

social work advocates

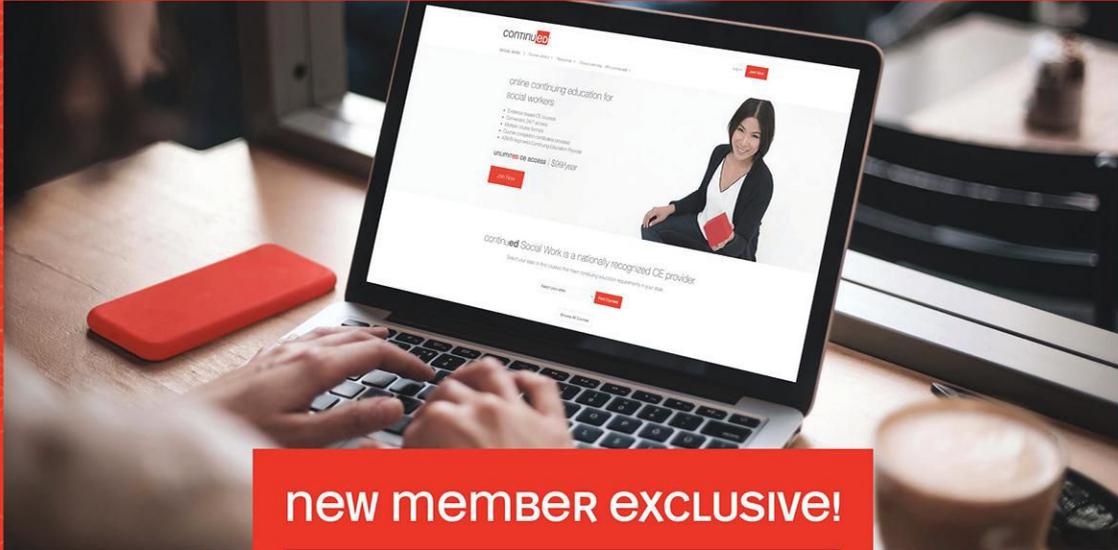
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SOCIAL WORK



14 **New Administration, New Opportunities**
 BY ALISON LAURIO

Racial justice, COVID relief, the economy, and health care are a few of the issues social workers say they would like to see the Biden administration tackle. So far, most of Biden's stated goals align with social work's priorities.



22

Oncology Social Work

BY LEIGH GLENN

Those who work in the field say it's a calling, and can be one of the most rewarding areas of the social work profession. A challenge is getting young social workers to join the specialty area.

Departments

- 2 From the President**
 NASW President Mit Joyner writes that social workers can uphold the importance of voting at all levels—from helping to stop voter suppression in the U.S., to voting in NASW's national election this April and May.
- 4 Editor's Note**
 As spring begins and we travel the road to recovery from the pandemic, it's important to take care of ourselves and others. We can start by getting our COVID-19 vaccinations.
- 6 Social Work Voices**
 Learn what social workers are talking about on our social media platforms and as experts in mainstream media stories.
- 8 Viewpoints**
 Hospital social worker Jaclyn French describes the trauma she and her co-workers experienced during the pandemic.
- 10 .edu**
 Pittsburgh and Salisbury social work schools address racial justice; Hawaii focuses on healing arts.
- 30 Association News**
 Articles about NASW advocacy, programs, tools and resources.
- 33 Social Work in Action**
- 34 The Professional**
- 36 Boardroom**
- 38 Foundation**
- 40 Chapters**
- 43 Save the Date**
- 44 Toolbox**
- 46 Backstory**
 Social worker Trapeta B. Mayson, who is Philadelphia's poet laureate, launches a poetry hotline for healing.
- 48 Onward. Upward.**
 The trial of Derek Chauvin, charged in the killing of George Floyd last May, is reopening wounds for many Black Americans, writes NASW CEO Angelo McClain. The trauma of racism also is affecting their mental health.

Voting Matters at all Levels, Including NASW Elections

BY MILDRED "MIT" C. JOYNER, DPS, MSW, LCSW



Stacey Abrams was recently nominated for a Nobel Peace Prize for her efforts to get out the vote and champion a fraternity between all people for a peaceful and just society.

We should reread the NASW Code of Ethics and commit to action against all bodies that attempt to suppress the vote, because social workers have an ethical responsibility to the broader society.

Abrams said, “Full citizenship rights are the bare minimum one should expect from the government. Yet, for two-thirds of our history, full citizenship was denied to those who built this country from theory to life. African slaves and Chinese workers and Native American environmentalists and Latino gauchos and Irish farmers—and half the population: women. Over the course of our history, these men and women, these patriots, and defenders of liberty, have been denied the most profound currency of citizenship: power. Because, let us be honest, that is the core of this fight. The right to be seen, the right to be heard, the right to direct the course of history are markers of power. In the United States, democracy makes politics one of the key levers to exercising power. So, it should shock none of us that the struggle for dominion over our nation’s future and who will

participate is simply a battle for American power.”

Over the last several months, the United States witnessed yet another attack on our democracy. After the Jan. 6 insurrection attempt on the U.S. Capitol, many elected officials joined forces to suppress the right to vote. To deny citizens the right to vote violates the U.S. Constitution, Amendment XV (1870) which states: *Section 1. The right of citizens of the United States to vote shall not be denied or abridged by the United States or by any State on account of race, color, or previous condition of servitude. Section 2. The congress shall have power to enforce this article by appropriate legislation.*

Thirty-three states have proposed at least 250 laws to suppress the right to vote. We know that if enacted, these state policies will significantly impact the vote of those we serve. We should reread the NASW Code of Ethics and commit to action against all bodies that attempt to suppress the

vote, because *social workers have an ethical responsibility to the broader society.*

As social workers, we affirm that all eligible people have the right to vote in all elections. We can model this behavior by also voting in NASW elections.

Voting is one of the most important duties and responsibilities of membership. How can we ask members of our communities to vote when we fail to vote for candidates in our professional association elections?

Those who are elected to the NASW board have significant power. *The NASW elected board of directors of the Association shall exercise all the powers of the Association, decide on policy and priorities, policy implementation, and the equitable allocation of financial resources under the broad policy and priority guidelines established by the membership of the Association in the meetings of the Delegate Assembly, as per the NASW bylaws.*

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“As we move forward, together, let's take action to stop voter suppression wherever it exists.”

Each year, the percentage of members who actually vote remains significantly low. With your help, we can change that trajectory and work together to increase the number of those who actively participate and vote in all NASW elections.

As Stacey Abrams reminded us, voting does matter in every level of governance—and voting for the leaders of NASW is no different. The members of the NASW National Committee on Nominations and Leadership Identification (NCNLI), chaired by KellyAnn Frazier, carried out its responsibilities and nominated a slate of qualified candidates.

NASW will promote candidates who are running for NASW board positions on social media platforms throughout the months of April and May and send out reminder

notifications to vote. I humbly ask that you take the next step as members to read the candidates' statements and do whatever is necessary to inform your vote—and then vote.

Let us commit to elect the next talented leaders of the NASW board. The 2021 ballot includes positions for vice president, treasurer, BSW student member, and regional members for Region III (New York State), Region IV (Ohio, Pennsylvania), Region VI (Delaware, Maryland, New Jersey), Region VIII (Indiana, Michigan, Wisconsin), and Region IX (Illinois, Iowa, Minnesota). Voting begins on April 6 and will end on May 28.

As we move forward, together, let's take action to stop voter suppression wherever it exists. Together, let's mobilize to ensure that all people are guaranteed the right to vote and have access to do so. Together, social workers will hurdle the obstacles that block liberation of all people. 🗳️

Contact Mit Joyner at president@socialworkers.org

Spring and Vaccines Make the World Seem Brighter

BY LAETITIA CLAYTON



Springtime's arrival always makes me happy. The air is warmer, the sun seems to shine brighter, and the plants, trees and birds begin to stir. This year we also have the promise of the COVID-19 vaccines, which President Biden has said every adult in the U.S. will be eligible to receive by the end of May.

Older members of my family have already gotten their vaccinations, and I recently had my first shot. I hope this will allow us to enjoy some of the things we missed out on last year, like my dad's birthday. We had to sing Happy Birthday to him online last July, while he otherwise celebrated a milestone birthday alone.

Other things we can look forward to are traveling, dining in restaurants, celebrating holidays with family and friends, and going to concerts, movies and museums.

While we await a return to normalcy, however, we cannot forget there are many people whose losses were far greater over the past year and they will take much longer to bounce back. Not only did COVID-19 claim the lives of more than 500,000 of us (so far), it also damaged our economy and left many unemployed, and, in some cases, homeless.

Some companies and smaller, local businesses closed for good, and children—and their parents—had to adjust to online learning. We watched news stories about our frontline medical workers completely burning out from caring for coronavirus patients while also worrying about themselves and their loved ones. Almost everyone has gone through some sort of trauma because of the pandemic.

Social workers across the profession have stepped up to address these issues and find solutions, just as they always have. One example of this can be found in the Viewpoints column on page 8. Hospital social worker Jaclyn French describes how the pandemic affected her and her co-workers, as well as their patients, and how she helped them cope. She writes, "We cannot take the trauma of the last year away, but we can help others and ourselves better learn how to carry it." Well said, Jaclyn.

There's some uplifting news in our cover story, which examines how many of the Biden-Harris administration's goals align with social work's values—like racial, social and economic justice. A good start is Biden's recent American Rescue Plan, which is expected to lift millions of Americans out of poverty.

In the Association News section, you can also read about the transition document NASW sent to the Biden administration and Congress, outlining top federal social policy priorities.

We do seem to be on the road to recovery. As we emerge from the chaos of the past 12 months, let's make sure to take care of ourselves and others, enjoy spring, and get vaccinated when eligible. 🍀

Until next time,
Laetitia

“While we await a return to normalcy, we cannot forget there are many people whose losses were far greater over the past year.”

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Trending on Social

NASW's Facebook post about New York considering licensing social workers to handle some legal tasks received 290 likes, 56 shares, and 71 comments.



- Kimber Lynn**
I like this idea. Many times I've gone to court with a client as support. It would be nice to be able to help more in certain situations.
- Chell Johnson**
I'm an attorney and a social worker. This is wrong.
- MacKenzie Bradke Lester**
@Chell Johnson
I'm curious about your thoughts on this. Would you mind sharing more on your perspective?
- Chell Johnson**
I was a social worker before I was an attorney. I thought I knew enough about the law, but really, I didn't know intricacies of procedure that is necessary to file, follow due process, adhere to the rules of civil procedure, rules of evidence. It isn't as easy as just filing something. Once you've filed, you have to go into court and defend what you have filed. Each profession needs to stay in its lane. Attorneys do not have the clinical expertise to talk about a myriad of issues, and social workers do not have the skills to navigate the courtroom.



Social Work Talks Podcast, Episode 67

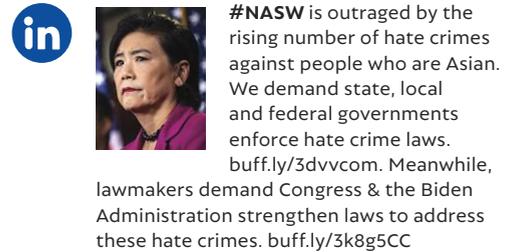
Living With and Overcoming Stress

Darryl Webster, MSW, LICSW, was a school social worker for 25 years and is the author of "I Think I'm going Crazy: Hope for People Battling Stress, Anxiety and Depression." In this episode, he discusses ways to deal with stress during the pandemic and beyond.

Webster: We've all gone through stress and levels we've never seen in recent history with the onset of the COVID-19 pandemic and the racial unrest and division in the country with regard to the last administration. We're seeing rates of mental illness that we've never seen before. ... So we need to really be mindful of self-care. Practicing mindfulness and going on walks and maybe practicing yoga and doing all types of things to just escape from the negative stressors that are going on in society right now.

Listen to the full episode: socialworkers.org/News/Social-Work-Talks-Podcast/EP67-Living-With-and-Overcoming-Stress

NASW's LinkedIn post demanding that governments enforce hate crime laws received 5,401 impressions, 82 clicks, and 135 likes.



Sidi Bojang
All decent and honest people in every state, city and county in America should condemn and demand the authorities in their respective jurisdictions take all the necessary measures and available resources to investigate and apprehend the culprits of these insidious and repugnant crimes against Asian Americans. America is still for all who inhabit it. No impunity nor Selective Justice.



NASW recently posted 170 tweets, with the following among those that received the most likes and retweets.



In the Public Eye



What happens when you die? That was the question posed to several hospice care

professionals across the U.S. in a Parade Magazine article.

NASW member **Carolyn Gartner**, an LCSW with Visiting Nurse Service of New York Hospice and Palliative Care, said she has found patients hold a perspective of gratitude and acceptance that parallels what she's been taught through her meditation practice.

"I feel my older patients really understand the idea of letting go, and not letting small things bother you," Gartner says in the article. "We get so caught up in the day-to-day, and I see my older patients are a good role model for how those things pass."

"My observation is that people will often die the way they live, so it's really interesting to see how people process what they've gone through," she says.

While the patients may seem ready to accept what comes next, Gartner says it's the families who often need help coming to terms with it. VNSNY Hospice assists with the pre-bereavement process for family caregivers so they can see beyond the grief and enjoy the time they have left with the patient.



Faith is supposed to offer a sanctuary from suffering. But it can

turn ugly for many.

NASW member **Pamela Pater-Ennis** operates an interfaith counseling service that helps people "make sense of it when religion turns bad."

An article posted at NorthJersey.com, notes that Pater-Ennis was ordained in 1984 in the Reformed Church in America, a mainline Protestant denomination.

Her book "Out in the Pulpit," chronicles the journeys of 13 lesbian clergy who struggled to reconcile identities as Christians and lesbians. The text grew out of her angst as a straight ally, Pater-Ennis explained.

The women she profiled were heavily involved in their churches growing up but were shunned when they came out as gay, Pater-Ennis said. They mourned the loss and yearned to return to religious life, but first they needed to re-examine their own spiritual identities, explore their pain and find their way to a community where they could be accepted. Eventually, they were all ordained.



One social worker travels up to 120 miles per day to treat small-town Texans

overwhelmed with grief and stress due to COVID-19.

NASW member **Cynthia N. Newton** is a traveling counselor from Comanche who drives numerous miles to reach anyone who needs mental health treatment across four counties.

"They're angry at COVID," she said in a story posted by the Fort Worth Star-Telegram.

The disease raged first through El Paso and Amarillo and now through small towns in the Abilene and Wichita Falls regions. Rural Texans' view of the virus has pivoted from dismissal to distress, the story says.

"There's so much more stress on parents, more anxiety, more depression—their schools close, the kids fall behind and the parents panic about how they can juggle it all," Newton told the newspaper.

A dependable internet connection is lacking for many. "Even the hotspots they give us don't work out here," she said. "People out here are expected to live in a world where we're not equipped."



Loneliness and social isolation impact the older population. COVID-19 has

increased this concern, as nursing home visitation rules have become more restrictive, according to a story posted at the Holland Sentinel in Holland, Mich.

NASW member **Sara Van Tongeren**, a clinical social worker in Holland who specializes in helping people through traumatic and unexpected life events, explained that the human body reacts in physical ways to stressors like fear of the virus and fear of isolation.

"When we are isolated, we experience a stress reaction that occurs on a neurobiological level, so increased excretion in our brain of various stress hormones can actually trigger a physiological experience like fevers or pain or exhaustion or insomnia," Van Tongeren told the newspaper.

"Those are all very natural human responses that are common," she said. "For people that are elderly that are faced with social isolation—because it is a stress, it is a threat—their bodies could very well be reacting to that threat. And the result of that is often depression and more stress." 

Visit socialworkersspeak.org to read other media stories like these.

Health Care in a Prolonged Crisis: A Shared Burden

BY JACLYN FRENCH, LICSW

I am a hospital social worker in a unit that has been transformed into an ICU since the start of the COVID-19 pandemic. Every day I talk to families, colleagues, and interdisciplinary providers, and I think about how this crisis has impacted us all. No matter the role, I have yet to meet someone who does not feel acutely traumatized by this ordeal. While in some ways the difficulty of living through a pandemic is obvious, I continue to contemplate the specific elements of the last 12 months that have made them particularly hard to cope with for those in acute-care settings.

Blurred Lines

In our previous world, there was a separation between patient and staff that allowed us to cope more effectively. Whether it was a limb amputation or pancreatic cancer, we encountered these troubles on the unit and left them at the door on our way out. Some cases may recall a personal experience, or a particularly tragic case might stay with you for a while, but mostly what we saw at work was vastly different from what we saw outside of it—and this helped us to compartmentalize that suffering.

Now, that separation is gone. The same fear, uncertainty, anger, loss of control, and helplessness the families of our patients grapple with are mirrored in the experiences of our staff, who worry about themselves and their loved ones in parallel to their worry for their patients. This creates a lack of



respite, making it much harder to bounce back as we normally would.

Feeling Extremes

I've found that this pandemic is a mountain of paradoxes. On some days, my brightest moments are when a family tells me stories about their loved one. Other days, learning these details is too much and I need time to reset

between each family call I make. I find myself feeling overwhelming grief and an incredible numbness, vacillating between the two in a pendulum's swing.

Many staff members have found that feelings come in waves. On days when nothing went wrong, a worker will start to cry on the drive home. Hearing about these experiences

reminds me of the effect chronic stress has on the body and mind. The high level of adrenaline that has kept us going in the worst moments leaves us feeling drained when it subsides. You want to engage in some coping activity after work, but the most you can do is shift your focus. Even when there are resources for psychological

We cannot take the trauma of the last year away, but we can help others and ourselves better learn how to carry it.

support available, health care workers are reticent to engage in them. As a mental health provider, this leaves me wondering how we can begin to address our experiences.

The Social Work Role

As social workers, we are well-accustomed to intervening in times of crisis, despair and loss. We are trained in de-escalation, grief counseling, trauma-informed care, and communication techniques. As such, we are likely more prepared than other disciplines to handle this crisis, and yet cannot pretend that we are not similarly affected. Where previously we focused on patients and families, we now are called to support staff in a major way as well—all while juggling our own acute distress. This is certainly a gargantuan task, and highlights the value of the social work approach and role.

As a profession, we know the importance

of modeling—in a time where provider and client are going through the same crisis, this is a continual feedback loop. When I see a nurse inundated by grief, I help her through a grounding exercise, and remind her that this moment will not last forever; when I have those same feelings, I have to coach myself in the same way.

A Way Forward

How do we end these cycles of distress? The answer is that we likely won't be able to while the threat still looms large. Instead, we accept this distress and focus on containment. Mindfulness, ACT, DBT all teach us that facing those feelings instead of avoiding them allows us to ultimately gain control over them.

Going for a run, reaching out to a therapist, or daily meditation may feel like too much to manage while we are surrounded by crisis. In the summer when we had a few months without

high COVID numbers in Massachusetts, I found that most staff simply wanted to forget. Some shared nightmares and feelings of numbness, but they were unable to delve further than to acknowledge this. Instead of offering open forums to discuss feelings and coping, I focused on brief, targeted interventions with containment strategies to help them tread water until we can reach a higher degree of safety that allows for further psychotherapeutic work.

In a time when the threat is ongoing, the first step is simply to name the feelings, acknowledge how awful they are, and remind ourselves we are capable

of facing them. Ideally, this will allow for a small inroad that then allows for the use of all those coping mechanisms we are always recommending to our clients.

Social workers know that forward progress is often slow to start. We cannot take the trauma of the last year away, but we can help others and ourselves better learn how to carry it. The very interventions we use with clients have now become even more relevant to use with ourselves and our social work peers—with this shared burden ultimately spurring us on to mutual understanding and support. 🌀



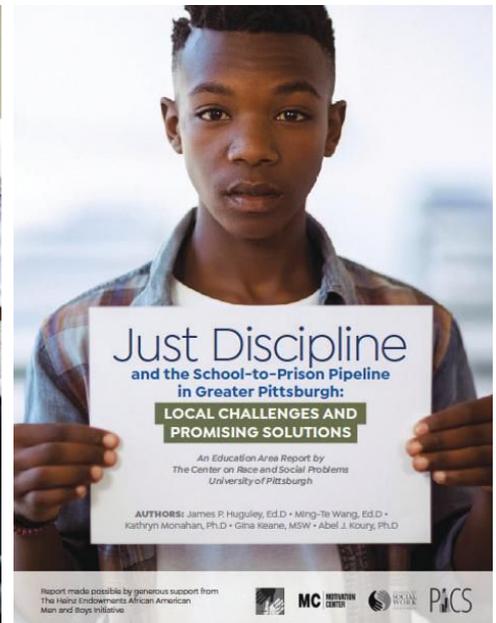
Jaclyn French is a clinical social worker on an inpatient medical/surgical floor at Beth Israel Deaconess Medical Center in Boston, Mass. Since the start of the pandemic, she has created specific interventions to assist with staff crises and support, in addition to starting several support groups for patients impacted by COVID. She is interested in trauma-focused care and improving institutional practices to enhance staff well-being.

Viewpoints columns are guest editorials about topics related to social work. They are written by contributors to Social Work Advocates magazine, and do not necessarily represent the opinions or reflect the policies of NASW. If you are interested in writing for Viewpoints, please email us at swadvocates@socialworkers.org.

University of Pittsburgh: Rectifying Racial Injustice

BY PETER CRAIG

If there is a racial justice issue being addressed in the Pittsburgh area and beyond, you can pretty much guarantee that the University of Pittsburgh School of Social Work's Center on Race and Social Problems is somehow involved.



LEFT: Just Discipline Project Director Shawn Thomas talks to schoolchildren at a leadership workshop held at the university in 2018.

RIGHT: The Center on Race and Social Problems' Just Discipline Project uses restorative justice to find alternatives to suspensions and other punishment, which disproportionately affect African American students.

Last fall, with the election looming, the focus was on the potential for voter suppression, says Dr. James P. Huguley, the center's interim director and an assistant professor at the school. So for its annual Fall Institute, presented live on Facebook this time and also available through Zoom, he says, "we wanted to bring together expertise from multiple disciplines, multiple fields,

and talk about what is the history of [race-based voter suppression], and what can we do today to protect people's vote?"

Speakers included Jhacova Williams, associate economist at the Rand Corporation, who laid out the history of lynching in the African American community and presented compelling evidence of the powerful negative effect it still has on African

American voting patterns, says Huguley. Next, Clare Malone of polling website FiveThirtyEight talked about the Republicans' nearly exclusive wooing of white voters dating back to the 1960s, as well as the Dixiecrats' strategy of favoring working-class whites over people of color. Other speakers addressed voter ID laws, gerrymandering and the purging of voter

rolls (usually of African Americans).

In December, the Center on Race and Social Problems hosted Riana Anderson, assistant professor at the University of Michigan's School of Public Health and a leading expert on the effects of racial trauma. "She spoke about how families can support youth in processing the things they experience in terms of racial discrimination, both directly and vicariously," says Huguley. Anderson is also helping out the center on a research-based initiative it's developing called "Parenting While Black." The goal is to help parents of Black children—whether the parents are Black or not—support their kids not only in responding to racism but in developing positive racial identities, now well-established as being optimal for their development, Huguley says.

Reforming School Discipline

Meanwhile, the center's Just Discipline Project targets racial disparities in school discipline, whereby in greater Pittsburgh, for instance, "Black students are suspended at seven times the rate of other students," says Huguley. Beyond the underlying bias involved, research has shown that suspension not

only hurts the student—who loses learning time and a structured environment—but fails to get at the heart of the problem.

Enter the strategy of restorative justice and Just Discipline Project Director Shawn Thomas, MSW, who helped launch Just Discipline at the University of Pittsburgh four years ago. Unlike most other restorative justice programs, says Thomas, the center places its counselors right in the school. The counselor works to strengthen relationships among students, teachers and administrators, and will sometimes lead a "healing circle"—a support structure to help unveil issues disruptive students may be having, he says. Attending will be the troubled student, a teacher, a peer (student leader) and sometimes a parent. "We go around and ask questions like, 'What happened?' 'What made you feel this way?' 'What can we do to avoid that now?' Then we create a safety plan to help guide that student and advise his teachers." Each year, two Pitt social work students—one MSW and one BASW—do internships with Just Discipline.

Homewood Bound

Another special focus for the center involving schools is the Homewood Children's Village fellowship program

The center's new "Parenting While Black" program will support parents of Black children in helping them deal with racial discrimination and will promote high achievement in school.



Kiva Fisher-Green of Homewood Children's Village (second from left) with University of Pittsburgh MSW fellows in 2019.

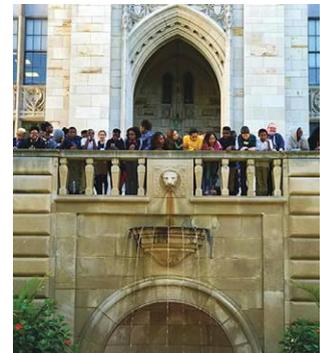
for MSW students, who work to help social work practitioners and other health professionals improve children's lives, academically and otherwise, in the low-income, mainly African American Pittsburgh community of Homewood.

Some eight students, who receive a stipend, get a caseload at one of three schools in Homewood, says Kiva Fisher-Green, LCSW,

social work supervisor at the community services organization Homewood Children's Village. "They work their caseloads—this year remotely by phone or Zoom—normally with the assistance of the teachers, social workers and parents, who give them a general idea of what's going on with the students, some of the things they might want to work on. A lot of it is behavior modification,

social skills and sometimes just offering a listening ear."

Fisher-Green calls the fellowship program a wonderful learning opportunity for the students—who often lack experience in underserved communities—that offers additional support for the families as well as the teachers. "It's just an all-around win-win for everyone." 🎧



The center hosts Woodland Hills Intermediate School students at Pitt in 2019, shown here in front of the university's Cathedral of Learning.

Salisbury University: Justice for All, Program Management 101



Dr. Jennifer R. Jewell, director of the School of Social Work at Salisbury University in Maryland, talks about her school's racial justice emphasis and about how to best coordinate a large education program.

We understand that your school has been particularly active with racial justice initiatives.

Yes. This year alone we co-hosted, with Social Work Helper, the Anti-Racism Virtual Summit. It was attended by roughly 8,000 folks across the world, including several hundred of our students. We also created a fellowship called the Comunidad and Umoja Scholars Program, which supports students of color in our MSW program. Also begun this year was "Dismantling White Supremacy in Social Work," a new course for both BASW and MSW students.

Salisbury University itself is not all that large, yet you have a social work program of some 800 students.

Well, we have students here on the Salisbury campus and at four satellites in Maryland. Then we have an online MSW regional program offered in seven states. We also have a partnership with the University of Maryland Global Campus through a Department of Defense contract to provide social work education [BASW and MSW] to the military, military contractors and family members in Europe. So I like to say that we're worldwide.

How do you coordinate all that?

We have a very strong administrative team, with program chairs here at Salisbury, five satellite coordinators and two field directors. For years we've used technology to connect students both inside and outside the classroom, lately through events like virtual town halls. We've been able to create a supportive, student-centered learning environment that promotes students' success across the different campuses. 🎧

UNIVERSITY OF HAWAI'I AT MĀNOA

Correct Course: Focusing on the Native Hawaiian Healing Arts

If the University of Hawai'i at Mānoa had to pick a single course from one of its many schools to represent the entire university, it might well be “Ke A'o Mau.” Why? Because it precisely aligns with the university's mission of serving Native Hawaiians, other Pacific islanders and additional local populations.

“Ke A'o Mau” (“KAM”), which roughly translates as “Learning Preserved,” has recently been made a permanent part of the Thompson School of Social Work & Public Health's curriculum. “It is primarily organized around the principles and practices that support cultural competency in building the Native Hawaiian social work and health workforce,” says Dr. Jing Guo, associate professor and Social Work Department chair. The interdisciplinary course this year is made up of 30 students—15 public health and 15 social work (MSW and BSW)—adds Theresa M. Kreif, MSW, LSW, faculty member and assistant to the dean, who was one of “KAM's” initial instructors. In the past it has also included psychology, law and even medical students, and each year offers several sessions as continuing education for current social work practitioners.

Fundamental to “KAM,” says current instructor S. Kukunaokalā Yoshimoto, MSW, are its Native Hawaiian guest lecturers—“kumu loa,” or “expert teachers”—many

“Ke A'o Mau” (“KAM”), which roughly translates as “Learning Preserved”... is primarily organized around the principles and practices that support cultural competency in building the Native Hawaiian social work and health workforce.



FROM LEFT: 'Anakē Lynette Kahekili Kaopuiki Paglinawan, MSW, Dr. Claire Ku'uleilani Hughes and Dr. Jonathan Kay Kamakawiwo'ole Osorio.

of whom were mentors to now-retired Social Work Dean and Professor Emerita Noreen Mokuau, who developed the course. Among them have been 'Anakē Lynette Kahekili Kaopuiki Paglinawan, MSW, a renowned expert practitioner in “ho'oponopono,” or “setting to right, the process of conflict resolution”; health care advocate Dr. Claire Ku'uleilani Hughes, DrPH, RD, co-founder of Native Hawaiian health organization E Ola Mau and co-creator of the Moloka'i Diet; and Dr. Jonathan Kay

Kamakawiwo'ole Osorio, dean of the Hawai'iinuiakea School of Hawaiian Knowledge, an expert in “mele” (songs) and a well-known musician himself. For “KAM's” fieldwork, students commit to assisting in a project with a Native Hawaiian community service organization, says Guo. For instance, “some students help community organizations in applying for grants to support their programs and services. So a course like this is really supporting our mission and is much needed.”

NEW ADMINISTRATION NEW OPPORTUNITIES

Biden-Harris Goals Align With
Most Social Work Priorities

By Alison Laurio





Donald J. Trump's term as U.S. president left America dramatically divided, with many concerned about our very democracy—from elections to public health and safety, and our role in the world.

In President Joseph R. Biden's term, social workers in varied roles both inside and outside the administration are helping shape a more just direction for everyone by addressing issues like racial, economic and environmental inequality, to name a few.

The Economy

The COVID-19 pandemic and some Trump administration policies resulted in worsening economic woes for many Americans. Among the social workers Biden has appointed is economist Jared Bernstein, who is a member of the White House Council of Economic Advisers. He has become a public voice for information about where the country's economy is and what the administration is planning to get us where we want to be.

Bernstein, PhD, MSW, has spoken on television, in webinars, on National Public Radio and during White House press briefings led by Press Secretary Jen Psaki, who said Bernstein would appear often.

Bernstein was a Washington Post columnist who on Dec. 3 in a sign-off column wrote "some of what I'll be thinking about" that included "important ways in which key economic assumptions undermine social justice."

A common critique that "whites dominate the (economics) profession" is an important point and a reason that far too little has been done to address racial gaps, Bernstein wrote. Something foundational in economics structure "is too accepting about embedded racial injustice."

He said a "can-do-economics" approach to economic policy rejects the view that addressing problems such as inequality, climate change, wage stagnation, financial excess, racial injustice and underinvestment in public goods will backfire. "Even a quick glance at the Biden/Harris agenda ... shows a thorough rejection of the notion that we can't meet the challenges ticked off above."

After controlling the virus, he continued, Biden will focus on "building an economy on the other side of the crisis that's far more resilient to shocks from pandemics to climate-change-induced floods and fires. It is to craft an agenda that takes on inequality, racial injustice and the struggle for working families to get and stay ahead."

Supporting Black Americans

How can President Biden best help Black communities? Michael M. Sinclair said three major areas stand out: health care, the economy and education.

"We're in the middle of a pandemic, and we need good decisions at the federal level, not only in management of COVID, but clear, understandable information and access to affordable health care," said Sinclair, PhD, MSSW, associate professor and chair of the Urban, Youth and Families Specialization at the Graduate School of Social Work at Morgan State University in Baltimore.

There have been double-digit unemployment rates, and African Americans had twice the rates of white counterparts, he said. Tax credits for families can help.

"African Americans are interested not only in returning to their jobs, but also in getting support for

their small businesses," Sinclair said. "Barber shops and trades people need help to get back on their feet."

Trump increased racial division and intolerance, he said. "I think we're sitting on a powder keg," but there are steps Biden can take to help, including raising the minimum wage to "a livable wage," increasing the amount of unemployment assistance, and acting on the housing crisis.

"Unemployment assistance is \$300 to \$400 a week, and right now there's a moratorium on evictions," Sinclair said. "Sooner or later when that moratorium is over, people will be in debt. We have to figure out how to help them."

"We're in the middle of a pandemic, and we need good decisions at the federal level, not only in management of COVID, but clear, understandable information and access to affordable health care."

— MICHAEL M. SINCLAIR, PHD, MSSW

Biden proposed nearly \$130 billion for schools, and Sinclair believes while some children have fallen behind, many will "get back on the path."

One concern is that the hopes of some Black students to be spotted and offered college athletic scholarships could be dashed, as many or most school sports remain cancelled. "That disproportionately affects children of color," Sinclair said. "We have to come up with a plan, find a way to make college affordable."

Many urban youth see only six ways to become wealthy, he said: professional athlete; professional entertainer; lottery winner; inheritance; a settlement; or selling drugs. Often, they end up selling drugs, Sinclair said, but some will end up in lower-paying jobs because they lack a college degree, which also causes a generational impact. The Biden administration could look at different opportunities, including federal loan payment plans.

Biden is eyeing educational opportunities for prisoners, which the Trump administration dismantled, that would create paths to get people back into society, he said.

Health Challenges for Native Peoples

Native and indigenous peoples face multiple challenges, and health is a big one, said Karina L. Walters, PhD, MSW, the Katherine Chambers Hall University Scholar

“What should be the Biden administration’s top three priorities?”

Students at the Nancy A. Humphreys Institute for Political Social Work at the University of Connecticut School of Social Work in Hartford voted on that question during a recent campaign class. The students were each asked to identify their top three picks from these 11 issues:

- Environment
- **COVID Relief**
- Affordable Housing
- **Health Care**
- Education Equity
- Criminal Justice Reform
- Immigration Reform
- **Racial Justice and Equity**
- Economic Inequality
- \$15 Minimum Wage
- Voting Rights and Access

Racial justice and equity received the most votes, with COVID relief second, and health care third.

“Social Workers are rising to the call of democracy, and not just defending it,” said Tanya Rhodes Smith, MSW, the institute’s director and instructor in residence in the Policy Practice Concentration. “They’re seeing their role in creating a more inclusive, responsive democracy.”

The Humphreys Institute “works to increase the political participation and power of social workers and the communities they serve so public policy reflects our profession’s values and commitment to social justice.”

Smith believes the students’ desire to take their role is why classes have been really full, with 200 in one of the February groups, she said. Smith also is seeing more involvement.

“They see the importance of policy and addressing issues of equity,” she said. “I think social work schools and students want more skills to engage in democracy.”

From what she hears in her political classes, there is an interest in building sustainable power and equity and “creating a society to dismantle the racism Donald Trump revealed to Americans.”





Financial information is essential for students, because social workers are working with people who are on the bottom rungs of the economic ladder. Clients frequently are experiencing low income and low wealth, and often are people of color dealing with structural inequities. So, practitioners need to put economic issues front and center in a social work practice.

and professor at the University of Washington School of Social Work in Seattle, where she also is co-director of the Indigenous Wellness Research Institute.

A member of the Choctaw Nation, Walters said the Trump administration was not interested in nurturing the development of tribal sovereignty.

“The previous administration was quite hostile to a lot of native and indigenous issues,” she said. “They were, in fact, more interested in eroding land rights and water rights—in a part of the world where such rights already are different—and conferred a kind of assault on the well-being of people with a history of inequities.”

Health and mental health were impacted too, Walters said. The current administration is concerned not only with health equity in indigenous populations, “it is interested in looking at the root causes of cultural and social factors in which health can take root and grow at both the individual and population levels.”

Tribal and Black communities bear the biggest burden in mortality, chronic racism, higher rates of trauma and violence, and lower wages and employment rates, Walters said.

“Native people have one of the highest (combined) rates of death at the hands of police,” she said, because Black men top that list, followed by indigenous men and indigenous women, then African American women.

Indigenous people also are more likely to be living in contaminated areas without access to food and water—issues the Biden administration said it would attempt to address, Walters said.

“We need to look at the economic impacts,” she said. Social, cultural and environmental impacts are “factors in the determinants and the conditions of places where people work, live, play and pray.”

Focusing on the settings and environment where people live can help elevate the health of the population. And, she said, “they are opportunities to bring change.”

Foreign Affairs

Biden has named Wendy Sherman, MSW, deputy secretary of state. During the Obama administration, Sherman was Under Secretary of State for Political Affairs and led an American team through six rounds of negotiations with Iran to ink the nuclear agreement in 2015. Trump announced in 2018 that he was withdrawing from the Iran deal, but Biden has pledged to restore it.

Sherman most recently was at the Harvard University Kennedy School, where she was professor of the Practice of Public Leadership, and director of the Center for Public Leadership. After her Cabinet appointment was announced, she spoke with WBUR Boston’s National Public Radio station.

“At Harvard Kennedy School, we teach that there is no higher calling than public service,” Sherman said. “Over these past two years, I’ve been humbled by our students, who understand this with complete conviction and commitment. I am grateful to have been a part of it, and to now, once again, have the opportunity to represent this country, our people and the democratic values around the world.”

Preparing Practitioners

Margaret Sherraden, PhD, research professor at the Brown School at Washington University in St. Louis and professor emeritus at the University of Missouri School of Social Work in St. Louis, was among the 19 Fellows inducted into the American Academy of Social Work and Social Welfare in January 2020.

“We need to look at the economic impacts ... factors in the determinants and the conditions of places where people work, live, play and pray.”

— KARINA L. WALTERS, PHD, MSW

She was co-lead on the Social Work Grand Challenge to Build Financial Capability and Assets for All, and wrote the textbook “Financial Capability and Asset Building in Vulnerable Households, Theory and Practice,” with co-authors Julie Birkenmaier and J. Michael Collins.

Financial information is essential for students, because “social workers are working with people who are on the bottom rungs of the economic ladder,” she said. Clients frequently are experiencing low income and low wealth, and often are people of color dealing with structural inequities. So, practitioners need to put economic issues front and center in a social work practice, she said.

“The presenting problem could be child violence, but one of the big contextual factors is economics,” Sherraden said. “Things are getting harder, and people are faced with financial issues they didn’t have to face before.”

These issues can include the inability to attain insurance, or gain access to safe credit and affordable housing.

“They’re dealing with complex debt situations, and on top of that, the pandemic,” and it all can make life challenging, she said, so economic understanding has to be core in social work learning.

Not many people understand all the financial instruments, Sherraden said, but “we are a financial society now, and much of daily life is taken up with financial questions. People without resources can’t afford a financial adviser, so they go to a social worker.”

“We’re trying to get social workers to understand how to talk about money” she said, “and people don’t want to talk about it because (they) feel responsible for their problem.”

An additional factor practitioners should be aware of is “the presenting problem may not be out front, but it plays a role,” she said.

Adding a financial course may not be feasible for all social work schools, so infusing some financial material into several other courses may be more practical, Sherraden said. “This is part of interpersonal practice. (Social workers) have to know how to bring it up, and they need to have answers.”

Reducing Inequality

Michael A. Lindsey, PhD, MSW, MPH, is executive director of the McSilver Institute for Poverty, Policy and Research at New York University. He also is the Constance and Martin Silver Professor of Poverty Studies at NYU Silver School of Social Work, where he leads the university-wide Strategies to Reduce Inequality initiative that focuses on the root causes of poverty.

He said the last four years of the Trump administration have shown that social work has a critical role to play, not only in the health and well-being of citizens, but in what has transpired with the COVID-19 pandemic, and with race and subrogated, marginalized groups; and in reflecting on what we all want our lives in America to be.

“The impact of loss of life weighs heavily on kids who have been traumatized. So, how do we help those kids?”

— MICHAEL A. LINDSEY, PHD, MSW, MPH

“These are huge issues, and I think social work plays a critical role,” Lindsey said, adding that no other profession stands on the mandate of putting persons in their environment. But now Lindsey believes it’s a time for more focus on the environment and its impacts on people.

Some Trump administration changes, including food stamp eligibility and welfare slashes, were harmful.

One issue under study is the increased rate of Black youth suicides compared with the prior 20 to 25 years. Lindsey expects the data to show the trend escalating even more because of the pandemic, and asks “how do we help food inequity trends that have been happening over that same time?”

He said schools are “one important contact,” and would like to see more behavioral health professionals in them.

“That would ensure more kids have access to behavioral health support,” said Lindsey, who added that the Biden administration should consider the effects of the virus on youth. “The impact of loss of life weighs heavily on kids who have been traumatized. So, how do we help those kids?”

All those issues are important and can be addressed by school social workers, Lindsey said. An essential aspect of that is having the right number of professionals for the number of students, so all who need help can receive it.

“I do think that matters of recovery and healing and mental health coming out of this are really going to be key,” he said. “I think that social work is in a really important place to be responsive.”

Legislating Change

Charles E. Lewis Jr., PhD, DSW, MSW, is director of the Congressional Research Institute for Social Work and Policy (CRISP) in Washington, D.C., which he founded in 2012. Its nonprofit 501-C4 status allows lobbying, and it does so in federal-level work—encouraging and assisting social workers to engage with Congress, he said.

“We also do things to make social workers more aware of specific legislation that’s important,” Lewis said. “In our efforts to keep social work professors and social workers informed, we like to do informational activities,” like congressional briefings.

Those have included a December briefing about a bill introduced by the late Congressman Elijah Cummings to provide expungement for federal nonviolent felony holders, and news about research by Carrie Pettis-Davis. “Her research was instrumental in the creation of the First Step Act,” Lewis said.

In March, the annual Social Work Month’s “A Day on the Hill” was held online, and included Zoom appointments with Hill staffers, he said. One of the events was a policy and politics forum titled “Social Work and the Future of Democracy,” which was live streamed on YouTube and LinkedIn.

President Trump “did a lot of damage,” he said, like hampering enrollment in the Affordable Care Act and pulling out of the Paris Agreement. Now, he said, so many things, including job losses, need repair because millions are out of work.



“We need to hold our representatives accountable. We have to know who all our representatives are. We need to be very knowledgeable about our government, and it will pay off.”

– CHARLES E. LEWIS, JR., PHD, DSW, MSW, Director of the Congressional Research Institute for Social Work and Policy (CRISP)

Lewis hopes Biden will come up with an infrastructure bill and said one of the most damaging and unconscionable things from Trump was his failure to address infrastructure.

“We have to invest a lot of money for mental health. There’s a lot of strain and anxiety because of the pandemic. Kids are not able to go to school—that has to be addressed too.”

– CHARLES E. LEWIS JR.

Social workers have a “service perspective,” Lewis said. “We have to invest a lot of money for mental health. There’s a lot of strain and anxiety because of the pandemic. Kids are not able to go to school—that has to be addressed too.”

Some losses are more personal. After losing his brother to the coronavirus, Lewis addressed it in a CRISP website blog post titled “When COVID-19 Strikes Home.”

He believes the damage inflicted by the Trump presidency will be long-lasting. “I’m hopeful, but he’s got a significant number of Americans who believe this election was not legit. That’s going to have a lasting effect, especially when some of our leaders say the same thing.”

Lewis mentioned reading that during the pandemic a number of billionaires doubled their wealth in what was “already a very unequal system. This is going to

be damaging to millions of households that are already struggling. When the pandemic goes away, people are going to be left with all sorts of problems. All these things are going to plague us for a long time.”

Social workers can help by being more engaged in the political arena, Lewis said. “We need to hold our representatives accountable. We have to know who all our representatives are. We need to be very knowledgeable about our government, and it will pay off.”

“When you know who will help, that’s just a first step. But it’s an effective step.” 🔄

Resources:

White House Briefing with Jared Bernstein: [whitehouse.gov/briefing-room/press-briefings/2021/02/05/](https://www.whitehouse.gov/briefing-room/press-briefings/2021/02/05/)

Jared Bernstein’s Washington Post column:

[washingtonpost.com/outlook/2020/12/03/im-joining-bidens-economics-team-heres-some-what-ill-be-thinking-about](https://www.washingtonpost.com/outlook/2020/12/03/im-joining-bidens-economics-team-heres-some-what-ill-be-thinking-about/)

Unemployment Gap: [americanprogress.org/issues/economy/news/2020/09/28/490702/persistent-black-white-unemployment-gap-built-labor-market](https://www.americanprogress.org/issues/economy/news/2020/09/28/490702/persistent-black-white-unemployment-gap-built-labor-market)

McSilver Institute Research: [mcsilver.nyu.edu/research](https://www.mcsilver.nyu.edu/research)

NYU Strategies to Reduce Inequality: inequality.wpengine.com

CRISP Social Work Month Event: www.crispinc.org/2021-social-work-day-on-the-hill

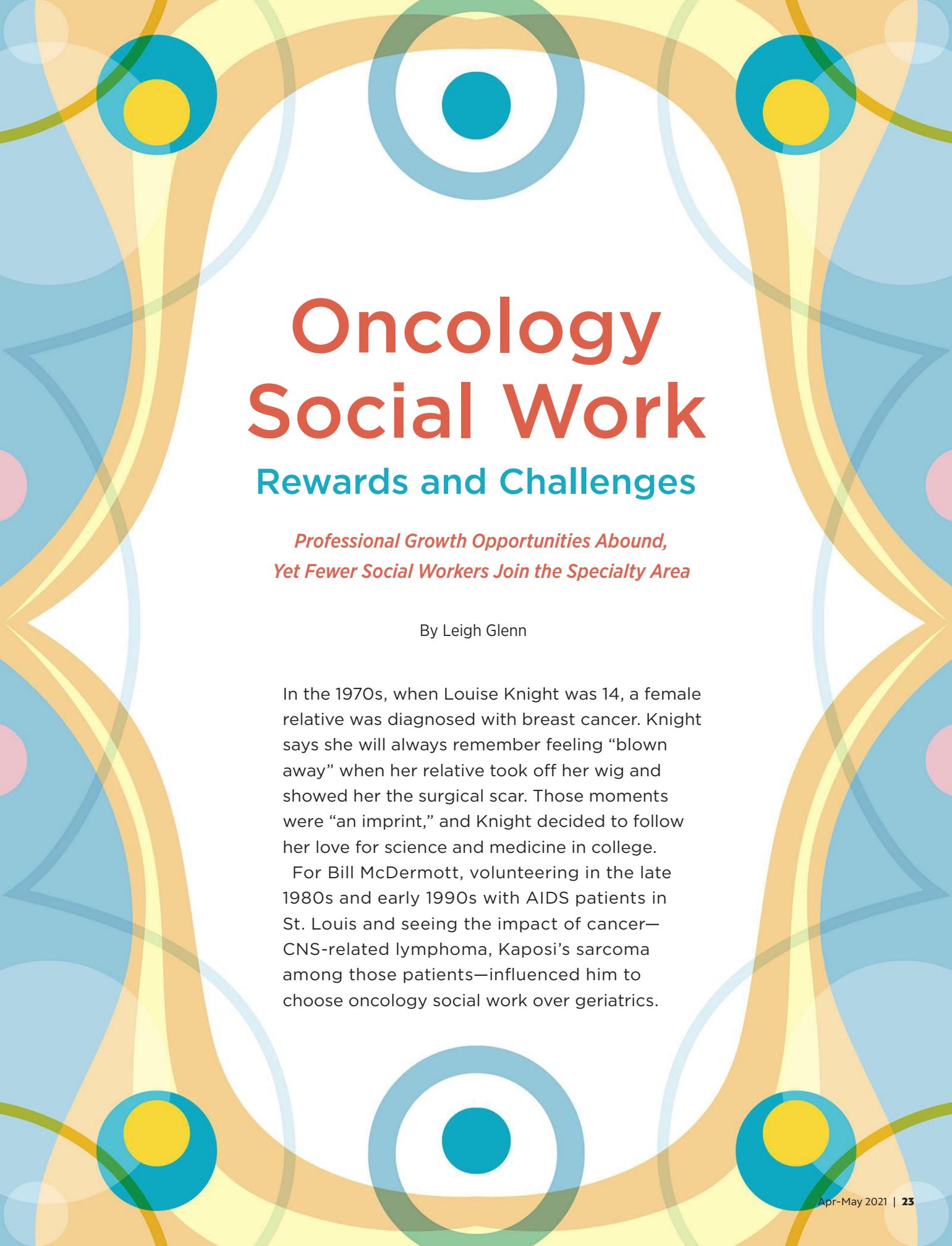
CRISP: [crispinc.org](https://www.crispinc.org)

Wendy Sherman and the Iran nuclear deal: [nbcnews.com/feature/twitter-diplomacy/lead-negotiator-wendy-sherman-has-history-dealing-u-s-adversaries-n93691](https://www.nbcnews.com/feature/twitter-diplomacy/lead-negotiator-wendy-sherman-has-history-dealing-u-s-adversaries-n93691)

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Oncology Social Work

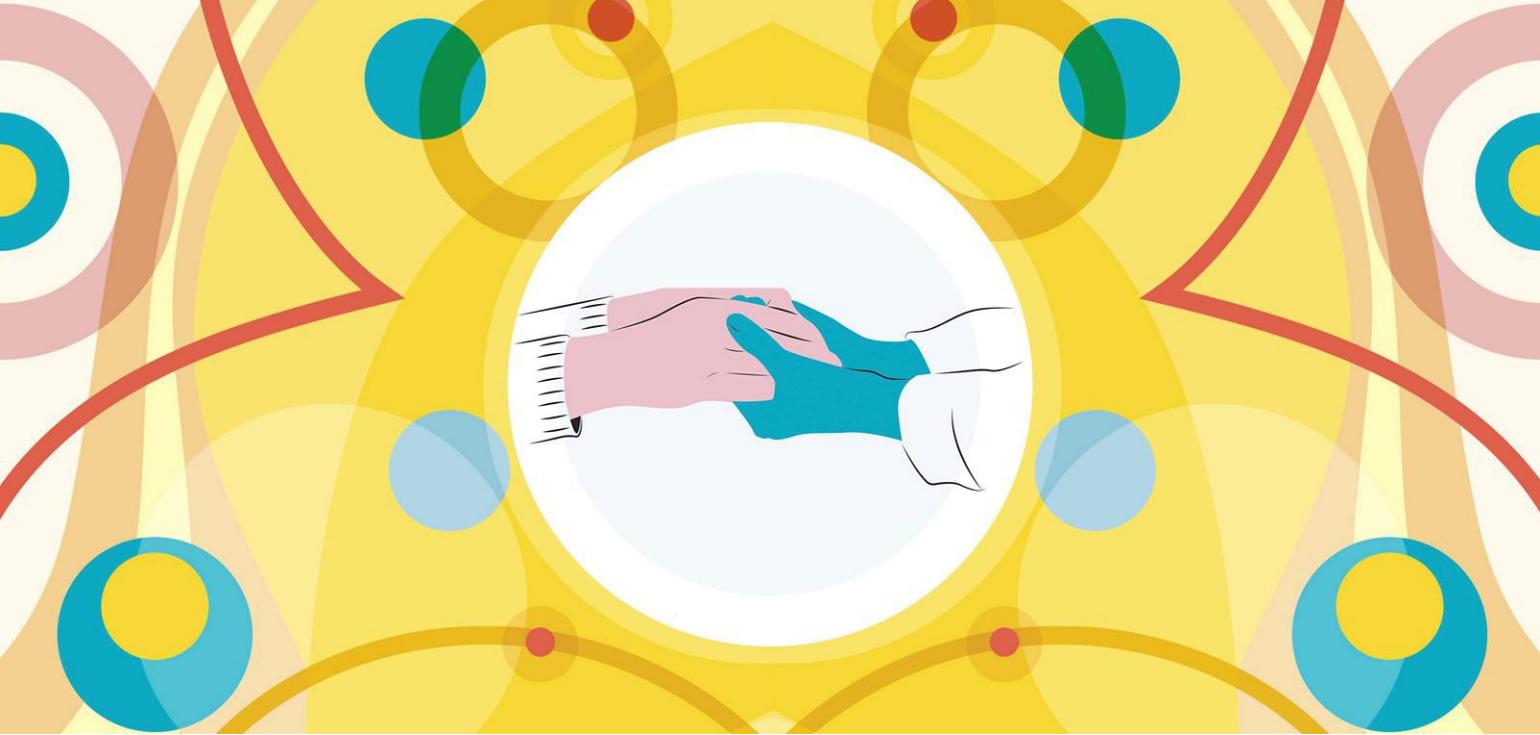
Rewards and Challenges

*Professional Growth Opportunities Abound,
Yet Fewer Social Workers Join the Specialty Area*

By Leigh Glenn

In the 1970s, when Louise Knight was 14, a female relative was diagnosed with breast cancer. Knight says she will always remember feeling “blown away” when her relative took off her wig and showed her the surgical scar. Those moments were “an imprint,” and Knight decided to follow her love for science and medicine in college.

For Bill McDermott, volunteering in the late 1980s and early 1990s with AIDS patients in St. Louis and seeing the impact of cancer—CNS-related lymphoma, Kaposi’s sarcoma among those patients—influenced him to choose oncology social work over geriatrics.



Today, Knight, MSW, LCSW-C, OSW-C, FNAP, directs the Harry J. Duffey Family Patient and Family Services Program at the Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins Hospital in Baltimore. McDermott, MSW, LCSW, president of the Association of Oncology Social Workers, retired last year from New York University's Cancer Center, where he was manager of social work.

Micro Challenges—and Macro

Oncology social workers say the field is a calling and can be one of the most rewarding areas of the profession. What makes it hard: Cancer patients may not survive or will be seriously ill for a long time. Self-care is even more important in this field and it's easy, absent good boundaries, to burn out. What's intriguing: Opportunities for professional growth abound as do avenues for demonstrating creativity in patient care.

But oncology social work faces a key challenge—the combination of aging populations perhaps more prone to cancer and scarcity in the social worker pipeline as oncology social workers retire and few young oncology social workers join the field, says Knight.

This problem exists in all of health care social work, but is acute in oncology. “I've had positions open for more than 180 days,” Knight says. “Sometimes, I review applicants who have never walked in(to) a hospital. While we could train, educate and develop skills, the applicant has to be able to witness and experience the realities of a cancer diagnosis and treatment.”

Knight, who became director of the Duffey program in 2003, intended to go into medicine. A college

instructor picked up on Knight's language of caregiving and suggested the best of both worlds—the science *and* the caregiving, but that would be in a different department down the hall.

At Duffey, oncology social workers help to educate patients. That starts the moment they say to a new patient, “Tell me about your cancer,” Knight says. “It's a fast-learning curve for them. The shock of learning doesn't always allow absorption of information and things could get jumbled.”

So, social workers at Duffey listen for the “mismatches” in information and help correct it, even if it's by pulling in a physician to review the information or look at scans. From that first assessment, the patient may gain an improved knowledge of their situation and the social worker understands who someone is as a patient—including how best to present information.

Knight says there are actually five types of patients they take care of: the person diagnosed; their family; the team—staff and faculty the OSWs care for so that those folks can better care for the patients (this could include the security guard out front who greets patients and families and sees the decline over a number of visits); the health system in which they work—are they doing a good job for that system? And the larger community they serve: Can they attract and inspire needed changes there, regarding policy, for example, or insurance?

Working with survivors also can be challenging because they are in limbo and oncology social workers are witnesses to this journey and all the questions that ride along: Will this treatment work? If I achieve remission, will it be longstanding? Will it reoccur? Knight says survivors often are looking over their



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shoulder at every moment, wondering whether the cancer is just a step away and whether—if someone is not paying close attention—it will be missed, will be too advanced to do anything about. “It’s a remarkable testimony to what humans will tolerate,” in terms of ambiguity, of uncertainty, she says.

Knight and other oncology social workers emphasize the need for field placement in a hospital and/or an oncology setting. Having this experience will help solidify the desire for this career path. “We believe heavily in supervision here,” she says, whether the social worker has 20 years’ experience, two years or no experience in oncology. “This stuff is hard and we need to be able to process complex cases, to ensure we care for our staff.”

“We are committed to having a highly skilled oncology social work team and to seeing this health care social work specialization grow in numbers,” Knight adds.

Integrative Approaches and Self-Advocacy

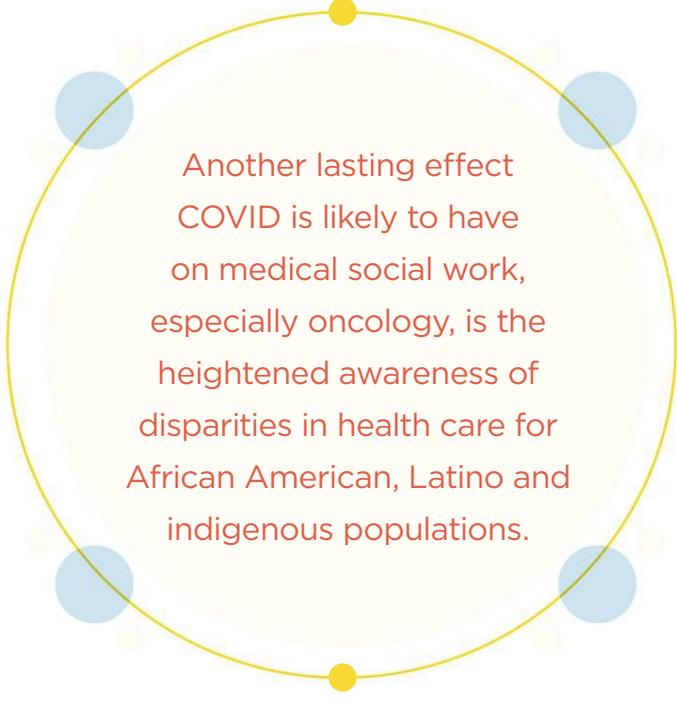
Many oncology social workers are inspired to enter the field because of personal experience with cancer, but not all. Judy Zeeman-Golden, LCSW, manager at Integrative Oncology, Pluta Cancer Center at the University of Rochester Medicine’s Wilmot Cancer Institute, worked many years as a social worker in Rochester, N.Y., city schools. She might still be there if the budget for mental health hadn’t been slashed. She sent out lots of resumes and went for several interviews, including one at the Pluta Cancer Center. Something about the place felt good to her. Offered a job there, she

accepted. That was in July 2013, and she says it’s the best job she’s ever had.

When the University of Rochester Medical Center acquired Wilmot in 2012, the future of Pluta was in question. It had been started by physicians as an independent cancer center. Their autonomy allowed them to work holistically with cancer patients. This included activities for stress management and wellness, such as cooking classes and exercise programs, yoga and massage—all free to patients. But where would the money come from? The Pluta Foundation stepped in to raise money for a new integrative oncology center and continues to pay for many of the integrative oncology staff and programming.

One of the banes of social work can be demonstrating the profession’s value. For activities in oncology social work that go beyond general cancer treatment, it can be even harder. Zeeman-Golden suggests that anecdotally, the activities at the Integrative Oncology Center help support patient satisfaction and efficiency of care. “A lot of patients can complete treatment on time and time is money,” she says. Of course, practical needs are tackled first—whether helping patients get a wig or talking with children or employers and co-workers.

As part of the medical team, oncology social workers can help others to see the patient as a person, with specific triggers and comforts. For example, a patient who was sexually abused and who is coming in for radiation might feel deeply anxious about lying naked on a table for treatment. The social worker and radiology tech can develop a way to make the person feel comfortable.



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Integrative aspects also can help patients gain a better sense of control. The diagnosis and treatment represent a giant loss of control—they have to wait for an appointment for a scan, wait for the scan, then wait for the results, says Zeeman-Golden. But they “can control what they eat, how much exercise they get, how they handle their stress,” all of which help them to feel better and healthier and confer a sense of normalcy, she adds. Even oncology social workers who don’t work in a place like Pluta probably still need to know about local low-cost or covered services, such as cooking, exercise and stress-management resources for patients in their care.

COVID temporarily halted certain services, with acupuncture and massage becoming available again in late summer and early fall. Classes, including yoga, migrated to Zoom, which has allowed Pluta to reach patients who live farther away.

McDermott said he has seen this as well. “All of the support groups are now done remotely,” he says, adding that NYU’s system expanded to include anyone in New York state. “It actually improved attendance substantially. It’s so much easier to join from their living room. That’s something that I think is going to continue well after the pandemic is over.”

Another lasting effect COVID is likely to have on medical social work, especially oncology, is the heightened awareness of disparities in health care for African American, Latino and indigenous populations.

This is true for AOSW itself, McDermott says, because the association is predominantly white—90 percent. The organization has created a board position for diversity and inclusion, and McDermott says he’s excited to see where that goes.

Addressing Health Disparities

Chris Brady, M.Div., Th.M., clinical social work intern in high-risk maternal/fetal care at Duke University Medical Center, will graduate in May with a master’s in psychosocial oncology from the University of Louisville’s Kent School of Social Work in Kentucky, where he’s been taking classes remotely. For him, oncology social work will be not only a second career undertaken in midlife, but also will dovetail with and build upon all his previous work and life experience. He joined AOSW last year and has spearheaded the creation of a book club to address diversity, inclusion and equity in health care for marginalized or underserved people. The books will focus not only on racism—they are reading Ibrahim X. Kendi’s “How to Be an Antiracist”—but also will address various aspects of medical care to help social workers see disparities, understand their own unconscious bias in those settings, and how, with that awareness, they can better approach clients in those settings.

Brady has ministered for 20 years in the United Methodist Church, has served in the U.S. Army and Army National Guard and worked for many years in Philadelphia for the YMCA, both local and headquarters, to help launch a Black Achievers mentorship program to expose youth to various career possibilities, and to develop an entrepreneurship program for those who wanted to start in-home childcare. He came to oncology because of personal experience—his father died of liver cancer and his brother was diagnosed with colon cancer at age 38. He has been there for many congregants who either themselves suffered with cancer or who had family members who did.

“What fascinates me about oncology is men, particularly men of color, because men as a rule aren’t typically, in my research, proactive about their health,” Brady says. “Health equity is a big issue for me, and health disparities. I have a desire to impact research around health equity and disparities.”

As a “practitioner-scholar,” Brady combines research with direct practice. He’s interested in how people’s spiritual beliefs may complement or hinder their care. Although many see church as a natural avenue to reach out to African Americans, Brady suggests that African American women attend at higher rates than do men.



“

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— BILL MCDERMOTT, MSW, LCSW

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Social workers have a responsibility to advocate for institutional changes so that all people have access to the resources they need to help prevent cancer.

— ELIZABETH FRANKLIN, PHD, MSW
PRESIDENT OF THE CANCER SUPPORT
COMMUNITY IN WASHINGTON, D.C.

”

For a course with Karen Kayser, PhD, MSW, professor emerita at Louisville, students had to develop a community program, including outreach. Brady chose to focus on African American men with outreach at barbershops. The barbershop is “where African American men bond, where they find social connection across generational and educational divides,” he said.

In his area, this can include physicians from Duke and people who haven’t graduated from high school. His barber welcomes the opportunity to share health information with customers, including diabetes, and one might catch conversations around mental health there. Early awareness, Brady says, can help counter the lag in early screening and detection for Black men versus white men. Because his father was Puerto Rican, Brady also expects to include other communities—such as Latinos and other people of color—in his work.

How the Micro May Affect the Macro

If oncology social work is to make progress on behalf of all the people it seeks to help, including the underserved, the patient voice needs to be heard by the people who make decisions, whose general goal is to reduce costs. Those people don’t speak directly with cancer patients, though, in the way that oncology social workers do, with their person-in-environment approach.

That’s why any success in broadscale policy shifts is likely to come from social workers who advocate for their profession—and for the patients.

“The direct services provided by social workers in hospitals and organizations like the Cancer Support Community are critical to help to inform policy efforts,” says Elizabeth Franklin, PhD, MSW, president of the Cancer Support Community in Washington, D.C. “For example, we learn directly from patients what they care about most. It can be distress, nutrition, paying for care, or many other challenges they experience, and we can elevate their voice to policy and decision makers, helping to ensure that large-scale policy changes meaningfully incorporate the patient voice.”

The value of including patients’ experience has increased, thanks, in part, to AIDS activism in the 1980s and the disability movement of the last several decades, Franklin says. Policy ideas naturally come from on-the-ground practice. But because policies work differently in practice, it’s important for social workers to gather data—qualitative and quantitative—and evidence to support the needs of people affected by cancer. And then, she says, they need to share that data persistently—with the public, with the media, with elected officials and regulators, as civil rights activist

and former NASW President Whitney M. Young advocated years ago in the NASW News.

Patient experience shines a spotlight on personalized care, which is likely to get pushback from legislators and administrators, who may see such care as too expensive in an already expense-heavy environment. But as Franklin says, “Personalized cancer care that is tailored to the individual needs of patients would actually save money in the long run. From my research, I have found that some patients want the most innovative, leading-edge treatment. Other patients value quality of life above all else. We sometimes refer to this dichotomy as ‘cure at all costs versus care at all costs.’ Still, other patients value something specific like living long enough to see a grandchild’s birth or maintaining the physical stamina to be able to exercise. Every patient is different, and with the options we have today, both in terms of traditional medical therapies as well as psychosocial, quality of life, and palliative care supports, we can improve quality of care while also maintaining or even lowering costs. The best policy solution we have is quite simply listening to patients.”

What would a world without cancer look like? If only prevention were that simple. Instead, it touches all of the aspects of life that social work focuses on, including poverty, social justice and health equity. “Healthy foods are expensive and can be difficult to access, resulting in food insecurity,” Franklin says. “Gym memberships are also expensive. Safety and walkability of someone’s neighborhood can impact their ability to engage in exercise. Incentives exist to market tobacco and unhealthy foods to communities of color and people living in poverty. As a result, we ultimately see disparities in cancer rates.” But social workers “have a responsibility to advocate for institutional changes so that all people have access to the resources they need to help prevent cancer.”

In that work, whether day-to-day with cancer patients and caregivers or the ebb and flow of data collection and policy advocacy, there remains hope, whose conceptualization Franklin’s inspiration, Dr. Elizabeth “Betsy” Clark, PhD, MPH, ACSW, lives on as a legacy. Clark, the former executive director of NASW who died last May, came into oncology social work when “cancer” was often a death sentence. She got to witness and be there for her sister, Eleanor, who was diagnosed with multiple myeloma, and “she was inspired by people’s ability to hope and the role it played in their well-being, Franklin says.

“Betsy said, ‘Hope is like a kaleidoscope, changing as situations and circumstances change. With each turn of that kaleidoscope, you have a choice. Always, always choose hope.’”

Licensure Portability, Telehealth Expansion Among Policy Priorities Sent to Biden Administration

BY PAUL R. PACE

As the nation's social workers welcome the Biden-Harris administration and the 117th Congress, NASW has issued its 2021 Blueprint of Federal Social Policy Priorities, which outlines urgently needed policy solutions in 21 issue areas.



The Blueprint is organized according to the Grand Challenges for Social Work, which is a science-supported agenda for social progress, developed by the social work profession.

NASW says the recommendations are immediate, tangible and meaningful steps to promote mental and behavioral

health, address economic inequality, and ensure that civil and human rights are protected for everyone.

The blueprint was sent to the new administration and members of Congress, and will be sent to federal agencies as well. It will serve as a guidepost for lawmakers and federal agencies for the next four years.

“We look forward to continuing to partner with Congress, the (Biden) administration and other stakeholders in advancing these priorities,” NASW states.

Social Work Workforce

Social workers not only provide direct services in a broad range of settings, they

also lead health and human services agencies, perform cutting-edge research, and develop and implement sound federal, state and local policies.

The nation's 700,000 social workers are an essential workforce and have been since the founding of the profession more than a century ago.

“We are among the most racially diverse mental and behavioral health and health care professions, and provide critically needed services to millions of Americans every day in a broad range of settings, including health care facilities, schools, child welfare, community agencies, correctional institutions, and private practice,” the document says.

To support the profession, the document suggests national leaders:

- Facilitate and fund interstate licensure portability for clinical social workers.

- Make permanent the telehealth expansion under COVID-19, including removing site and geographic restrictions, enabling the use of audio-only devices, and payment parity with in-person payment rates.
- Provide student loan debt relief for social workers, including the Public Service Loan Forgiveness, federal loan cancellation, and others.
- Pass the Employer Participation in Repayment Act, which allows employers to make nontaxable payments up to \$5,250 toward employees' student loans.
- Pass the Improving Access to Mental Health Act to enable CSWs participating in Medicare to bill independently to provide health and behavior assessment and intervention services and services to skilled nursing facility residents, and to increase their reimbursement rate.
- Pass the Protecting Social Workers and Health Professionals from Workplace Violence Act to promote safety on the job.
- Pass the Dorothy I. Height and Whitney M. Young Jr., Social Work Reinvestment Act to support the social work workforce.

COVID-19

NASW looks to the new administration and Congress to galvanize the country around fighting the most devastating public health crisis in America since 1918, and its economic and many other impacts. The rapid deployment of the COVID-19 vaccines is crucial in our recovery and the relief packages to date continue to be instrumental in mitigating the devastation. But more action is needed to save lives and livelihoods.

Among NASW's suggestions to national leaders is to:

- Deploy the COVID-19 vaccine as quickly as possible, prioritizing essential workers.
- Provide additional COVID-19 economic relief and stimulus packages; include direct payments to all adult Americans, including adult dependents.
- Implement a nationwide mask mandate and condition COVID-19 relief funding on implementation of effective mitigation strategies, including the use of masks and social distancing as well as notice to and quarantine of close contacts of individuals infected with COVID-19 in schools and institutions of higher education.

- Create universal testing and contact tracing systems.
- Expand eligibility for Supplemental Nutrition Assistance Program (SNAP) and mandate that states modify work requirements for SNAP eligibility for single adults.

Mental and Behavioral Health

Mental and behavioral health are crucial components of overall health. Social workers play a vital role in promoting mental and behavioral health and do so in a broad range of settings and communities and with a wide array of populations.

Among the recommendations, NASW calls on national leaders to:

- Make permanent the telehealth expansion under COVID-19, including removing site and geographic restrictions, enabling the use of audio-only devices and payment parity with in-person payment rates.
- Enforce current legal and regulatory requirements around parity and identify and address gaps.
- Support co-responder initiatives and legislation such as the Community-Based Response Act.
- Invest in the further development of the national 211 call

number for community information and referral services.

- Pass the Behavioral Health Coordination and Communication Act to establish the position of Interagency Coordinator for Behavioral Health to coordinate the programs and activities of the federal government relating to mental health.

Another issue in the blueprint urges high-quality health care for all. It notes six in 10 American adults have a chronic disease and four in 10 have at least two such diseases.

NASW supports the enactment of a national health care policy that ensures access to a full, coordinated continuum of physical and mental health and social care services for all people. A single-payer system that ensures universal access to these services is the best means to achieve this goal, and the Affordable Care Act moves the nation in the right direction. The ACA should be preserved and expanded.

Read the full document: socialworkers.org/LinkClick.aspx?fileticket=KPdZqqY60t4%3d&portalid=0 (*opens PDF*)

The Grand Challenges for Social Work website: grandchallengesforsocialwork.org 

In Brief

Social Worker to Lead Iowa Democratic Party



Rep. Ross Wilburn, MSW, was elected to lead the Iowa Democratic Party as chairman, where he will steer Democrats

through what is expected to be a challenging midterm election in 2022 and a battle to retain the state's first-in-the-nation caucuses.

According to an article in the Des Moines Register, Wilburn is the first Black Iowan to lead either major state party organization. He told reporters he's honored to be the first and is committed to ensuring he's not the last.

Edmonds Crewe Receives Beckman Award



Howard University School of Social Work Dean Sandra Edmonds Crewe, PhD, MSW, received the Elizabeth Hurlock Beckman

Award, which benefits teachers who have inspired their students to make a significant contribution to society. The award includes a \$25,000 cash prize. Florence Champagne, MSW, one of Crewe's former students, nominated her for the award.

Lindsey Appointed to CDC Task Force



Social worker Michael Lindsey, PhD, MSW, MPH, has been appointed to the Centers for Disease Control's Community Preventive

Services Task Force for a five-year term starting in 2022.

Lindsey is executive director of the McSilver Institute for Poverty Policy and Research at New York University (NYU) and Constance and Martin Silver Professor of Poverty Studies at NYU Silver School of Social Work. 📍



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SOCIAL WORK IN ACTION

NASW Joins Unified Vision

NASW has joined a collaboration of more than 30 mental health organizations that have signed onto a Unified Vision, a seven-pillar roadmap developed to address the future of mental health and substance use care in America. “As the nation’s largest provider of mental and behavioral health services, social workers recognize that promoting improved mental health and well-being for all people, especially for Black, Brown and Indigenous people, requires transformative systemic and structural changes,” said NASW CEO Angelo McClain. “We welcome the opportunity to collaborate in new ways to realize the aspirations outlined in the Unified Vision.” The collaboration is the only group of its kind to include the chief executives of the nation’s premier mental health and substance use care organizations—all working in unprecedented unity to advance core issues in the U.S. 🔄



'Communities of Strength' Theme Underscores Resilience of Older Americans



COMMUNITIES OF STRENGTH: MAY 2021

Join NASW and other organizations around the country in celebrating Older Americans Month (OAM) in May. The 2021 OAM theme, established by the Administration for Community Living (ACL), is “Communities of Strength.” This theme underscores not only the strength and resilience of older adults and the Aging Network (in which many social workers serve), but also the power of connection and engagement in building strong communities. Visit ACL’s OAM site, acl.gov/oam, for activity ideas, promotional materials, and other resources. For information on social work with older adults, visit socialworkers.org/practice/aging. 🔄

Legislation Provides Pathways to Citizenship

NASW congratulates U.S. Sen. Robert Menendez, D-N.J., and U.S. Rep. Linda Sanchez, D-Calif., for introducing the U.S. Citizenship Act of 2021 (HR 1177). The association is equally appreciative of the Biden-Harris administration for sending proposed immigration legislation—which President Biden sent to Congress on his first day in office—that serves as the foundation for this important legislation.

The act, if passed, will provide a pathway to citizenship for an estimated 11 million undocumented immigrants living in the United States. The bill also includes provisions to “fast track” a path to citizenship for agricultural workers, those with Deferred Action for Childhood Arrivals (DACA) status, people with temporary protected status (TPS), and others who are classified as deferred enforced departure (DED). 🔄

THE PROFESSIONAL—CLINICAL PRACTICE

NASW Urges Adults to Receive COVID-19 Vaccine

NASW strongly recommends all adults receive a COVID-19 vaccine when they are eligible to access it—unless their medical provider advises against it due to certain underlying medical conditions or a history of severe allergic reactions.

NASW recently issued a Practice Alert, “COVID-19 Vaccines FAQ,” to help answer questions about the vaccines. The resource is available at bit.ly/3cN91b6.

In December, two COVID-19 vaccines were approved for emergency use in the U.S., with a third announced in early March. President Joe Biden has said all adults in the U.S. could be vaccinated by the end of May.

“NASW continues to monitor evolving developments in federal and state level vaccination plans and advocate for vaccine access for social workers as well as high-risk individuals and communities,” the practice alert states.

It also includes:

- Where to find information about the COVID-19 vaccines
- Links to learn more about vaccine safety
- Where social workers may access the vaccine
- When to get the vaccine as a social worker
- Vaccine costs
- Additional vaccine information [🔗](#)

Clinical Briefs

Report Outlines Core Competencies Required for Complex Care Providers

NASW is endorsing complex care core competencies created by the National Center for Complex Health & Social Needs. The report, “Core competencies for frontline complex care providers,” is available at: nationalcomplexcare/wp-content/uploads/2020/10/Core-competencies-for-frontline-complex-care-providers-Full-Report-web-final.pdf

The competencies describe the knowledge, skills, and attitudes required to provide quality care for people with complex health and social needs. They are foundational and set high standards for all providers in care teams, regardless of discipline, profession or sector.

Updated Clinical Social Work Manual Offers Private Practice Advice

NASW’s Task Force for Private Practice Guidelines has finished collecting public comments for the newest edition of “Clinical Social Workers in Private Practice: A Reference Manual” (previously titled “Clinical Social Workers: A Reference Guide.”) The manual, to be published by NASW Press, provides a set of guidelines for clinical social workers starting a private practice and for seasoned clinical social workers seeking specific information related to the practice and business side of a private practice.

NASW Clinical Manager Mirean Coleman said the updated edition should be published this summer.

Some new topics covered in the manual include clinical social work

practice agreements, professional wills, coding, HIPAA, social work self-care, and emergency and disaster planning.

Council Sends Recommendations to Biden Administration, Congress with NASW’s Help

As a co-chair of the Leadership Council of Aging Organizations (LCAO) Health Committee, NASW was instrumental in developing and revising LCAO’s transition recommendations to the Biden–Harris administration and updated recommendations to Congress regarding COVID-19. These documents were sent in December and February, respectively, and are available to the public at lcao.org.

Conference Speakers Highlight Ways to Improve Health Care Coverage

NASW Senior Practice Associate Carrie Dorn attended the Families USA Health Action Conference earlier this year, where many of the speakers highlighted opportunities to improve health care coverage and access to care, and reduce racial and ethnic health disparities in the year ahead.

With the continuing challenges of the COVID-19 pandemic, policy initiatives at the federal, state, and local levels to preserve access to—and expand—health care coverage through the Affordable Care Act, Medicaid, and CHIP are crucial, participants said.

For more: familiesusa.org/our-work/health-action-conference [🔗](#)

THE PROFESSIONAL—SPECIALTY PRACTICE

SPS Webinar: Social Work Educators Positioned to Facilitate Dialogue on Race, Racism

BY PAUL R. PACE



“We are the profession who has mandated to advocate and to fight for change and for social justice,” says Warren Graham, PhD. “The burden really is on us to figure out how to have these conversations ...”

Graham is assistant dean of field education and clinical assistant professor at Stony Brook University’s School of Social Welfare. He offers insight into how social workers and social

work educators can advance meaningful conversations at the junction of race relations and education in his presentation of “The Intersectionality of Black Lives: Advancing a Conversation of Blackness in Learning Spaces.” The NASW Specialty Practice Sections webinar is available on demand at bit.ly/3aJrqom.

Feedback from his students indicates they

want to learn how to promote equality, he said.

“We need to advance the conversation beyond implicit bias, microaggressions, overt racism, systemic and institutional racism, marginality to white fragility, Black rage, white supremacist behavior,” Graham said. “Social workers need to lead the change, facilitating the difficult dialogue on race and racism.”

Graham suggested educators find examples of marginalization and disproportionality and bring it into the conversation connected to some of the assignments.

“Look at your assignments and see, is there another layer I can add to this conversation?” he said. “The timing is right for the schools of social work to look at how they are preparing the next generation of movers and shakers.”

Graham also urged faculty to receive training that promotes inclusivity and equity.

“I would love to see faculty look at programs from A to Z (and see) whether they are promoting these ideas of social justice throughout their curriculum,” he said. 🗣️

Updated View on Child Welfare Includes Rights-Based Approach

The SPS webinar “Rethinking Child Welfare,” presented by James L. Scherrer, PhD, LCSW, associate professor at the Graduate School of Social Work at Dominican University, reviews the thinking behind the child-protection approach to child welfare in the United States and its impact on social work practice in child welfare.

The presentation examines the effectiveness of this approach in keeping children safe, and provides a different, rights-based approach that shows promise of working better for all children. The webinar also provides implications for social work practice and

suggestions for implementing this different approach in child welfare social work. Participants will:

- Understand the current basis for child welfare practice and its implications in social work with children.
- Gain knowledge about the results of empirical research on current child welfare practice
- Understand and begin applying a rights-based approach to providing social work services to child welfare clients and their families.

The webinar is available on demand at bit.ly/3jFJ00r 🗣️

BOARDROOM

Giving Back Helps Support, Advance the Profession

BY PAUL R. PACE



Jenna Christensen, LCSW, first became involved with NASW in graduate school when she wrote a research paper about the social work profession.

“I found out not only about all the work that NASW does for social work but about the struggles social workers face on a macro level, in part because they aren’t as involved in their

professional organization,” she said. “Ever since then I’ve wanted to do all that I can to help social workers get involved so NASW can do its job effectively.”

Christensen has done just that for the NASW Utah Chapter, first serving as an intern during graduate school as part of her practicum. Since then, she has volunteered as secretary, her county’s CEU representative, vice president, and now president of the chapter board.

“Giving back to my professional association ultimately gives back to my profession,” says Christensen, who is the senior strategic project manager for the new Huntsman Mental Health Institute at the

University of Utah Neuropsychiatric Institute.

“I have seen just how much work goes on behind the scenes to make sure that social workers are protected, our social justice efforts are taken seriously, and the profession as a whole is advanced.”

She noted it seems like every year there is a state bill that somehow diminishes or even negates the work that social workers do, and every year NASW is there to fight back.

“If the two employees of my little chapter can spend their time making sure that social workers can continue to effectively provide services, I can certainly volunteer some of my time to assist them,” Christensen says.

“Few things in my professional life have been as rewarding as working with NASW,” she said when asked if she had advice for members thinking of volunteering their time. “I’ve held positions on the board on and off for nine years and every year I am both blown away by our profession, and learn so much about where we can go and the differences we can make.”

“There are professions that hold so much sway over state and national policy because membership in their professional organizations is so high,” Christensen added. “Just think of all the good we could do for marginalized populations and for mental health across the country if we did the same.”

Wisconsin Board President Pays it Forward



The values and principles of NASW and the Wisconsin Chapter align with Dawn Shelton-Williams’ own personal values and principles of social work practice.

“I want to promote the profession of social work; be an agent for change; and make a difference in our world,” she explains. “These reasons inspired me to serve on the NASW Wisconsin board of directors.”

Shelton-Williams, MSW, LCSW, has been an active member of the NASW-Wisconsin board since 2008 and is now board president. She has served as southeast branch representative; vice president of Budget and Finance; and president-elect. She also served as the co-chairperson for the Diversity Task Force.

Giving back to the community is a value she was taught as a child, says

Shelton-Williams, who is quality specialist and social work navigator at Aurora Family Service in Milwaukee. She also is a psychotherapist at Sebastian Family Psychology, LLC.

“The work that NASW does is so important to vulnerable populations and the community,” she said. “My ability to share my talents and strengths to the social work profession through membership to

NASW, my professional association, and to help others—who are often seen as ‘voiceless’ in our society—are very important to me.”

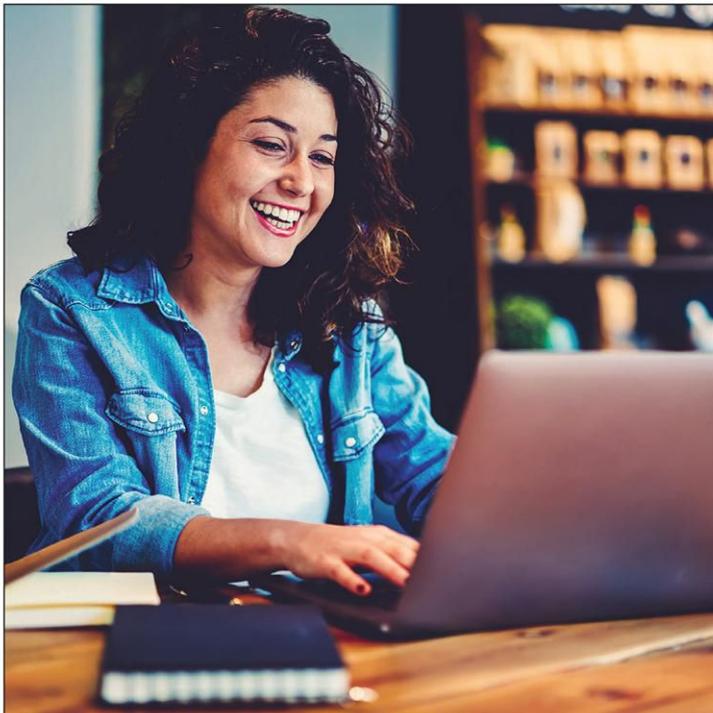
She says it’s an honor to give back to her professional association. “I want to help others on the social work journey as professionals and the people whom we serve in social work. I was very fortunate to have strong social work mentors

and leaders to help me as I travelled on my social work journey. I want to do the same for others.”

Her advice to NASW members thinking of volunteering their time is simply to get involved. “Sharing of time, information, and talents are extremely important in promoting our mighty profession of social work. 🌱



My ability to share my talents and strengths to the social work profession through membership to NASW, my professional association, and to help others—who are often seen as ‘voiceless’ in our society—are very important to me.”



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FOUNDATION

NASW Foundation at 20: Pioneer Program Honors Contributions to Social Work

BY PAUL R. PACE



NASW Social Work Pioneers® gather for a group photo at the Pioneers' 25th Anniversary Celebration and 15th Annual Program and Luncheon in 2019.

The NASW Foundation was created to support NASW's educational and charitable initiatives through a wide range of programs and projects. This year, the Foundation marks its 20th anniversary.

One of its most popular programs is the NASW Social Work Pioneers® which is administered through the Foundation and honors members of the profession who have contributed to the evolution and enrichment of social work. Being elected as a Pioneer by one's peers is one of the profession's highest honors.

Since its launch in 1994, the Pioneer program has inducted nearly 800 individuals. A collection of their stories can be found in the Pioneer Biography Index at naswfoundation.org.

Social Work Pioneer Betsy Schaefer Vourlekis,

PhD, ACSW, co-chairs the NASW Social Work Pioneer® Steering Committee along with Social Work Pioneer Jesse Harris, PhD, ACSW, co-chair emeritus.

Vourlekis said she volunteered for the role because of her deep respect and affection for NASW Social Work Pioneers® Ruth Knee and Mark Battle, who were the founding co-chairs of the Pioneer Steering Committee. Knee and Battle brainstormed the creation of the program to recognize social workers who blazed trails in their fields and in the process improved the lives of millions.

"Ruth and Mark were convinced that for us to move ahead, we needed to know where we had been," Vourlekis said at the 25th anniversary celebration and 15th Annual Program and Luncheon in 2019.

"When Ruth died, I was honored to be asked to co-chair with Mark," Vourlekis said today.

Because Vourlekis was a history major in college, the mission of the Pioneer program to promote and capture the history of NASW and the social work profession also appealed to her. "I recognized that no other entity within the organization existed to achieve this. Knowing our history shows us who/what we are in the fullest possible way."

Vourlekis became a Pioneer in 1998, and has since volunteered her time with the program in various ways.

Pioneer recognition has become a highly sought and appreciated distinction for its recipients, but also a collective demonstration of the breadth and depth of the profession's contributions, Vourlekis noted. "Beyond the Pioneer program, the Foundation's many scholarships and awards—achieved through tireless fundraising—provide opportunities for young social workers entering the field."

The many grant-funded programs administered, and in some cases staffed by the Foundation, provide a flexible and timely program entity as well as critical resources, she said.

"I only wish our social work membership, and the many social work nonmembers, better understood the reality of the Foundation's contributions."

The Pioneer Honor

Robert P. Connolly has been a volunteer member of the NASW Pioneer Steering Committee since he became a Pioneer in 2010, and he serves on the Nominations Subcommittee—reviewing all new Pioneer nominations.

Social Work Pioneers are impactful and resourceful change agents, advocates and researchers improving the lives of their patients/clients, students attending schools of social work, their teams, their communities, our society and the world, Connolly pointed out.

"During my long social work career working in public welfare, hospitals, and health policy at the Centers for Medicare and Medicaid Services, social workers were often team members and unsung heroes on interdisciplinary teams," he said.

The NASW Pioneer awards program each year highlights social workers' significant contributions and outcomes while honoring the profession of social work's unique and varied skills, knowledge, ingenuity, advocacy, teaching, research, program planning and more, Connolly said.



During my long social work career working in public welfare, hospitals, and health policy at the Centers for Medicare and Medicaid Services, social workers were often team members and unsung heroes on interdisciplinary teams."

"I am also inspired to read the biographies on the NASW Pioneer website that span from Jane Addams and Mary Richmond to current inductees," he said.

"I have attended 10 inspiring annual Pioneer awards ceremonies, which are coordinated by the NASW Foundation in Washington, D.C. Each awardee is individually honored for her/his unique pioneering achievements in a dignified and professional manner with family members, colleagues current Pioneers and NASW staff."

The meaning of the Pioneer award was brought home to Connolly by two awardees during the 2019 Pioneer awards ceremony. "First, I sat at a table with the family of Patrick Tyrell, former executive director of the NASW-New Mexico Chapter, and was moved (by) his posthumous award announcement for his lifetime accomplishments by observing his spouse and four brothers standing in for him with pride and tears in their eyes."

"Secondly, when I congratulated Dr. Rosalie Kane for her Pioneer award for her amazing long-term care quality of care and quality of life research, she told me that the Pioneer award was special to her

because she was honored by the social work profession in such a dignified and wonderful way," he said.

"Her statement surprised me because I was aware of her previously receiving multiple prestigious gerontological national and international research awards," Connolly said. "These experiences demonstrated to me that social workers being honored as NASW Pioneers by their peers and their national social work professional

organization means a lot."

In honor of its 20th year, Connolly said the NASW Foundation is a tremendous social work resource in the promotion and expansion of the Pioneer program and in managing national social work awards, grants and scholarships.

Look for additional articles about NASW Foundation programs in upcoming issues of Social Work Advocates as the Foundation celebrates its 20 years this year. For more information, visit: naswfoundation.org.

FOUNDATION DONATIONS

The NASW Foundation extends its thanks to all NASW members and friends who lend their financial support, with special thanks to the following for their contributions of \$100 or more through Feb. 17. All donors are listed at naswfoundation.org.

NASW Foundation General Fund

Robert Carter Arnold, Richard Barth, Elaine Congress, Molly Corbin, Rhoda Ferat, Carol Fields, Barbara Graham, The Hansan Family Foundation-Ethel Hansan and Family, Richard "Rick" Harris, Daniel Heuer, Anthony Hill, Karla Miley, Jeffrey Miller, Julie Oliveira-Payton, Tina Peterson, Elizabeth Rogers, Diana Stroud, Joanne Cruz Tenery (monthly), Gail Woods-Waller

NASW Memorial and Tribute Fund

Andrew O'Neill in memory of NASW member Jane Blair McShea, MSW

Planned Giving (to Foundation General Fund)

Barbara L. Chuko via Gryphon Financial Partners, Mit Joyner via the Curtis and Mit Joyner SEI Giving Fund of the Renaissance Charitable Foundation Inc.

A Virtual Night at the Awards, A Night to Remember

Patricia Martin-O'Meally in honor of Patricia Martin-O'Meally

Social Work Disaster Assistance Fund

Deborah Reutter, Janlee Wong

NASW Public Education Campaign

Richard Barth, Carol Fields, Jill Gerson, Ray Johnston, Karla Miley, Elizabeth Rogers, Joanne Cruz Tenery (monthly), Gail Woods-Waller

NASW Legacy Project

Grace Lebow in honor of Joan O. Weiss

NASW Social Work Pioneers® Fund

Anthony Hill

NASW CA Chapter—Diana Ming Chan Scholarship Fund

Harrison Leong

NASW NJ Chapter—Harriet Bloomfield Scholarship Fund

Jeffery Dickert



CHAPTERS

New York State: Mindfulness Workshop Helps Reduce Implicit Bias

BY ALISON LAURIO



Photo by Ian Stauffer on Unsplash

Racial justice is important to NASW’s New York State Chapter, and one aspect of that is education, said Chapter Executive Director Samantha Fletcher.

A three-hour workshop held earlier this year fits in with the larger focus. Titled “Reducing Implicit Bias Using Mindfulness,” the workshop was free for chapter members.

Fletcher said the presenter, Salome Raheim, PhD, MSW, ACSW, teaches that mindfulness can change the

brain and help rewire some of the bias messages people may not be aware of.

Implicit bias is unconscious, and we don’t know we have it. Mindfulness is a process that can help you examine when something like that happens, and it includes techniques to help you identify and change it, Fletcher said.

“Everyone has implicit biases,” she said. “It’s the way the mind stores information we receive.

If we don’t address it, we’ll continue to harm clients and communities. Just being aware can stop bringing thoughts to consciousness so you can change them.”

From the training, participants learned to:

- Identify the effects of practitioner implicit bias on the quality of programs, services and client outcomes
- Locate available tools and resources to assess their own biases

- Explain how mindfulness affects the brain and body to support self-care and reduce implicit bias



If we don’t talk about it, we won’t make headway with it. There always needs to be more training on this.”

- Use mindfulness skills to reduce implicit bias
 - Create a self-care plan
- Some people say you can't control your thoughts like that, or it's because of the way we're socialized, Fletcher said. "The reason they think that is, that message is repeated over and over."

If you are aware that bias exists, you can do something about it, she said. Unconscious bias can affect many areas or decisions for practitioners, so "put someone else in that position."

For example, Fletcher said, consider an LGBTQ person or someone with a physical disability. If unconscious bias is at work, someone might think, "They can't be a caregiver" or "They're incapable of being in a romantic relationship."

"Ultimately, (implicit bias) can affect how we deal with them and other groups that are repressed in society," she said.

More than 200 people participated in the live webinar and the feedback was "overwhelmingly positive," Fletcher said. Many comments were

for Salome Raheim and her teaching style. Other comments included praise for the explanation of neuroscience and what happens in the brain; acknowledgements on inner thoughts and not engaging in self-blame; and strategies to combat implicit bias.

"A person's history and what they were told really impacts how (they think) and how they process information," Fletcher said.

She recommends Raheim to other chapters who are interested in the topic, because her "teaching style is such that she reaches

everyone. All feel welcome, and she works to explain the core feelings that we all have—the biases."

"It's such good content, and it doesn't make you feel guilty," Fletcher said. "You feel hopeful that you can address it."

The chapter's focus on racial justice includes six initiatives, a forum and interracial group dialogues.

"If we don't talk about it, we won't make headway with it," Fletcher said. "There always needs to be more training on this." 🗣️

Tennessee Program Focuses on Ethics of Self-Care

NASW Tennessee Executive Director Karen Franklin said self-care "is an ethical imperative for social workers."

"It's linked to competent practice as we go through stressors like the current tensions (in the world)," she said. "It is really important to take care, and even more important under the current situations."

Franklin also pointed out that the ability to provide the best services to clients is an ethics issue.

The chapter's "Ethics of Self Care" program shows social workers the importance of taking care of themselves, "because if

you're talking to clients about self-care, you need to be competent in it," said Melissa West, the chapter's program manager.

"All these issues—the pandemic, political crisis, more focus on racial tensions—are all issues important to social work," West said.

"Now when we have this intensity coming at us from all sides, without ways to manage our own feelings and take care of ourselves, it's very difficult to take care of clients. You have to ask yourself, 'What about me?'"

If self-care is really effective, it better enables



Now when we have this intensity coming at us from all sides, without ways to manage our own feelings and take care of ourselves, it's very difficult to take care of clients. You have to ask yourself, 'What about me?'"

you to help your clients and talk to them about the challenges in their world in a way that helps them feel better, West said.

"We know about trauma, but do we actually apply it to our own lives?"

Franklin said social work students today are informed about self-care as part of the education process. "I think there is more recognition now,

and recent graduates are aware of self-care and the importance of self-care, but I think it's more crucial for providers."

Because it's so important, Franklin said the chapter has offered the program for members every year for several years. This year, 65 signed up for the virtual program, led by Linda Oxford, LCSW, LMFT. 🗣️

Vermont Chapter Members Learn to Incorporate Meditation Strategies into Client Therapy

After NASW-New Hampshire held a meditation program in August, members of the Vermont Chapter requested one, too.

Lynn Stanley, executive director of the New Hampshire Chapter, and interim executive director of the Vermont Chapter, provided what Vermont members wanted—a more foundational workshop for clinical practice to incorporate the strategies into therapy with clients.

The “Meditation Strategies with a Range of Clinical

Practice Interventions” workshop was held in February with presenter Ray Monsour Scurfield.

Scurfield is a national PTSD expert and founding director of the VA National Center for PTSD. He was the Mississippi Chapter’s Social Worker of the Year in 2006, and received the NASW Lifetime Achievement Award in 2012.

Seventeen members signed up for the workshop, which gave people the opportunity to actually have a discussion, Stanley said. “I think a lot of people are interested

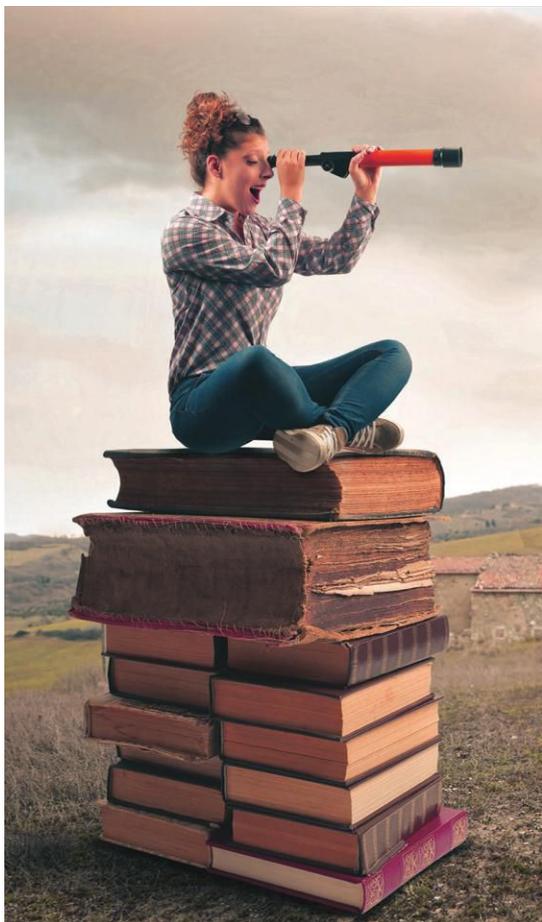
in using meditation for themselves, then knowing how to translate that into their work with clients. With a little training, you know what works and what approaches to use.”

Some members already use meditation with clients and say it helps enrich their work, Stanley said. “I think right now, with COVID and all the stressors people have, meditation is one of the things people can use to help clients lower stress and anxiety, and they can do it through telehealth.”

Stanley said much of Scurfield’s work is around trauma and PTSD, and meditation is one of the tools social workers can use in therapy with these clients.

“I’m hearing clinicians are seeing people experiencing stress and anxiety and depression, and this is one of those things that can help,” she said.

Listen to Scurfield on Episode 43 of NASW’s Social Work Talks podcast: socialworkers.org/news/social-work-talks-podcast. 🎧



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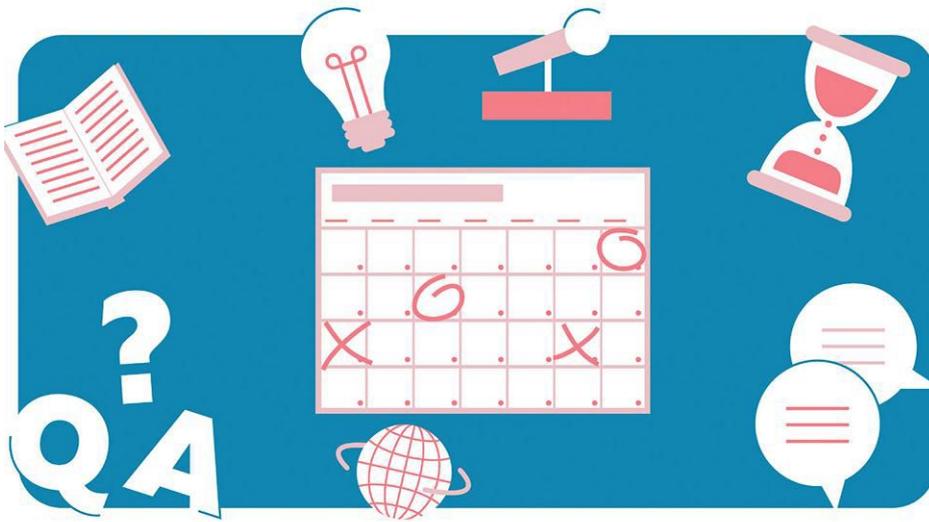
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APRIL

April 15-16
 NASW Massachusetts Chapter Symposium
Virtual
naswma.org/page/symposium2021

April 15-16
 NASW Michigan Chapter Annual Conference
Virtual
nasw-michigan.org/events/event_list.asp

April 21
 NASW's An Hour With Private Practice: Questions and Answers
 Ethical Responsibilities in a Private Practice Setting: New Considerations and Challenges
Noon-1 p.m. ET
socialworkers.org/practice/an-hour-with-private-practice
NASW members only

Alzheimer's Foundation of America Professional Training Workshop: Family Dynamics in Dementia Care
Virtual
alzfdn.org/education-workshop

April 21-23
 NASW New Mexico Chapter Annual Conference
Virtual
naswnm.org

April 23-25
 European Society for Research in Adult Development
Virtual Conference
europeadultdevelopment.org

April 29
 NASW Specialty Practice Sections Webinar
 We're all in this together, really: How to ethically hold space for clients and ourselves simultaneously
1-2 p.m. ET
socialworkers.org/careers/specialty-practice-sections/SPS-webinar-catalog

MAY

May 3-5
 National Council for Behavioral Health
Virtual Conference
thenationalcouncil.org

May 10-11
 NASW North Carolina Chapter Clinical Social Work Institute
Virtual
naswnc.org

May 13
 NASW Specialty Practice Sections Webinar
 Ageism Intersection with Gender and Race and Access to Healthcare Disparities
1-2 p.m. ET
socialworkers.org/careers/specialty-practice-sections/SPS-webinar-catalog

May 13-15
 NASW West Virginia Chapter Spring Conference
Virtual
naswv.socialworkers.org/events/spring-conferences

May 19
 NASW's An Hour With Private Practice: Questions and Answers
 Legal Perspectives When Working With Minors
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JUNE

June 3
 NASW New York City Chapter Social Work in the City Conference
Virtual
9 a.m.-4:30 p.m.
naswnyc.org

June 7-10
 Case Management Society of America Annual Conference
Virtual
cmsa.org

June 9-11
 Association of Oncology Social Work Annual Conference
Virtual
aosw.org

June 16-18
 National Organization of Forensic Social Work Annual Conference
Virtual
nofsw.org

June 22-24
 NASW National Conference
Virtual
naswvirtual.socialworkers.org/nasw-national2021

TOOLBOX

Most Social Workers Know Little About Financial Human Services, Author Says

BY PAUL R. PACE



In 1980, Roger A. Lohmann, PhD, professor emeritus of social work at West Virginia

University in Morgantown, says he wrote the first book ever published for social workers interested in financial management.

It remained in print without a revision for 27 years, until he asked the publisher to stop selling it because a few parts were outdated. Meanwhile, he co-authored

several “Encyclopedia of Social Work” articles on the topic. This caught the attention of the editors at NASW Press, who recruited him to take one more shot at the topic. Lohmann’s NASW Press book, “Above the Bottom Line: Financial Management in Human Services,” is the result.

Most social workers have no clue about financial human services before they get roped into management, and social work education still offers very little on the

subject, Lohmann contends.

“The vast majority of social workers must learn on the job—and some will mislearn—whatever they know about the subject,” he says. “This book, like my earlier one, was written partly with this audience in mind.”

“Above the Bottom Line” is framed around a “syncretic” social enterprise model applicable to most public, nonprofit, and for-profit human services settings, Lohmann notes.

“While once voluntary,

human services arose organically out of the expressed needs of the community,” he says. “Today, human services come about through professionally planned change and the initiatives of enterprising professionals.”

He explains that the book identifies and discusses five important financial analytical “technologies”: budgeting and financial planning; break-even analysis; cost-analysis; ratio analysis; and social economics. 📖

Evidence-informed Practice Requires Organizational-Level Strategies, Resources



Debbie Plath, PhD, is an Australian social work practitioner, educator, and researcher. Plath discusses her NASW Press book, *Engaging Human Services with Evidence-Informed Practice*.

What inspired this book?

I wanted to produce a practical guide that assists social workers and managers with the process of applying evidence to practice, that also recognizes contextual and relationship factors impacting on social work practice.

Another motivation was to shift the focus of responsibility for incorporating research

evidence from the individual practitioner to the organizational level. Without organizational strategies, resources, and support, it is unreasonable to expect social workers to adopt evidence-informed practice in the critically reflective manner that social work practice demands.

Why is it important that social workers adopt an EIP model?

Social workers, and the human service organizations we work in, have an ethical responsibility to provide services to service users that we are confident make a positive difference. Research evidence can inform our understanding of how to service our clients most effectively. Critical

reflection on research evidence can also jolt us out of set ways of thinking and doing things. It prompts us to consider alternative ways of practicing that could be more effective.

What are some key takeaways for readers?

Evidence from a range of sources should be critically appraised for credibility, relevance, and applicability to the particular circumstances of clients in the human service practice and cultural setting.

Regardless of how rigorous the evidence gathering and appraisal process is, however, we need to accept that evidence is provisional and dynamic. We will never fully understand the individual, organizational and social

worlds in which we work. If we are to take action in real-world contexts, we need to be well-informed and critically reflective, but also pragmatic.

EIP in the human services must be a relational process as well as a rational process. At the client level, focusing on relationship-building enables us to assess the appropriateness of interventions and to understand the impact of the work we do. At the organizational level, relationship building is necessary in the organizational change process that supports critically reflective and evidence-informed practice.

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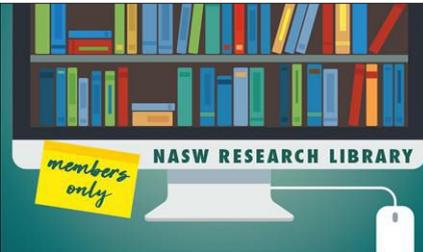
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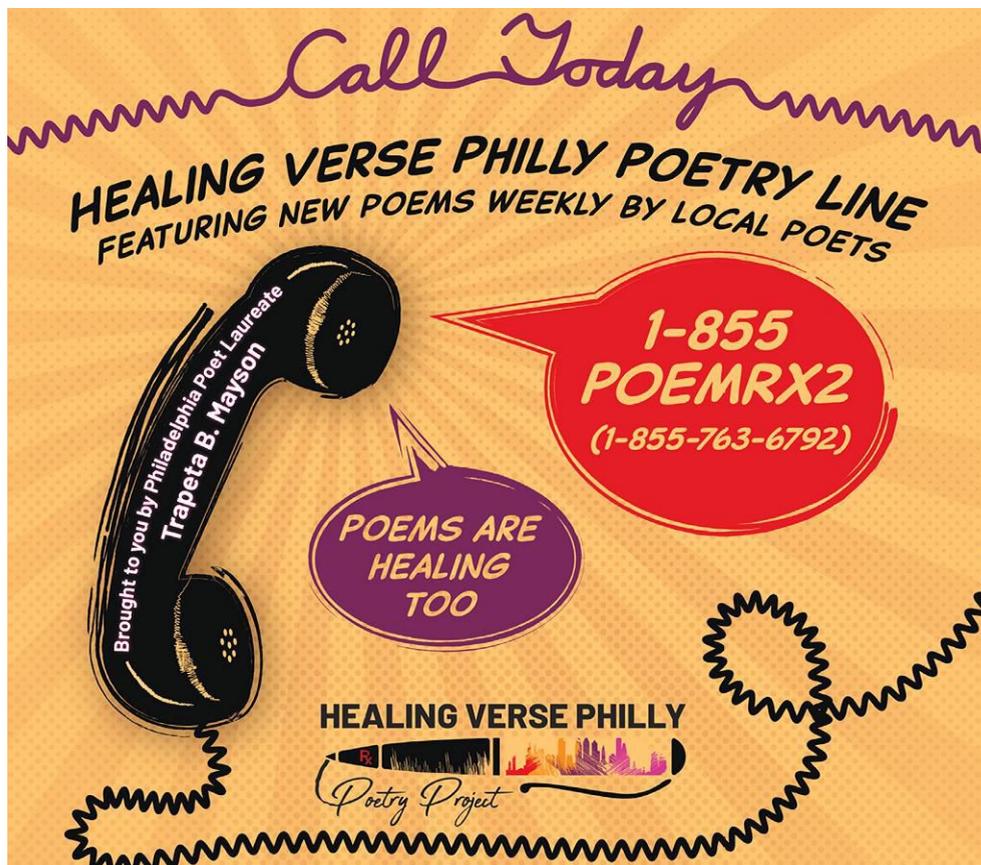
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PRACTICE**

Poetry is Powerful

BY ALISON LAURIO

Dial in, and the welcome message says “The Healing Verse Philly Poetry Line offers hope and inspiration through poems in support of wellness, well-being and mental health.” Then someone reads a poem. As the 2020-2021 poet laureate of Philadelphia, the poetry line is just one of Trapeta B. Mayson’s projects.



Why the Poetry Line?

Mayson launched the Poetry Line on Jan. 4 after inviting about 250 poets to share or create poems that provide respite, affirmation, inspiration or feelings of well-being. The poems are recorded and uploaded, and there is a different poem every week.

The line is “a chance for people to interact with poetry at the lowest barrier,” she said. “All they have to do is pick up the phone and dial the number to hear a poem.”

The poetry is varied, Mayson said, taking many forms. Some tell a story. Although the poetry line doesn’t provide call totals, she said, “The greatest thing is, I know people are listening.”

The hotline support comes from the Free Library of Philadelphia and Kelly Writers House. The library is a host for many events that can include a Mayson poetry workshop. (freelibrary.org)

Why Social Work?

Mayson’s family moved to Philadelphia from

Why Poetry?

“It’s such a beautiful way to express yourself,” said Mayson, MSSW, MBA, LCSW, and chief program officer at Comhar Inc., a Philadelphia-based nonprofit that

provides behavioral health services.

“For me, it’s a relief, an outlet, a place where I can find my voice and I can help amplify other stories of other people. It’s a relief as essential to me as breathing.”

Mayson, a Liberian immigrant, said poetry is a way to express her own experiences in the world, and she feels a responsibility to “amplify the voices that are not ignored, but not heard.”



Poetry makes room for anybody and it has a way of exposing things, telling about things like social justice, as does social work. With social work, it's the same thing. It invites many voices. It's inclusive, and you're able to rally around social justice and promote healing."

Monrovia in Liberia when she was 8 years old, and, as she got older, she couldn't decide what she wanted to do.

"At one point, I thought attorney, then I thought psychiatrist," she said. But Mayson ended up going to social work school with her sister.

"I knew I wanted to be in a helping profession," she said. "Social work is very diverse. You can work with clients, you can work in administration, you can create art. Think of all the different things you can do with a social work degree. It's amazing."

Mayson said the Code of Ethics is something she deeply believes in, and she appreciates the focus of working with communities. "I've learned a lot from the profession over the years, and there's more to learn."

Social work also ties in with her art, she said, in that The Healing Verse is used as a framework that helps promote mental well-being.

Similarities Between Social Work and Poetry?

"(Poetry is) satisfying, like the satisfaction I get from social work and helping people with their lives. I can do the same thing with poetry."

Both are inclusive, she said, offering the opportunity for many people to participate—respecting the voices of others and providing a space for all the different voices to be seen and heard.

"Poetry makes room for anybody and it has a way of exposing things, telling about things like social justice, as does social work," Mayson said. "With social work, it's the same thing. It invites many voices. It's inclusive, and you're able to rally around social justice and promote healing."

In social work there also is the opportunity to create many spaces to have healing, she said, and it crosses boundaries to have healing—so it's sort of something for everyone.



Social worker Trapeta B. Mayson, Philadelphia's 2020–2021 poet laureate, launched the Healing Verse Philly Poetry Line in January. People can call the hotline to hear a recorded poem in support of wellness, well-being and mental health.

What's Next?

Personally, Mayson plans to complete and prepare a new manuscript of her work for publishing. She is also working with another artist to create a large community gallery around art.

Other poetry activities include offering free poetry writing workshops and presenting a large-scale public art installation that uses words and phrases from poems.

Mayson also is mulling a sidewalk art project, perhaps located outside a library. The Free Library of Philadelphia has nearly

five dozen locations. Her plans include looking at an option for the words to appear on the pavement when it rains.

"Poetry is like a piece of joy," Mayson said. "It doesn't feel like work."

More information about Mayson is on her website: trapetamayson.com

The Healing Verse phone number is 855-763-6792, and everyone is invited to dial in. 📞

Racism Can Create Debilitating Effects on Mental Health

BY ANGELO MCCLAIN, PhD, LICSW



At the intersection of 38th Street and Chicago Avenue in Minneapolis, hallowed ground also known as George Floyd Square, a raised-fist sculpture defiantly proclaims: **Black Lives Matter!**

“**Racism is a mental health issue because racism causes trauma, and trauma is correlated with mental illnesses.**”

On March 29, Derek Chauvin’s trial in the death of George Floyd began. We know the trial is about much more than a white former police officer being tried for killing a Black man. It’s a case that serves as a referendum on racial change in the United States as much as it’s about Chauvin’s guilt or innocence.

Chauvin’s murderous actions on Memorial Day 2020 sparked a summer of nationwide protests and forced a national reckoning on issues of race, policing and social justice. Will we finally see a white officer held accountable for killing a Black person? A conviction should be considered a bare minimum and a reflection that the system performed as it should. An acquittal would be a humiliating slap in the face. A proper verdict also can help curb the spread of white supremacy and possibly accelerate the march toward a more democratized nation.

We must understand that with the anticipation of the trial’s outcome comes anxiety—lots of anxiety—not only about the trial, but also

about our country’s approach to justice. After a year of protests and fighting the coronavirus, the extensive media coverage of Chauvin’s trial is reopening deep wounds for many Black Americans. Researchers have found that stress associated with experiencing racism can have long-lasting physical and mental health effects—conditions like depression, anxiety, and overall poor health outcomes.

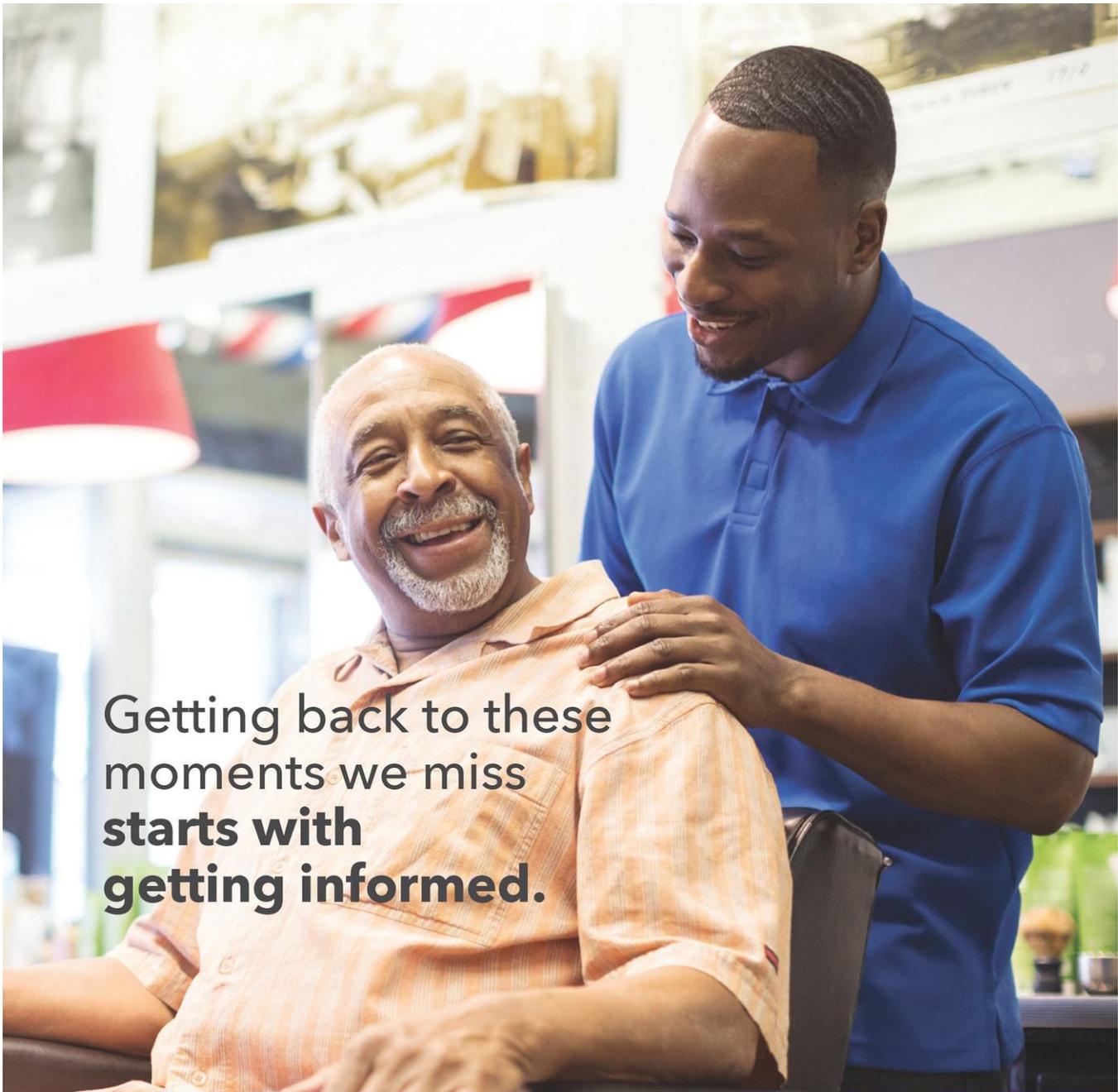
Chronic experiences of frequent discrimination create a sustained level of stress and stress hormones, and can damage the physiological systems that regulate the body’s stress response. This can lead to physical conditions like high blood pressure and heart disease for people of color. Racism is a mental health issue because racism causes trauma, and trauma is correlated with mental illnesses. The broad takeaway here is that racial discrimination can lead to health problems that detract from a person’s quality of life.

We are living in times where people of color are afraid for their families and themselves, which is a violation of human rights. Every person deserves to live with a sense of dignity, worth and safety. As leaders, social workers must call for concrete, measurable responses to hate and racism—solutions like the No Hate Act filed by Democratic congressional members, which would improve hate crime reporting, expand resources for victims, and strengthen federal laws that combat hate speech and attacks.

The stakes are high for the Chauvin trial. It marks a seminal moment for America—not only regarding systemic racism, policing and our justice system, but also how it impacts our collective mental health. 🍷

A handwritten signature in black ink that reads "Angelo".

Contact Angelo McClain at naswceo@socialworkers.org



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