foster parent or foster child from stresses in the foster family with the intention of avoiding placement disruption.

According to Matt Pierce, a prominent speaker on the Functional Behavioral Approach (personal communication, July 21, 2010), preventive respite is one of the most sought after services in the United States, providing...
child behavioral concerns are listed as having initiated a placement disruption, and even still, some placement changes are “prompted by stressors or events occurring in the foster families’ lives, complaints or abuse allegations against foster families, and concerns about interference by the biological families” (James, 2004, p. 620).

It is important to note that changes in foster home placements during the first year of placement are associated with an increase in a child’s instability in long-term foster care. Furthermore, placement disruptions are known to decrease the likelihood of the child reuniting with the biological family and increase the severity of behavioral problems (James, 2004). Given these potential consequences, it is evident that preventing disruption is a worthwhile endeavor. The question remains as to whether respite is the solution.

Case Studies

One young man, James, was placed in a respite foster home because his foster family was going on vacation. Despite the saddening reason to place a foster child in respite, James did not perceive the reason to be indicative of familial problems that would cause his placement to disrupt. He was, however, understandably angry about being placed into respite services while the rest of his family went on vacation. Despite feeling angry about the reason for needing respite, he considered the experience to be very positive, highlighting that in addition to providing for his basic needs, the respite foster family did take him to the mall and movie theater. In the end, James’ placement was not preserved, and respite was not effective at preventing disruption, as he did move to another foster home.

Another young man, Steven, asserted that the purpose for using respite was to facilitate being placed in a stable home. That is, respite care was provided on an emergency basis to allow time for further planning. Unlike James, Steven reported that the experience was quite unpleasant in that he did not like “being moved around so much” and that the respite family did not do much with him. This attempt at preventing placement disruption was not successful, as Steven changed foster homes four times.

The two participated in respite foster care less than five times and went to different homes each time. Each respite stay was short-term, ranging from a weekend to a couple of weeks, and neither of the youths felt it meant they were going to be moved from their current foster homes. From the perspective of the two youths interviewed, respite services were not predictive of placement disruption at the time of the respite placement. However, neither one felt respite services prevented foster home disruption, as both revealed that they changed foster care homes at least once after using respite services. The reasons for the placement disruptions are unknown and causality cannot be attributed to the use of respite.

Program data on another 12 youths who had utilized preservation respite was examined to note that only six remained in their original placements, providing a 50 percent success rate of respite as a preservation intervention. This raises questions as to whether respite is an effective means of preventing placement disruption and whether alternative options would produce better outcomes with fewer unintended consequences.

Conclusion

It should be noted that the data presented here are reported as a mere attempt to begin an exploratory dialogue about youths’ experiences with respite foster care. The findings are not in any way to be taken as generalizable beyond the experiences of the youths in this study. Instead, the topic should be studied further in either a larger sample with quantitative data to show whether those who use respite services are more likely to remain in their placements or in greater detail as a qualitative study to examine the details surrounding the use of foster care placement and the youths’ experience of the placement. It is anticipated that interviewing young people relatively soon after the experience would generate more response of feelings from them. In addition, using naturally occurring data sources, such as with a discourse analytic approach, might prove beneficial.

This information serves as a starting point for future research on the impact of respite foster care on children. Although the information col-
lected is extremely limited, a few points should be made. James was very upset about being placed in a respite foster home while his foster parents went on vacation without him. Despite his feeling isolated from his foster family, he was able to appreciate his experience in respite where the family took him on family outings. It is plausible that recreation helped to incorporate him into the family and to give him a sense of belonging. In the same way, Steven did not have a positive experience in the respite home and noted the lack of involvement from his respite family. Involvement of respite providers may be viewed as a mediator of negative emotions.

Through these two cases, and the placement stability outcomes of twelve others, we are able to gather that respite care has affected children and their view of their foster families. We highly recommend continued research.

References


Jason McKinney, Ph.D., LCSW-R, is an assistant professor of social work, teaching in the MSW program at Keuka College. His research interest is in the developing self across the life span, and most recently within caregiver-child interactions in foster care settings.

Ed Silverman, Ph.D., serves as the Chair of the Division of Social Work and Program Director for the BSW Program at Keuka College.

A family with five children might be reluctant to take in more. But Bond further broadened her horizons—and theirs—by hosting college students from Saudi Arabia and other Middle Eastern countries and China.

“We had one Chinese student for four years,” she says. “He calls us ‘Mom and Dad’ and got his BA here. He wants to come back for his MA.”

One expects Bond to laugh when asked about hobbies and outside interests. When would she find the time? But that’s not the case.

“This semester, I have only two classes and an internship,” she says. “So, my husband and I go swing dancing.”

Bond didn’t set out to be a social worker. She wanted to help people, plain and simple.

“But when I considered RIC’s social work curriculum, I knew they could provide me with the tools I needed to do that,” Bond says.

Elizabeth Vachon considers Bond both “very talented at a multitude of things” and also always wanting to be helpful to others. “She has an empathetic side, and had so much trauma in her own life. Nikki is one of the best students I’ve ever had in 21 years of teaching,” Vachon continues. “She has creativity and independence. She takes the ball and runs with it,” Vachon says.

Vachon praises Bond further, considering the MSW student a “visionary” who has ideas and ideals about the way she wants things to be. But the MSW candidate isn’t content with that, instead trying to lead people into having the same wisdom she has developed. “She fights for social justice,” Vachon says.

In trying to explain her own resilience after such a difficult childhood, Bond says, “I truly believe if you have one person who spent time with you as a child and had impact on you, that can become a lifeline. It’s why I didn’t turn out like my other friends.”

Freelance writer Barbara Trainin Blank, formerly of Harrisburg, PA, lives in the greater Washington, DC, area. She writes regularly for The New Social Worker.
As a fresh-out-of-graduate-school social worker, I remember being open and excited about the opportunities ahead. The sky seemed to be the limit in all the prospects social work offered, and after passing my licensure exam, I was willing and ready to explore the vast and diverse landscape of social work as my career. After noticing a posting for an early childhood mental health specialist, I reviewed my child development class notes and had a successful interview for the position. However, I quickly felt unprepared for and was challenged by how to apply the theoretical concepts and interventions I learned in graduate school to the young children on my caseload.

What are the stages of change for a 5-year-old?
Is it possible to use Cognitive Behavioral Therapy with a pre-schooler?
How can I teach a lower functioning 4-year-old about “deep breathing” when the child does not even understand that terminology?

It didn't take me long to realize that the social work principle of “meeting clients where they are” would require further training and some visits to yard sales and toy stores.

When we understand the brain and its development, we realize that children learn through experience.

Just as young animals can be seen on National Geographic pouncing playfully on their mothers and pawing joyfully through foliage after insects, children also learn, explore, and heal through play. Through the repetitions of motor skills and behaviors such as in play-based behavior, brain activity is altered and the brain changes (Kolb, 2009). Truly comprehending this understanding of learning through experience and the undeniable power of play in learning, growth, and development changed everything for me about how I related with clients and families.

Story Stones
As I received further training in play therapy, I began feeling more comfortable taking known concepts, theories, and therapeutic interventions and making them tangible. For example, instead of expecting a young child to talk about her day or process through stressful and traumatic experiences verbally, I began to use story stones. These are tangible rocks with small pictures on them that children can use to show the linear progression of an occurrence and identify the changing emotions in the story they are sharing. These visuals allow children to explore and identify what they could have done differently to change the outcome of the story (for example, take a stone representing yelling and throwing things and replace with a stone representing taking a walk). These pictured stones also became a sorting game in which clients would sort the pictures based on emotions they elicit for them, thus identifying triggers and leaving opportunities to process unresolved trauma-related experiences and gain self-awareness and self-perceptions. Who knew some little grey stones could be such a powerful tool in any social worker’s office?

Pinwheels, Spheres, and Puppets
Deep breathing became an active and interactive experience, as I taught children to use pinwheels to notice their breath as it leaves their bodies. Children squealed with joy as they were able to notice the difference between short breaths and more extended, slow breaths on the pinwheel’s movement.

I would “slow race” children by having each of us breathe slowly on a pinwheel and seeing whose pinwheel would spin for a longer amount of time to practice releasing breath more slowly and consciously.

I also have used an expanding sphere to illustrate deep breathing and using the whole lungs to breathe in (while expanding the sphere) and breathe out slowly (while condensing the sphere again at a slower rate). Adults enjoy breathing with the sphere as well! (See picture on the next page.)

Cognitive behavioral techniques became a fun and interactive “thinking X-ray machine” where the internal thoughts of puppets could be explored and changed to help the puppets feel happier and calmer, thus changing their behaviors.

As I continued with these tangible interventions, I began to realize they were not only effective with young children, but also with older children, teens, and even adults. During family sessions, parents would make remarks such as, “Wow, I never thought of deep breathing that way. That’s really cool,” or, “Can I also make a Play-Doh sculp-
ture of what I think my anger looks like?” I have had parents and caregivers initially scoff at or question the idea of using play in therapy and then find themselves on the brink of tears in sessions as they witness and participate in social and emotional learning and healing in a whole new way.

The Neuroscience

There is actually brain science to back up why such tangible interventions are so powerful across the life span. First of all, tangible interventions that use more of the senses (such as touch and hearing, sight and smell, as opposed to just hearing) access more of the brain to process the information. This makes the experience more integrated in the brain, thus more effective and more likely to be remembered. Learning and engagement for children and adults happen most efficiently when the experience involves multiple senses (Steinberg, n.d.). So, asking a client to recall a positive memory to use this week as a coping skill makes more of an impact if you have the client also draw it (even better with scented markers) or act it out with puppets or in the sand tray. Sensory-based experiences target healing in lower levels of the brain and have even been described as the “primal language” used in therapy (Malchiodi, Crenshaw, Gaskill, & Perry, 2015).

Neuroscience is paving the way in social work, because neurons and connections in the brain can be studied. These connections represent our typical patterns of thinking, responding, and behaving and are hardwired from experiences in our lives. Neuroscience also shows that new neural connections can be made, despite existence of other less helpful pathways. When an individual experiences surprise or an unexpected occurrence, this hardwires into the brain much faster. New pathways are formed without as many repetitions, because there is a feedback loop involving the hippocampus—the brain’s “novelty detector” (Fenker & Schütze, 2008). So simply talking about and explaining deep breathing as a coping strategy is helpful, but when introducing some more surprising and sensory related stimuli to practice this skill, the skill is more likely to be retained in memory because of the novelty.

My first social work position out of graduate school may have been challenging, but it pushed me to seek new ways to reach clients, which has changed everything for me as a therapist and as a social worker. I have been both humbled and inspired by the resilience, growth, learning, and healing capacity of clients when given the tools to fully access what they need.

Tangible social work isn’t just child’s play. It’s neuroscience, and although it is not always easy, it is always worth it.

References


Kristina Sargent, MSW, LISW-S, is a child and family therapist in Cincinnati, Ohio, and has specific interest in working with children who have experienced trauma. Kristina uses play and art based interventions and posts ideas and inspiration regularly to her blog at http://www.artofsocialwork.com.
Online Therapy: Friend or Foe for Social Work?
by Audrey Morrison, MSW, RSW

When I visited a fly-in community in Nunavut (a northern territory in Canada) a few years back, I was struck by many things. In addition to the ridiculous price for rotting fresh vegetables, I was saddened to learn that services such as mental health therapy were a scarce commodity. The social context and cultural history put community members at extremely high risk for suicide and a myriad of mental health issues. The Conference Board of Canada (2015) declared that Nunavut residents were completing suicide at epidemic rates (63.9 per 100,000 in 2011).

Audrey Morrison on a 4-wheeler in Nunavut.

The statistics are equally disparaging in the United States. The 2015 annual health ranking (United Health Foundation, 2015) established Montana as having the highest rate at 24.3 per 100,000, and Alaska was a close second at 22.2. The map provided in the document gives the reader quite a startling look at where the most vulnerable are located. One could surmise that isolation, difficulty accessing services, and social context play a role.

Remote areas often have difficulty enticing social workers because of isolation, lack of other services, and harsh conditions.

It seemed to me that there was a natural marriage to be had between remote communities and e-therapy.

If therapy could be provided early enough, perhaps a mental health crisis could be avoided.

_E-therapy_ is simply defined as secure, encrypted communication between client and therapist. The communication can be done by telephone, text (email), or video.

Although it is not required in my particular licensing area to have a special certification to provide e-therapy, my governing college does clearly state that one must have competencies in the treatment offered. With that in mind, I enrolled in the University of Toronto, Factor-Inwentash Faculty of Social Work to take Cyber-counselling Level 1 and 2 certifications. In these courses, I learned the nuances in the distinct methodology used for text (email) counseling, as well as legal considerations and the need for a secure service that operates in the country in which you are practicing. Just as in face-to-face therapy, you are bound to practice in the areas in which you are licensed and your client must also reside within that area.

Initial contact is made by the client, and an initial screening is done. E-therapy of any kind is not appropriate for a crisis call, and it is advisable to be able to provide clients with the number for the crisis line near them.

A first session is typically an introductory one with some housekeeping items, such as fees, payment terms, insurance claims, and length of sessions. The therapist may wish to send the client an assessment questionnaire to complete ahead of time. My preference is to do it with them in the first session, so I can ask for clarification where needed.

Text (email) counseling can be set up so the client sends the therapist an email and the therapist responds within a set amount of time (generally within 24 hours). This is ideal, because it allows time to formulate responses and access any worksheets or psychoeducational pieces appropriate to attach to the email. The other option is to have an immediate conversation between the client and therapist with back and forth emails done over the prescribed amount of time. Either way is acceptable, and the method used should be based on the best fit for the therapist and the client.

A benefit of therapy by text (email) is that both therapist and client have a record of the session, which can facilitate easy record-keeping, and the client may review information at any time. It’s a nice way for the therapeutic direction to be reinforced.

Many naysayers will bemoan the fact that there is no way to see body language or make eye contact. Although these statements are true, emotion can easily be conveyed by a variety of techniques employed throughout the session.

Murphy, Mitchell, and Hallett (2011) found that clients are often uninhibited when utilizing e-therapy. This lack of inhibition may lead to more productive sessions. E-therapy can provide a degree of anonymity that clients may not feel in face-to-face sessions.

Therapy by telephone allows for instant clarification of meaning. It is important for the therapist to smile while using the telephone, because mood is conveyed through voice. Telephone may be preferred when it is the only private mode of communication for clients or if they don’t have access to Internet service. Most, if not all, encryption services will provide a toll-free number for secure sessions.

Video conferencing can be friend or foe of the therapist. Video allows for face-to-face contact, which may comfort some clients and therapists. The therapist must be mindful of what is seen in the background when using a webcam. Light room color, uncluttered...
background, and adequate lighting are essential both to present a professional atmosphere and to avoid unnecessary distraction from the session. In many instances, the client may also be using a webcam at home. This allows the therapist a unique opportunity to see the client in the home environment. Just as in face-to-face therapy, it is important to avoid judgment and check your biases at the door of your office. The downside is largely dependent upon the quality of the Internet connection on both ends.

When operating in a home office, there are additional considerations. E-therapy provides the opportunity for sessions without the overhead and personal risk to safety that can accompany having clients come to your home. There are considerations, however. Even though the therapist is not seen in either telephone or text (email) modalities of therapy, it is important to maintain a professional stance when it comes to choice of clothing. Attire will influence the mindset of the therapist, and as such, it is best to leave pajamas in the bedroom and dress the part for a session.

Whichever modality is chosen, it is critical to have a private space where there is a sound barrier, so pets and children are not unwittingly interrupting the session. As with any type of therapy, record-keeping and retention is a must.

Any and all communication must be secure and encrypted. The temptation to use a personal phone, email, or public video conferencing such as Skype or FaceTime should be avoided at all costs, because they are not secure.

E-therapy can work well in isolation or as an adjunct to sessions. The uses truly are as diverse as the field of social work itself. I like the fact that it offers service to those who could not otherwise access it easily. I also like that I can use it for CBT (Cognitive Behavior Therapy), ACT (Acceptance and Commitment Therapy), and Brief and Solution Focused Therapy. I am particularly excited about the application for adolescent clients who are on the autism spectrum. My peers have been using it for addictions counseling and a host of other applications.

I have personally embraced e-therapy. However, others have not.

I do believe the future of therapy will involve more online, and many Employee Assistance Program providers are already offering some form of online services.

Where would your vote go? Is online therapy a friend or foe for social work?

References


Audrey Morrison, MSW, RSW, is a school social worker and has an e-therapy practice.
American Red Cross Expands Eligibility for Disaster Mental Health Volunteers

by John Weaver, LCSW

Join In

John Weaver, LCSW, has been a Disaster Mental Health (DMH) volunteer with the American Red Cross (ARC) for 25 years. He has worked at many local and national disasters. He served as Coordinator of the ARC AIR Team’s Family Assistance Center following the 9/11/01 terrorist incident that led to the crash of United Flight 93 in Shanksville, PA, and then served as an Assistant Officer helping manage the larger World Trade Center relief operation in New York City. Today, he is ARC’s Mid-Atlantic Division DMH Advisor.

Since 1992, the American Red Cross (ARC) has recruited social workers and other mental health professionals to serve in the Disaster Mental Health (DMH) program, and the National Association of Social Workers (NASW) has partnered with them to support recruitment. In the aftermath of disasters, DMH volunteers support co-workers, survivors, and relief partners with identification of mental health needs (psychological triage), promotion of resilience and coping skills (psychological first aid, psychoeducation, public health messaging, and consultation), and targeted interventions (referrals, crisis intervention, casualty support, and advocacy).

Prior to 2017, DMH volunteers had to be clinically licensed or certified social workers, psychologists, counselors, marriage and family therapists, psychiatric nurses, or psychiatrists. Graduate students under the direct supervision of a fully qualified DMH worker were also qualified to serve. Now, eligibility has been expanded to include: (1) mental health professionals with any master’s-level license (e.g., LSW); and (2) mental health professionals who retired their licenses or certifications within the past five years. Allowing retirees saves many current DMH workers from having to end their volunteer careers when they can no longer afford the cost of maintaining their CEUs and license renewals.

Once qualified volunteers have completed training, they can serve locally and, if their schedules allow, travel to exotic and not-so-exotic places, meeting and helping people whose lives have been struck by disasters. ARC covers all the disaster-related expenses of volunteers.

WARNING: One brief tour of duty with ARC is usually enough to get someone hooked into a lifetime of volunteer service. The practice experiences are rich and rewarding. Relief work has rekindled the kind of helping spirit among many DMH workers that they have not felt since shortly after graduate school. Some describe their first experience as a calling to their DMH volunteer career.

The NASW Code of Ethics – Section 6.03 Public Emergencies states: Social workers should provide appropriate professional services in public emergencies to the greatest extent possible. Social workers are ideally suited for supporting disaster preparedness, response, and recovery efforts.

Every eight minutes, the American Red Cross brings help and hope to people in need. Contact ARC and see what it is all about. The best way to get started is to go to this link: http://www.redcross.org/support/volunteer/opportunities#step1
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April is National Poetry Month. The University of Iowa School of Social Work, in the College of Liberal Arts and Sciences, has announced the winners of the fifth annual National Poetry Contest for Social Workers. Students and alumni from 38 states submitted 156 poems. The first, second, and third place winners are published below. The purpose of the contest is to acknowledge the creative talent of social workers and to draw attention to social work as a profession. For those interested in participating in the 2017-18 Poetry Contest, submissions can be made online at: http://clas.uiowa.edu/socialwork

First Place

Beginning English

by Leslie Olson, University of Iowa (2018)

Yes. After is sometimes always. When you must hold your pen different than the other students. Your thumb, like your child, cut from your hand in ‘Bujumbura; When you understand nothing of others’ Lips gnawing air silent since the mortars; When fifteen months of nightmares chisel Out of Mai Edaga prison and escape into your summer windows Taking you captive again, obscuring the teacher’s lesson. After is always then. Still. Come. Learn. We will have moments when tense slips, When we lose ourselves in conjugation: I am. You are. She is. We are. Here we learn to write in the past, yes but this book of blank pages is yours to keep, yet to be filled. Together we will learn the future perfect.

For more than a decade, Leslie Olson, an Iowa native, has worked with diverse communities across the United States and around the world. In the course of her work promoting human rights and intercultural communication, she has borne witness to hundreds of stories of people displaced from their homelands, seeking refuge and rebuilding life. Ms. Olson’s work has appeared in a book on refugee rights, in various literary journals, and in a number of small magazines and newspapers. Her series of essays, Packing Light: Small Town Stories of Refuge, Rebuilding and Rejoicing, won an Iowa Arts Council Major Artist’s Grant. Ms. Olson works to promote diverse, integrated communities in Des Moines, Iowa, where she is in her first year of the MSW program at the University of Iowa.

Second Place

Meteorology of the Body

by Rebecca Thieman, Virginia Commonwealth University (2018)

It will look like a sunrise – the purple, yellow and blue blending into daybreak on the landscape of your olive skin. Beneath the dawn your ribcage frame has fissures in the exoskeleton surrounding your vital organs—gaps in the wall meant to protect you.

The first time we met you drew a storm, pointed to the hurricane’s eye and said, “That’s me.” As if you stood still when the sky turned black, as if you weren’t enveloped by the rain, as if the wind didn’t knock you off your feet with a blow of its fist. I didn’t tell you about the eyewall – how the center of a hurricane lies within the most destructive winds.

I know how much fog lives in your house. How he blends into the walls, the man who turned your skin into a sunrise. Tell me everything you know of hiding. Tell me what happens when the fog clears and the storm rolls in. Tell me how it feels to breathe—your pinkish grey lungs straining against cracked bones as each breath, each sigh, each shuddering inhale reminds you of your skin’s breaking dawn.

Rebecca Thieman is currently pursuing her MSW from Virginia Commonwealth University with a focus in sexual assault and refuge issues. An emerging writer from the south with B.A.s in creative writing and psychology, her work has been published in The Susquehanna Review, The Rathalla Review, The Ashen Egg, and The Zephyrus. She believes in each of us lives something hidden—a secret, a feeling, a lover, a fear. We don’t owe it to anyone to share these hidden parts, but we owe it to ourselves to explore them. Thieman hopes her writing does just that: explores what’s hidden. She can often be found binge watching Netflix or getting lost in the woods with her dog.

Third Place

Before and After

by Christopher Joseph, University of Michigan-Ann Arbor (2008)

“Standing at the kitchen sink scrubbing bacon grease from a frying pan staring into the yard as my children play is when I’m told my husband’s dead. I squeeze my eyes shut—capturing the moment—and I never stop scrubbing.” She and I revisit this junction regularly, her hands in mine, the skin on hers like sandpaper. Each time we approach the sink, she resists, but she’s drawn to it, immobilized by its gravity. I tell her, she cannot heal as long as she’s suspended on the precipice of Before and After. “Standing here, I feel safest,” she says. I explore this, what she believes she needs protection from. “Letting go,” she says blankly, closing her eyes.

Christopher Joseph was raised by a beautician and a produce truck driver in a suburb of Detroit, MI. In 2006, Christopher completed a pre-med curriculum and earned a BA in English from the University of Michigan, where he continued to earn master’s degrees in public health and social work in 2008. Christopher moved to New York City in January 2009, accepting his first professional social work position as a health educator for homeless adults living with HIV/AIDS. In 2011, he oversaw a cohort of NYU undergraduate Advocates who provided case management services to low-income families in a Brooklyn-based pediatric clinic, and since June 2015, he has been the program manager for an intensive medical case management program at Mount Sinai Hospital, supervising a team of 18 community health workers. Christopher’s professional work earned him an Emerging Social Work Leadership Award from the NASW NYC Chapter in December of 2015, but he is equally as excited to be recognized for a little poem he composed on his subway ride to/from work! Christopher currently lives in Astoria, NY with his ever-supportive partner, Brae.
Make a Commitment to Self-Care—For Yourself, For Your Agency

Self-care is an imperative for the ethical practice of social work and other helping professions. Using an A-to-Z framework, the editors and contributors outline strategies to help you build a self-care plan with specific goals and ways to reach them realistically. Questions for reflection and additional resource lists help you to dig deeper in your self-care journey. Just as the ABCs are essential building blocks for a young child’s learning, you can use the ABCs in The A-to-Z Self-Care Handbook for Social Workers and Other Helping Professionals to build your way to a happy, healthy, ethical life as a helping professional. Great for social work courses at all levels, agency training, and individual use.

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About the Editors

ERLENE GRISSE-OWNES, Ed.D., LCSW, LMFT, MRE, is a Partner in The Wellness Group, ETC.

JUSTIN “JAY” MILLER, Ph.D., is an Assistant Professor in the College of Social Work at the University of Kentucky.

MINDY EAVES, CSW, MSW, is the founding Ombudsman for Jefferson County Public Schools and is on the faculty at Spalding University’s graduate social work program.

ABOUT THE EDITORS

Visit socialworker.com/selfcare

ISBN: 978-1-929109-53-1 • 2016 • 5 x 8 • $16.95 plus shipping

Order from White Hat Communications, PO Box 5390, Harrisburg, PA 17110-0390
http://shop.whitehatcommunications.com  717-238-3787 (phone)  717-238-2090 (fax)  lindagrobman@socialworker.com

The A-to-Z Self-Care Handbook for Social Workers and Other Helping Professionals offers a broad range of concrete suggestions for improving individual self-care that should provide guidance and support to fit a broad range of practitioner needs. The book also includes material in several chapters that notes the important role organizations must take in stress and burnout reduction and support of self-care.

SUE STEINER, Ph.D., MSW, Professor
School of Social Work at California State University, Chico
Co-author, Self-Care in Social Work: A Guide for Practitioners, Supervisors, and Administrators

...a caring and useful resource for helping professionals concerned about burnout, stress, staff turnover, and wellness.... By focusing on insights and reflections and providing resources and strategies, The A-to-Z Self-Care Handbook is a practical guide and an empowering book.

DR. BARBARA W. SHANK, Ph.D., MSW
Dean and Professor
School of Social Work, University of St. Thomas, St. Catherine University
Chair, Board of Directors
Council on Social Work Education

As the leader of a large nonprofit organization, the health and well-being of my colleagues is always top of mind for me. The A-to-Z Self-Care Handbook for Social Workers and Other Helping Professionals is just what an organization like ours needed to promote self-care in a way that makes sense for all of us.

JENNIFER HANCOCK, LCSW, President & CEO
Volunteers of America—Mid-States
Palliative Social Work and Hospice—My Passion
by Andrew Smith, MSW

In January 2015, at the age of 24, I began practicing palliative home care social work. In my work, I have experienced the most intense emotions in my life, both moments of deep sadness and intense joy. I have come face-to-face with secondary trauma and at times felt that I had reached my breaking point. Throughout this overwhelming journey, however, I have grown dramatically and have never been more satisfied both in my professional and personal life.

Why I Am Passionate About Palliative Social Work and Hospice

My journey with palliative social work began as a secondary role to my position as a hospice social worker. I graduated in 2012 with a BSW and shortly thereafter had the good luck to secure a position at a nonprofit hospice agency in California. After working in hospice for a year, our sister home care agency developed a palliative program, and I jumped at the opportunity to be part of this promising new experience. It was the perfect opportunity for me, because I was beginning an MSW program, and becoming a palliative social worker would act as both my employment-based internship and an extension of my passion for hospice and working with end-of-life issues.

Hospice care is end-of-life care for individuals who are no longer seeking curative or life-prolonging treatment such as chemotherapy, radiation, and experimental treatments. Palliative care, while similar to hospice, allows individuals to receive treatments that will prolong their lives, but these patients are often living with terminal illness.

My primary motivation for seeking the position, and what continues to motivate me to this day, is the reality that death and dying are extremely taboo topics. Therefore, many individuals do not receive adequate information regarding their end-of-life options. Current research indicates that a major barrier for a patient’s preference to die at home is poor communication between patients and their doctors (Reese, 2013).

Additionally, many individuals in our society do not receive adequate education on the risks and benefits of CPR and Do Not Resuscitate (DNR) orders for someone with a terminal illness, nor do enough individuals receive sufficient education on their rights to elect against pursuing treatment that may only be prolonging a painful dying process. As a palliative social worker, I have the opportunity to address this gap in care and provide the education so many people need when they are living with a terminal disease. Little did I know, however, the enormity of the challenge I was undertaking until I was in the thick of a near-emotional breakdown of my own.

The Challenges of Being a Palliative Social Worker

There is undoubtedly great reward in being a palliative social worker. It is a position that holds a great deal of responsibility, stress, and demand. Reflecting back on when I first began the MSW program and my new position, I realize now that I set enormously high expectations for myself. I saw a problem that I had every intention of fixing—I would close the gap in the end-of-life education that was not happening adequately between terminally ill patients and their physicians. I took the task upon myself to help patients process the information that they were terminal. What an enormous job I had undertaken!

Grief is something I have had to look squarely in the face in this position, and this was not initially a conscious decision. The stress of my placement and the emotional difficulty with palliative care has brought up a tremendous sense of empathy that has also brought a strong sense of grief. Although I had worked in hospice for the previous two years, there is a different sense of connection and purpose with palliative care. Being a hospice social worker means I take a journey with patients to their final days. I entered into it with a sense of optimism that may sound strange to many. It is a beautiful concept that individuals have the ability to remain at home with their friends and family and get the symptom management they need.

Palliative care, however, has a completely different feel. I now regularly encounter individuals who are terminally ill, and everyone in their care network seems to know this except the patient. I am given the monumental task of gently broaching this subject with them. It often results in hours of processing shock, defeat, disbelief, and intense sadness for the patients and their families. It can take an enormous toll.

Self-Care and Finding Meaning as a Social Worker

Through trial and error—and through great support from my instructors, field instructor, and my friends and family—I have developed a new skill set to deal with the stress of this position in a way that creates powerful meaning, and at the same time acknowledges my limitations. As a social worker, I push myself to have these tough discussions with patients, to help them process the information, and to prepare for the end of life. I must also continually confront and accept that every decision, including an individual’s willingness to have this conversation,
Transferability—continued from page 11

I can and will continue to strive to give energy to every interaction I have with a patient, but I must also live with the fact that not every patient will want to hear what I have to say, and for good reason. These conversations are difficult, traumatic, and exhausting for any individual living with a terminal disease. We in the helping profession must do our due diligence to offer and provide education on services and self-advocacy, and to provide comfort for those in need. We must also acknowledge our own limitations.

We must have hope. I believe in having hope—just because an individual is near the end of life, this does not mean that life has ended at that moment when the doctor gives the earth-shattering news. There continue to be numerous opportunities for joy, laughter, closure, and meaningful change. It is my responsibility to try to impart the knowledge that this opportunity exists. We must have expectations for ourselves as social workers, but not have expectations for our patients and clients. Their decisions, ultimately, are theirs and theirs alone, as it should be.

The methods I have been using to manage stress and grief at work for the past few months have continued to develop and become more essential to me every day. The stress of my job, I’m finding, can largely be controlled with good time management and the proper utilization of gaps between visits. I am making a point of planning my day proactively, so I am able to prepare for my cases the day before my visits, instead of the agency norm of doing it the day of the visit. As a result, I can arrive to work with either a fully-formed or mostly formed schedule. My mornings now have more space. I have more time to relax and breathe, and I have more opportunity to center myself before I get into the field. Although it may sound like a minor change, this has allowed me to be less stressed and more present with my patients. The gaps I have in my day allow me to reflect on the rewarding aspects of my position.

I also have people in my life who seem to appear right when I need them the most. It can be a struggle to maintain the most important relationships when in a rigorous graduate program and taking on new roles at work, but the importance of keeping in close contact with one’s support systems cannot be overlooked. I have the most supportive friends that I could ever hope to have in the MSW program. I have also recently fallen in love with the most genuine, caring guy I have ever met in my life. Even though I am a person who values self-reflection and processing things on my own and in my own time, my friends and my fiancé push me to share with them what I have been experiencing. With their help, I have a new appreciation for my ability to do the work that I do.

I truly feel that I am a very good fit for this position and am honored to be tasked with this role.

Reference

Additional Resources
Hard Choices for Loving People, by Hank Dunn
http://hankindunn.com/purchase/hard-choices-for-loving-people/
This is a wonderful book that covers many aspects of the choices individuals have to make when dealing with a terminal disease.

Being Mortal, by Frontline
http://www.pbs.org/wgbh/frontline/film/being-mortal/
This documentary depicts the difficulty many doctors have in having the conversation about chronic illness and death with their patients.

Andrew Smith received his master’s degree in social work from the California State University at Chico. He has worked in hospice care since 2013.

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.
What Is the Role of Allies? The Macro Social Work Approach to Understanding Disability and Online Disability Advocacy

by Vilissa Thompson, LMSW

This article is based on conversation and materials shared during the October 13, 2016, #MacroSW Media Night Twitter Chat, Online Disability Advocacy: What Is the Role of Allies? #MacroSW Twitter chats are held every Thursday night at 9 p.m. Eastern. For more information, check out https://macrosw.com. Additional resources for this article are posted to: https://macrosw.com/2016/10/10/macrosw-media-night-10-13-16-online-disability-advocacy-what-is-the-role-of-allies/. The New Social Worker is a #MacroSW media partner.

Online disability advocacy has proven to be a powerful tactic used by advocates and organizations to garner allyship and support for the causes that go under the radar in our society. For disabled advocates in particular, being able to address the issues that matter to their community is empowering, and the reach of their messages is limitless. As social workers, it is important for us to understand the obstacles that disabled people endure that go beyond what our social work programs teach. We need to learn how to establish effective allyship connections within online disability advocacy.

What Does It Mean To Be a Good Ally?

Given the current political climate, understanding what good allyship is and why it matters is instrumental for absolute solidarity among communities to occur. For individuals seeking to become allies to communities they do not possess membership in, the first step that fails to be taken is actually the easiest—listening to the voices of marginalized people. Most simply, this involves listening to what members of that community have to share about their systemic oppression and how privilege work must not be a minor part of one's desire to be an ally. Allies have a tendency of not knowing when to be at the forefront and when to be in the background. It is essential to listen to what marginalized groups need from you and the role they want you to play in learning when to step up and when to step back.

Social workers, whether macro- or micro-focused, are familiar with how systems work for and against clients, but are not always knowledgeable of the barriers disabled people experience both within and outside of systems. As a result, social workers may be unable to grasp what it means to be disabled in America, the intersections of identities clients may have that are beyond their disabled status(es), and the diverse cultures found within the disabled community. Lacking such insights makes our profession out of touch, and thus, unable to fully address and advocate for disabled clients' needs and rights as we should.

For the #MacroSW chat on this topic, we surveyed many disabled individuals and asked about good allyship for their community, and they responded:

• Social workers need to educate themselves about disability history, intersectionality, access barriers, and our culture. This kind of education should begin in the social work education curriculum on all levels and continue in the field.
• BSW and MSW programs should do a better job distinguishing between being an advocate for a group and working as an ally.
• Non-disabled advocates and allies need to advocate WITH disabled people.
• Allies' job is to listen, respect, believe, and amplify disabled people's voices.

Although there is division as to whether allies are actually needed or effective, there is a general consensus that allies need to know their role when immersing themselves into a community, and they need to check their power and privileges.

How Social Media Has Propelled Disability Advocacy

The strong arm of social media has been instrumental in disability advocacy. Using social media, marginalized people can more easily organize, strategize, and mobilize to address injustices committed. In addition, social media is critical to gain support and access to spaces and key stakeholders who have the power to influence their livelihood.
One of the greatest benefits of social media is its accessibility. Social media has changed the way members of the disabled community connect with each other and society with fewer barriers and limitations encountered. Social media offers a more accessible means of communication. This accessibility is particularly important for individuals who may be restricted from “being on the ground” as a result of their disabilities, lack of appropriate accommodations in their communities to access certain spaces, and not wanting to place their bodies directly in danger (such as at protest events). Social media allows disabled people to be engaged in the steadfast fight for equality and justice as they would if involved through traditional advocacy techniques. In fact, social media provides unique opportunities for their messages and voices to reach a global audience, to network with other advocates within and outside of their state borders, and to build campaigns to call attention to time-sensitive matters.

Disabled advocates utilize many social media platforms effectively in the aforementioned ways, some of which social workers may not be aware. When asked which platforms are heavily used, disabled individuals ranked them as follows:

<table>
<thead>
<tr>
<th>Social Media Platform</th>
<th>Rank of Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facebook</td>
<td>84.6%</td>
</tr>
<tr>
<td>Twitter</td>
<td>73.1%</td>
</tr>
<tr>
<td>Blogging</td>
<td>69.2%</td>
</tr>
<tr>
<td>YouTube</td>
<td>46.2%</td>
</tr>
<tr>
<td>Tumblr</td>
<td>42.3%</td>
</tr>
<tr>
<td>Instagram</td>
<td>26.9%</td>
</tr>
<tr>
<td>Podcasts</td>
<td>19.2%</td>
</tr>
<tr>
<td>Other</td>
<td>11.5%</td>
</tr>
</tbody>
</table>

Disabled participants also listed the following technologies they frequently utilize: Dragon, Jaws, ZoomText, texting, FaceTime, ProLoQuo2Go, image descriptions, and screen readers.

The Overdue Need to Update Our Understanding of Disability

For social workers to become effective allies to disabled people, understanding how this community uses technology is not enough. We must realize that our thinking about the disabled experience and disabled people is outdated. In our programs, we are still teaching person-first language, which is not preferred by the collective community. The way we interact with disabled people tends to stem from the medical model on disability. We have not upgraded to learning and practicing the social model that challenges us to see disabled people beyond their diagnoses. These failures on our end create friction when we attempt to step into the role of allies. Why should disabled advocates take our presence seriously when we are projecting ignorance about their culture and way of life?

When asked how the social work profession has a misguided view of disability, results from the earlier survey note the following:

• Medical model versus social model of disability (76.9%)
• Ableist attitudes displayed (65.4%)
• Archaic language used to describe disability (61.5%)
• Failure to respect language choice (Identity-First/Person-First) (53.8%)
• Facilities being inaccessible (46.2%)
• Failure to use technology (42.3%)
• Other (38.5%)

Correcting inaccurate thoughts and opinions about disability starts with understanding the biases and prejudices we have about what it means to be disabled. These ideas can originate from inspiration-porn images and stories we see through memes and news coverage (see https://en.wikipedia.org/wiki/Inspiration_porn), or from our own fears about people who are different from ourselves. Those perceptions can and do spill over into our practice, as we may unknowingly belittle disabled clients by not centering their voices and concerns in their care plans and failing to make connections to how systems interact with clients who hold multiple marginalized identities outside of their disabled status. These transgressions should be extinguished so the profession can be truly empowering to clients and better allies to not only disabled advocates, but also disabled colleagues.

Disabled social workers are in a unique position of both knowing intimately how systems disadvantage clients and being in the position to assist in efforts to abolish obstacles. To move the profession where it needs to be, it is important to seek the perspectives of disabled social work colleagues and advocates.

Here are some actions those in the disabled community identified for social workers to take:

• See the community through comprehensive lens as contributors and collaborators beyond prism of limitations.
• Realize that all people have their own experiences, and they should be validated.
• Respect clients’ choices with regard to treatment.
• Remember that adults are adults, no matter their disability.
• Learn about intersectional oppressions.
• Get explicit training and a whole reorientation of social work education programs.
• Realize disabled people do know their own lives and have a better grasp on their capacity than other people.
• Disabled people will make mistakes, and they have the right to do that. They don’t need to be given less control over their choices.
• Hire more people with disabilities.
• Stop participating in harmful events such as Light it Up Blue and walks for autism (see http://bit.ly/2oqny4).
• Read the blogs of disabled advocates/activists. Support us.

Connecting the social work profession to the disabled community is a passion of mine as a disabled macro social worker. It is imperative for fellow colleagues to learn from the community, and being in the unique position of wearing hats from both groups, I have made it a part of my advocacy work with Ramp Your Voice to do just that. Social workers must become better allies and culturally competent regarding the needs and voices of marginalized groups, because we are ethically bound to fulfill this task. It is my hope that social work students, educators, and practitioners make it a priority to go beyond what is shared in this article and do the good work we are supposed to do—serve and empower.

Online Disability Resources

Below are a few resources to get social workers started on making a better
impacted when we advocate for the rights of disabled people.

What is Disability Advocacy?
http://www.daru.org.au/what-is-advocacy

So You Call Yourself An Ally? 10 Things All “Allies” Should Know
http://everydayfeminism.com/2013/11/things-allies-need-to-know/

Identity-First Language
http://autisticadvocacy.org/home/about-asan/identity-first-language/

Social Model of Disability

Below are some important advocates, organizations, hashtags, and syllabi:

Lydia Brown
https://autisticchoya.net

Talila “TL” Lewis
http://www.talilalewis.com

Vilissa Thompson, LMSW
http://rampyourvoice.com

Heather Watkins
https://slowwalkersseemore.wordpress.com

Alice Wong
https://disabilityvisibilityproject.com

Harriet Tubman Collective
https://www.facebook.com/HTCollective/

Helping Educate to Advance the Rights of the Deaf (HEARD)
http://www.behearddc.org

Autistic Self-Advocacy Network (ASAN)
http://autisticadvocacy.org

#CripTheVote
http://cripthetvote.blogspot.com

#DisabilitySolidarity
https://twitter.com/disabilitysolidarity

#DisabilityTooWhite
https://storify.com/SDidrewolf/disability-too-white

Identity-First Language
http://autisticadvocacy.org/home/about-asan/identity-first-language/

Social Model of Disability

#TeamLikeMe
http://www.teamlikeme.org

#MacroSW partner. She is the founder of Ramp Your Voice!, an organization focused on promoting self-advocacy and empowerment among people with disabilities.

Black Disabled Woman Syllabus
http://rampyourvoice.com/2016/05/05/black-disabled-woman-syllabus-compilation/

Disability Justice in the Age of Mass Incarceration: Perspectives on Race, Disability, Law, & Accountability
https://docs.google.com/document/d/1J1Qa0H4vceN825M0VqOufyex1c4pj9edPQP/i3Rk90g/edit

Vilissa Thompson, LMSW, is a macro social worker; disability rights consultant, writer, and advocate; and #MacroSW partner. She is the founder of Ramp Your Voice!, an organization focused on promoting self-advocacy and empowerment among people with disabilities.

Case for Here Seeks Volunteer Expert Witnesses for Immigrants at Risk of Deportation

Case For Here is a new project whose mission is to provide free expert witness services to immigrants at risk of deportation and provide the courts with testimony regarding the potential impact of deportation on clients and their families’ physical and mental well-being. Immigrants and their families are often at risk of being disrupted or deported to other countries when they are arrested for even the most minimal of crimes.

Mike Langlois, LICSW, the founder of Case for Here, says, “When our current POTUS was elected, I decided to use the time between the election and inauguration to discern how best to resist the rising tide of xenophobia I was seeing. Case For Here was what I came up with after I spoke with one of my friends who was part of the Boston appeal to the Muslim Ban. I had done expert witness work for her in this area before, and realized that there was a great need for it.”

Clinical social workers and mental health professionals can often make a big difference in these cases by conducting a family interview, preparing a brief report, and testifying to the court about the individual’s parental strengths, as well as the traumatic injury such deportations might have on children, and the loss to the community.

Such evaluation is often cost-prohibitive for defendants, which is where Case For Here comes in. Clinicians volunteer to donate pro bono time, and Case for Here links them with attorneys seeking such expert witnesses.

Becoming an expert witness can be daunting, so Case for Here provides workshops and collaborative consultation on how to prepare. The first webinar will be offered soon.

So far, Case for Here has 22 volunteers, in AZ, IL, MA, MD, MO, NY, and OK. “We hope to have people in all states. We have social workers, licensed counselors, psychologists, and psychiatrists,” Langlois says, adding, “Licensed clinicians are usually requested for the witness reports, but we have master’s level clinicians for assisting and case management requests.”

Langlois further states, “I think this is an excellent way to fight the sense of powerlessness many social workers are experiencing...I am getting overwhelmed by requests. There is much work to do.” Langlois lists examples: a man facing the loss of his wife of 20+ years, an HIV-positive gay man whose partner abused him and then reported him to ICE when he tried to leave, and others. “The thread that binds them together is that clinicians can make a difference. You can make a difference.”

If you are licensed in your state and looking for a rewarding way to use your clinical skills to make a difference in immigrant rights and support, Case for Here wants to hear from you.

If you are a clinician and want to volunteer, go to http://bit.ly/2nXB40m to be taken to a questionnaire that will guide you through giving Case for Here the contact information they need to know. If you are not a clinician but want to volunteer, you can apply, as well.

For answers to Frequently Asked Questions about Case for Here, see: http://www.mikelanglois.com/case-for-here/project-faqs/

For further information, contact Mike Langlois, LICSW, Case For Here Project, Teaching Associate in Psychiatry, Harvard Medical School, 617-776-3409, mike@caseforhere.org.
In November, *Lion* was released to mainstream U.S. audiences. *Lion* is the film based on the life story of Saroo Brierley, a young man who was adopted from a Calcutta, India, orphanage by a family from Tasmania, Australia. Twenty years after his adoption, Saroo began to remember elements of his past. He was not from Calcutta, but actually from a small village far from there. Although he was happy and thriving in his adoptive family, he remembered his older brother Guddu and his mother, and he became convinced that they must be in grief because they were separated from him.

Through the use of Google Maps, Saroo was able to access his own memory and find the village of his childhood. With the blessing of his adoptive family, Saroo traveled there in hopes of finding his mother.

*Lion* is a powerful film. It’s engaging and gripping. It will draw some tears. It’s also remarkably healthy from an adoption perspective.

Some families touched by adoption have the unfortunate position of expecting children to only claim the adoptive family as their family. Even in families in which that is not the expectation, if conversations are not had about a child’s connection to the birth family, adopted children might feel as though they are not free to desire connection with the birth family. Saroo explained to his adoptive mother that he had hid his search for his birth mother from her because he did not want to be thought ungrateful.

*Lion* is such a wonderful film because it captures a healthy experience of search and reunion in adoption. Saroo finds his birth mother, and in finding her, he finds the answers to all of the questions that had been unanswered. His birth mother is overjoyed to know that he is well. She has never stopped looking for him and hoping for his return, and she acknowledges that his adoptive parents are his family. His adoptive parents are glad to know that he has found what he is looking for, and Saroo affirms that finding his birth mother does not change their role in his life. He has not had to choose between two families. They are both part of his life, and he needs both of them.

*Lion* responsibly portrays a very important but complicated aspect of adoption. As an adoption social worker, I want the families I work with to see this film. It’s engaging and palatable as entertainment, but it also provides a way to help families connect emotionally with a crucial but sometimes hard-to-accept truth about adoption—that they will not be the only family that is important to a child, and that the lack of exclusivity does not make them any less important to the child. The film captures and conveys that truth in a way that lessons or trainings or conversations might not.

Families can also share this film with their teenagers as a way to establish an environment in which it is safe to talk about this aspect of adoption. Sharing the film can serve as an opening to invite the child to talk about these feelings. It might also help the conversations get started. Families might find talking about characters in the film and how the characters felt to be easier and less intimidating than talking about their own feelings.

What are the issues that your clients face? What films have you seen that are positive, powerful, and relevant to them? Which films do you imagine that you can use as tools in your work?

Addison Cooper, LCSW, is the founder of Adoption at the Movies (www.AdoptionAtTheMovies.com). His new book, Adoption at the Movies, is now available from Jessica Kingsley Publishers. Find it at: https://www.amazon.com/Adoption-Movies-Friendly-Nights-Talking/dp/1785927094/
Reviews


Bonded to the Abuser offers a powerful glimpse into the lived experiences of adults who were victims of various forms of maltreatment during childhood. These various forms of maltreatment include physical abuse, sexual abuse, emotional abuse, emotional neglect, and physical neglect. Each of the adults provided riveting discussions that detailed a bond with and love for caregivers who inflicted pain and hurt during times of vulnerability. The authors were very effective in capturing the experiences as memoirs that can be used as modalities for training future social work practitioners who will work with children who have been abused and neglected. These modalities provide strategies for assessment and treatment, as well as emphasis on the importance of evaluating the success of a recommended intervention. A running thread throughout the chapters highlights the fact that, although the adults experienced treacherous abuse as children, there was still a desire for love and connection to their abusers.

In addition, the authors included quotes from victims, as well as reflective rationale, which make reading this book and understanding the concepts very easy to a layperson. This book touches on the abuse of power and manipulative behaviors by parents toward their children, while also providing a glimpse into the mental health challenges that are experienced by caregivers, ultimately contributing to their infliction of abusive parenting styles. Further, Bonded to the Abuser is effective in providing actual “stories” and “making meanings” of said stories, which allows readers to gain deeper insight into the lived experience of maltreatment victims.

In short, this book will be a useful resource to social workers, social work students, and social work educators because of the use of evidence-based practice and research, which supports the use of rating scales and other forms of assessments when understanding and addressing child maltreatment. Clients of social workers will also reap benefits from using this book, because it provides relatable memoirs and experiences. The authors conclude the book with an emphasis on “storytelling.”

This book is based on the phenomenon of healing from abuse and trauma that many evidence-based interventions refer to as, “trauma narrative.” The authors provide several intended benefits of utilizing storytelling/truma narrative, with a profound one including the development of self-empathy and active voice for abuse victims who are often devoid of personal feelings after experiencing hurt and being shunned to silence as a result of maltreatment.

Reviewed by Yarnecia D. Dyson, Ph.D., MSW, Assistant Professor of Social Work, University of North Carolina at Greensboro.


Genograms are essential tools for social workers. Both new and experienced social workers will find The Genogram Casebook: A Clinical Companion to Genograms: Assessment and Intervention helpful for understanding the application of genograms in practice. The text is authored by Monica McGoldrick and serves as a companion casebook to her previous work. This casebook transitions clinicians from theory to practical applications of genograms.

Social workers will benefit from McGoldrick’s early chapters reviewing the clinical use of genograms, engaging clients through genograms, and the value of genograms for assessment. Experienced practitioners may be inclined to skip ahead, but regardless of your level of expertise, don’t miss out on this content. Case scenarios and dialogues provide rich illustration of concept applications with multiple layers for exploration. McGoldrick’s conversational style challenges and consoles new social workers in her honest assessment of uncertainty and success. Experienced clinicians will find depth and complexity to concept applications to cases. McGoldrick’s warm and engaging writing style has an air of clinical supervision, with both an educational and supportive flavor. McGoldrick’s words flow like a mentor’s wise guidance.

Drawing frequently from the work of Murray Bowen, McGoldrick addresses core issues that arise in exploring genograms with clients. Resistance, fusion, cutoff, and triangles/de-triangulation are explored in depth. I appreciated the examples of tuning in to potential resistance while assessing client systems through genograms. McGoldrick also includes examples in which therapist and client identity (gender, race, ethnicity, or religion) can intersect with client resistance and triangulation. She reflects on the case approaches identifying what was and was not working in the therapeutic process. McGoldrick offers guidance on the use of genograms with families facing loss, in couples work, and with families with children. Particularly helpful are the chapters examining adult sibling relationships and the therapist’s own family experience. These invite self-reflection and ongoing self-awareness, useful tools for work with students and reminders for advanced clinicians who may find themselves “stuck” on a case.

I liked the readability and clarity of the text. Brief dialogue excerpts highlighted key interactions succinctly. These excerpts were concise and to the point without dragging on for pages. Illustrations of a family’s genogram accompanied case examples to link client content with actual genogram representation. Questions provided at the end of chapters posed starting points for personal reflection and discussions in professional reading groups, supervision, or the classroom.

The Genogram Casebook: A Clinical Companion to Genograms: Assessment and Intervention provides a clear, readable and relevant resource. Clinicians and social work educators will find this text relevant, as it builds on core genogram concepts while providing context for the application of their use with clients.

Reviewed by Claire L. Dente, Ph.D., MSW, LCSW, Associate Professor of Social Work, West Chester University of Pennsylvania.

Author Sharon Shoesmith takes an in-depth look at the case of Baby P, a child fatality in the London Borough of Haringey. Baby P, 17 months old at the time of his death in 2007, was the youngest of four children who had been receiving services through the Children’s Social Care Services. The professionals involved in his care were shocked at his death. The public outcry over the case, during which actions of social work professionals and the child’s pediatrician were heavily scrutinized, was strong and blaming. Dr. Shoesmith, who had been the Haringey Council’s Director of Education and Children’s Social Care Services at the time of the death, was relieved of her position.

In this book, Dr. Shoesmith explores both the emotional and psychological responses to horrific child abuse and neglect cases and interrelationships between the child welfare system, the media, and politics as she looks at reactions to the Baby P case. She examines the evolution of child protection practices and the impact of public sentiment and changing political ideologies upon this practice.

Dr. Shoesmith draws the reader’s attention to the complexities of the child welfare system, its impact on families and the social work professionals who serve them, and the undeniable impact of ever-changing political climates on the system and its practices. She reminds us that to blame the professionals serving these at-risk families is to deny the underlying issues that stress families.

This book—with its informative, thought-provoking analysis of the aftermath of the Baby P case—is a worthwhile read. It could also easily be utilized as a resource in social work education.

Reviewed by Doris Dodson, MSW, LCSW, Field Director and Assistant Professor, Mary Baldwin University.


Many of us often scoff when we talk about self-care, rest, and the dreaded phrase, “work-life balance.” We all know we need it, and everyone else seems to have it. Yet, the idea of finding calm amidst this work proves all too elusive. If you struggle with self-care, are worried you might, or don’t even know where to start, this book is for you. Exactly as the title states, this manual goes through each letter of the alphabet and provides a short, concise, yet helpful topic for you to integrate into your own practice. You can read it all at once or savor it bit by bit when you have time. No matter where you are in your practice, who you work with, or how many times you have already read it, this book will be lovingly dog-eared and worn as you get something new each time you pick it up.

The issue with many self-care books/articles, I have found, is that they are too broad, too personal, and/or not really applicable to our lives as social workers. By using evidence-based research, pragmatic examples, and our Code of Ethics as guideposts, this book does not have one smattering of vagueness or impracticality. Of the many topics covered, the authors go beyond mental well-being to honestly and openly challenge our notions of diet, exercise, sleep, time management, and spirituality.

An element that I particularly liked was the fact that the authors borrowed our very best social work techniques and skills and directed them back on ourselves. Goal setting/timelines, accountability/social support, specific language (SMART style), monitoring self-talk, compassion, and strengths—the authors capture all the key elements that make this work unique and help them apply it to our own lives.

Never claiming a “right or wrong” way, the book’s structure (complete with reflection questions and prompts at the end of each chapter) allows it to be used for self-study, in classrooms, as part of your workplace culture, or in study groups of friends and colleagues. Done with tact and humor, the authors don’t admit to having all the answers, but rather emphasize that you cannot do social work without robust, structured, and consistent self-care. Cultivating self-care habits may be hard, but it is part and parcel to the success and sustainability of our profession.

Bottom line: we all know we do hard and often thankless work that leaves us exhausted mentally, physically, socially, and spiritually. We know that this is not good, yet we don’t know how to get out of our fatigued ruts. By breaking it down and appealing to multiple learning and life styles, this book makes the task of balance that much more manageable.

Reviewed by Elisa Kawam, MSW, Ph.D., Executive Director, NASW-New Mexico Chapter.


As the editor of The New Social Worker, I am familiar with Addison Cooper’s movie reviews for the magazine, as well as his Adoption at the Movies blog. I love movies and try to go to the theater often, so I excitedly anticipated the publication of his book.

Movies have that magical ability to transport us to a different place, where we see things in new ways. They can be a useful, and sometimes less painful, vehicle for gaining insight into important life issues. With Addison Cooper’s guidance, adoptive families can easily choose films to help them initiate important conversations in a non-threatening manner.

Building on his popular Adoption at the Movies blog, Cooper’s new book (of the same name) organizes 63 movies into four main categories—Disney movies, more movies for kids, movies to watch with your teens, and movies for parents. Each movie listing includes basic information (title, length, rating), a plot summary, description of the “adoption connection,” strong points, challenges, recommendations, and questions for discussion.

The introductory chapters “set the scene” for adoptive families to use movies to start difficult conversations. The final chapters touch on asking for professional help and finding other resources. Alphabetical, age, and topic, indexes add to the book’s usability.

Adoptive families and professionals who work with them will find this to be a most welcome resource.

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Real World Clinical Social Work
Find Your Voice and Find Your Way
by Dr. Danna R. Bodenheimer, LCSW

Social work graduate school is only the beginning of your preparation for professional life in the real world as a clinical social worker. Dr. Danna Bodenheimer serves as a mentor or a supportive supervisor as she shares practice wisdom on topics such as thinking clinically, developing a theoretical orientation, considering practice settings, and coping with money issues. She addresses the importance of supervision and how to use it wisely. A frank discussion on the important and rarely-talked-about issue of loving one’s client is followed by a practical look at next steps—post-graduate options and finding your life’s work in clinical social work. Altogether, Real World Clinical Social Work will serve to empower you as you find your own voice, your own way, and your own professional identity.

What People Are Saying

Danna Bodenheimer’s book is the clinical supervisor you always wanted to have: brilliant yet approachable, professional yet personal, grounded and practical, yet steeped in theory, and challenging you to dig deeper.

Jonathan B. Singer, Ph.D., LCSW, Associate Professor of Social Work, Loyola University Chicago, Founder and Hon., The Social Work Podcast

[From the Foreword] Using powerful case examples and a series of carefully crafted questions, this book challenges readers to think broadly and deeply about their own social work practice and identity. It is an invaluable companion for beginning social workers and educators alike.

Lina Hartocollis, Ph.D., LCSW, Dean of Students, Director, Doctorate in Clinical Social Work Program, University of Pennsylvania School of Social Policy & Practice

Reading Danna Bodenheimer’s Real World Clinical Social Work: Find Your Voice and Find Your Way is like spending a weekend in a wonderful candid conversation with many of our favorite theorists! While sharing her own perspectives and experiences, Bodenheimer invites us to reflect on topics as far-ranging as the essential components of the different modalities we can use in assessing and addressing client needs to identifying the elements that are critical to both the effectiveness of our professional practice and the sustenance of our personal lives. In language that is accessible, oftentimes metaphoric, and yet not at all simplistic, this book also introduces us to some of the clinical experiences of clients and therapists through an interweaving of their stories and theories. Spending time with Real World Clinical Social Work is a real gift to yourself and everyone you serve.

Darlyne Bailey, Ph.D, ACSW, LISW, Dean, Professor, and MSS Program Director, Graduate School of Social Work and Social Research, Bryn Mawr College

It is nearly impossible to begin a career as a budding clinical social worker without the accompaniment of a vibrantly loud inner voice that says, “You have no idea what you are doing.” Dr. Bodenheimer befriends the beginning clinician with this incredibly personable and accessible book and says, “Sure, you do.” Dr. Bodenheimer uses herself as a vehicle for connection with the reader, and she speaks directly to that inner voice with compassion, understanding, and guidance.

Cara Segel, Ph.D., Smith College School for Social Work, faculty, Private Practitioner, Northampton, MA

About the Author

Dr. Danna Bodenheimer, LCSW, lives and works in Philadelphia, PA. She graduated from Smith College, earning her bachelor’s degree in Women’s Studies, and received a post-baccalaureate degree in psychology from Columbia University. Danna began her social work career at the Tuttleman Counseling Center at Temple University. After receiving her DSW from the University of Pennsylvania, Danna began a teaching career and her own private practice. She currently teaches at Bryn Mawr’s Graduate School of Social Work and Social Research and is director of the Walnut Psychotherapy Center, a trauma-informed outpatient setting that she founded, specializing in the treatment of the LGBTQ population.

ISBN: 978-1-929109-50-0 • 2016 • 5.5 x 8.5 • 223 pages • $19.95 plus shipping
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“...new social workers will find this an accessible, practical primer...and a life raft for embarking on the profession!”

Anne Marcus Weiss, LSW, MSW
Director of Field Education,
University of Pennsylvania, School of Social Policy & Practice
Beginnings, Middles, & Ends
Sideways Stories on the Art & Soul of Social Work
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 reinstall 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:

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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.