The state of kidney transplants — and how nephrology social workers help

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Social workers in wait-and-see mode regarding marijuana use, laws and policies

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Conference
will focus on aging issues

NASW will hold first stand-alone virtual conference this summer

By Paul R. Pace, News staff

Following up on the successful 2016 Virtual Conference that live-streamed during the 2016 NASW National Conference and the 2016 Virtual Conference On-Demand, NASW will host its first stand-alone virtual conference this year.

The theme for the 2017 NASW Virtual Conference is “Aging Through the Social Work Lens.” The conference will take place June 14-15, and will provide up to eight CE contact hours, including ethics credits.

By the year 2030, one in five people in the United States will be 65 years or older. The aging of the population is a global reality, and the dramatic increase in the number and diversity of older adults escalates the visibility of aging issues. As a result, more social workers, regardless of their specialty practice area, will need to be equipped with the knowledge and skills to serve older adults and their families.

The 2017 NASW Virtual Conference will take place from the NASW national office in Washington, D.C. The entire group of students is pictured below at the NASW national office.

Social Work Month 2017

Social Work HEALS students, from left, Bobby Dee Gamble, Akua Adams and Jordan Thompson, all from the University of South Carolina, practice their message with each other the day before they plan to meet with their congressional representatives in Washington, D.C. The students were in D.C. for the Social Work HEALS Student Policy Summit in March, as part of Social Work Month. The entire group of students is pictured below at the NASW national office.

Summit engages students in policy

By Paul R. Pace, News staff

NASW’s national office hosted 45 BSW and MSW students from across the country in March for educational sessions on health care, leadership and advocacy activities on Capitol Hill as part of the Social Work Health Care Education and Leadership Scholars (Social Work HEALS) Student Policy Summit.

The summit, which was part of Social Work Month activities, provided an opportunity for emerging social work leaders to learn about and participate in the policymaking process.

The NASW Foundation continues to partner with the Council on Social Work Education to implement the Social Work HEALS program. It works to educate and train social workers by providing scholarships and fellowships at the BSW, MSW, doctoral and postdoctoral levels, with the aim to strengthen the delivery of health care services in the U.S.

The New York Community Trust is funding the anticipated five-year project. The program also incorporates and supplements the NASW Foundation’s existing Jane B. Aron Doctoral Fellowship and Verne LaMarr Lyons Memorial MSW Scholarships.

Look for a full roundup of Social Work Month activities in the May NASW News
95% of Social Workers Pass With Our LCSW and LMSW Exam Study Systems and Coaching!

“I PASSED – up 19 Points! I wasted $$$ on other companies and failed 3 times. Your system of lectures, quizzes and tests works! My coach, Bethany, was so helpful. It’s obvious that your team really cares how we do on the test and in our careers. Thank you!”
Randi Gibbs, LCSW, Utah

Try A Practice Question:
During a professional development review, a supervisor informs a social worker that in order to get promoted, the social worker needs to become licensed. The social worker tearfully shares that she has severe test anxiety. She has tried to study but is overwhelmed by all the material she is expected to know and doesn’t know where to start. What should the social work supervisor do FIRST?
A. Teach the social worker about time management;
B. Find out what prep materials the social worker has been using;
C. Share that the supervisor passed the exam on the first try;
D. Refer the social worker to the Therapist Development Center.

“I passed the 9th time due to your lectures. All other books I purchased did not teach me to think the way the test wants you to think. I wrote at the top of the page, “What would Amanda pick?” You are an amazing teacher and I hope everyone benefits from your service.”
Helen Disanzo, LMSW, NY

Meet Amanda, Therapist Development Center’s Founder and Head Coach
Amanda Rowan, LCSW, passed the National LCSW exam with a 94%. Amanda majored in the neuroscience of learning at Dartmouth College and earned her MSW from UCLA. While studying for her LCSW exam, she realized that other test prep companies only taught content memorization and failed to teach thinking strategies for the reasoning-based questions that comprise 80% of the exam. Using her education, experience, and knowledge of how people learn best, Amanda brought together a team that created complete study systems and coaching services for the social work exams. The Therapist Development Center is committed to helping fellow social workers “study smart and pass with confidence.” Visit our website and connect with a coach today.

Save $25! Enter Code: NASW25
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JULY 13, 2017 » 12PM-4PM EST

THE 2017 NASW VIRTUAL GRAD FAIR IS BACK!

STUDENTS:
» Save money by registering for free to connect with top social work graduate schools from across the country.
» Virtually interview and network with recruiters conveniently online through instant messaging or Skype.
» Make the admissions process more efficient by instantly sending your social work graduate school application virtually.

RECRUITERS:
» Meet with exceptional social work students who are interested in social work graduate programs like your’s.
» Save time and money by not having to travel to an on-site graduate fair.
» Virtually interview and connect with students via instant messaging or Skype.

JULY 13, 2017 » 12PM-4PM EST
Stay tuned for more details regarding the NASW Virtual Grad Fair.

To find out more about social work professional development opportunities visit: CAREERS.SOCIALWORKERS.ORG

NATIONAL ASSOCIATION OF SOCIAL WORKERS
750 FIRST STREET NE, SUITE 800 » WASHINGTON, DC 20002-4841
Environmental justice should be a NASW social justice priority

It was disappoiting to see the NASW social justice priorities outlined in the new initiative for 2017 (NASW News, January, 2017). Although each of the priorities are important, they will mean nothing if environmental justice is not achieved.

Climate change has an inordinate effect on vulnerable populations. Although the health and welfare of children, elders, indigenous peoples, and people living in poverty are disproportionately affected by environmental negligence, we will all struggle for survival if we don’t prioritize climate change and environmental justice as the ultimate social justice issue.

Similar to Martin Luther King’s hierarchy of needs — if basic needs — in this case air, water, and sustainable resources — are not protected, other priorities become secondary.

There is a small faction of our profession dedicated to ecologically conscious social work, but the profession has been slow to jump on the environmentalist bandwagon, as exemplified by NASW’s social justice priorities.

It’s urgently time to reconsider.

Cecilia J. Dreuve
Camp Hill, Pa.

Christopher Smith
Durham, N.C.
Social workers weigh in on marijuana laws, policies

By Alison Laurie, News contributor

“Marijuana has lit up conversations and controversy across the country. It’s a boldly contested and complicated issue for states to weed through, and no doubt will remain high on legislative agendas for the foreseeable future,” the National Conference of State Legislatures says on one of its website’s “Deep Dive” issues pages.

Voters passed eight marijuana-related ballot initiatives in 2016, and there are now 28 states that have legalized medical marijuana, along with Washington, D.C., Guam and Puerto Rico. Nine states have approved measures legalizing adult use of recreational marijuana, and 20 states have decriminalized the possession of small amounts for personal consumption, generally treating possession as a civil infraction or minor misdemeanor, the NCCLS says.

“As states move forward with medical and adult-use recreational marijuana policies, the struggle intensifies among federal, state and local governments for control of marijuana law,” the NCCLS states.

And as voters in more and more states legalize its medical and complicated use, many social workers in the field are having to take a wait-and-see approach on how new laws might affect their patients and their practices.

Janlee Wong, executive director of NASW’s California Chapter, said voters there first passed a medical marijuana ballot initiative in 1996.

“Both our 58 counties and our cities can regulate some aspects of medical marijuana issues, and they have,” he said. “It’s still evolving now that a new law passed last November.”

That law legalizes recreational use, setting limits on quantities, like individual users can cultivate up to six plants or have up to 57 joints, 80 packs of gummy bears or 40 brownies, Wong said.

There is a two-year wait time as plans for retail sales are set, and a Jan. 1, 2018, rollout is estimated, he said.

Social workers have some concerns, Wong said.

“We’re always concerned about the misuse of any substance, as well as treatment, rehabilitation, prevention and wellness,” he said.

“Our chief concern as social workers and as an organization is, we would prefer that people avoid using it if they’re prone to addiction. Our focus as social workers is going to be trying to figure out ways to help people avoid that.”

As state officials eye potential revenue, Wong said NASW-California is planning to submit revenue grant proposals for research, health education and worker education.

The chapter will wait for NASW national to develop new policies, he said.

Charles D. Symss was on the NASW task force that wrote the Specialty Practice Standards in 2004 for alcohol, tobacco and other drugs. It did not address legal marijuana use.

“What’s happened in states like Colorado and Washington is going to be an interesting experiment,” he said. “We don’t know what we’re going to see five years from now, 10 years from now. That will be a telling experience as far as treatment is concerned.”

Symss, a New York State NASW member, is a clinical associate professor at the State University of New York at Buffalo’s School of Social Work who teaches intervention for drugs and alcohol use.

“We’re likely to see social workers include evidence-based treatments for cannabis use in their protocols,” he said.

The 2004 guidelines were more general and really just a framework for treating addictions, Symss said.

“We weren’t saying ‘This is what you’ve got to do,’ he said. “We were saying ‘These things should be incorporated into your practice.’

Symss said treatment for substance abuse has for years been connected with some older methodologies for intervention.

“Research has given us a lot of other interventions,” he said. “What we have to do now is take the leap into those new practices.

Practice should be feeding into research, just as research feeds into practice.”

He also hopes policymakers will talk to researchers, because research can drive policy changes.

Symss believes marijuana can be addictive, so he’s wary about recreational use.

“As for medicinal use, he said: ‘We’re learning more about it and have a lot of anecdotal stuff, but I’ve not seen any serious research.’

“My hope is through its legalization for medical use people will do some serious studies that ask is this substance going to provide some positive results for serious disorders that justify the risk of its use?”

Charles D. Symss, clinical associate professor at the State University of New York at Buffalo’s School of Social Work, who teaches intervention for drugs and alcohol use.

“We’re always concerned about the misuse of any substance, as well as treatment, rehabilitation, prevention and wellness. Our chief concern as social workers and as an organization is, we would prefer that people avoid using it if they’re prone to addiction.”

— Janlee Wong, NASW-California executive director

April 2017

Obstacles include people are afraid of the stigma, it’s costly, and insurance doesn’t cover it, Karp said. Overall, he said, “It’s really been noncontroversial in Connecticut.”

“Marine vets who use cannabis report less pain, and their PTSD clients were helped, two PTSD clients were helped, he said.

The issue is going to be an ongoing debate, with many social workers in the field arguing over whether it will affect their patients and their practices.

“One older client said it seems to be a mixed bag for her, he said.

“She’s up in the air right now until we know what the federal government will do, so I think states will go slower.”

Messages from the White House and from President Donald Trump have been mixed. On Feb. 5, during a sports radio interview when Trump was asked if he would support the NFL Players Association in its fight to legalize the use of medicinal marijuana for its players, he said:

“Well, I have no opinion on it. ... And when it comes up to the level of the president, I’ll have an opinion.”

White House Press Secretary Sean Spicer said on Feb. 23 that the U.S. Department of Justice could conduct enforcement in states that have legalized recreational marijuana.

On Feb. 27, the Huffington Post quoted Attorney General Jeff Sessions as saying “States, they can pass the laws they choose. I would just say it does remain a violation of federal law to distribute marijuana throughout any place in the United States, whether a state legalizes it or not.”

NASW Connecticut Executive Director Stephen A. Karp said a move by federal law enforcement officials to not enforce federal marijuana laws could raise some hackles.

“I don’t think that the states would cooperate,” he said. “Our state has already made it clear it will not cooperate with ICE to help deport immigrants.”

Now there are four bills in Connecticut’s General Assembly that would legalize marijuana use for adults, and regulate and tax it like alcohol.

The state decriminalized personal use for adults in possession of one-half ounce or less in July 2011. In 2012, the law approving medical marijuana use for adults went into effect.

“I think there’s a lot of support for decriminalizing marijuana,” he said. “That has been very well received in Connecticut.”

As for the current bills legalizing recreational use, he said: “Members in the administration are opposed to it. We don’t have a policy stance. If NASW takes a position, that will be our position. It’s not a priority for us.”

Karp posted an online call for members to comment on their patients’ medical marijuana use before talking about the issue, and said he was surprised to receive numerous responses in less than an hour.

Comments were mixed. A few said it was inappropriate or did not help. Others reported success, he said.

Several mentioned the lack of a monitoring system on how often patients can buy marijuana, and inadequate dosage controls.

One commented that it’s not easy to acquire. Another said some patients feel like they’re breaking the law.

“It seems to be a mixed bag whether it’s working or not,” he said. “One member said it seems to be working for a client’s pain relief so the client didn’t have to use opioids.”

Responses were mixed regarding marijuana use for behavioral health as well. Two PTSD clients were helped, while it didn’t help another.
Eight social work leaders join Social Work Pioneers

At the close of 2016, the NASW Foundation announced eight newly elected NASW Social Work Pioneers. These pioneers have served as steadfast leaders, and their work has had a ripple effect, collectively impacting millions of people over the years through their advocacy, scholarship, publications, and more.

They have not only offered hope and compassion to those in need but also inspired social workers and the profession through their hard work and dedication to forwarding the profession.

The bios below offer details and insights into how each new Pioneer has uniquely dedicated his or her career to forwarding the social work profession and serving social justice.

Janet E. Black
A professor emerita and former director of social work, Black has championed social work collaboration in curriculum development, training activities, and numerous treatment delivery systems for the past 45 years. In addition, she is a leader in policy development as a member of the CSWE National Commission for Field Education, her mental health leadership in the California Social Work Education Center and current work in the development of training resources for County Mental Health Departments in Southern California and has provided leadership and vision to the social work profession. She has received multiple professional awards and accolades, and was inducted into the California Social Work Hall of Distinction in 2016.

Karen S. Haynes
Haynes has been president of California State University San Marcos since 2004. She previously served as president of the University of Houston-Victoria and was the dean of the Gradate School of Social Work. Haynes has long championed higher education as an engine of social mobility and regional prosperity, drawing upon her experience as a social worker.

She continues to be a trailblazer in creating pathways to and through higher education for educationally underrepresented populations, including American Indians, former foster youth, veterans and other at-risk minority populations.

Charles R. Howard
Howard has more than 35 years of experience as a social worker. He is president of the NASW Maryland Chapter. His contributions to the profession, measure as an educator, macro-practitioner, mentor and leader are within the areas of behavioral health and addictions. His primary areas of concentration include case management, program development, assessment and evaluation.

Howard Jones
Jones is a lifelong activist, educator, researcher, community organizer and former president of the California Faith Assembly (CFA-NEA affiliate). He has continuously been on the front lines locally, statewide and nationally in the fight for the community.

Catheleen Jordan
Jordan is known as a champion of science and innovation in her teaching, scholarship, social work practice and advocacy efforts. A former president of NASW-Texas, she helped launch an awareness of evidence-based practice and technology through her work on behalf of vulnerable families and children.

Todd Lennon
Lennon was responsible for leading the Council on Social Work Education (CSWE) into the digital era in the 1990s and early 2000s. The technology solutions he established improved CSWE's business processes and advanced its mission. He is currently a captain and social worker in the U.S. Public Health Service Commissioned Corps.

Melinda A. Mitchell
Mitchell has served for 41 years in the social work profession. She served 20 years in the United States Air Force in positions of administration in five locations and earned a number of Air Force honors. She taught at the U.S. Air Force Academy in behavioral sciences and leadership and at three other institutions of higher learning.

Howard Jordan
Jordan is a lifelong activist, educator, researcher, community organizer and former president of the California Faith Assembly (CFA-NEA affiliate). He has continuously been on the front lines locally, statewide and nationally in the fight for the community.

Social workers part of policy exchange in Sweden

Group from the University of North Dakota joins students from schools in Germany, Austria and the United Kingdom

By Paul R. Pace, News staff
Six BSW students and four MSW students from the University of North Dakota in Grand Forks had the opportunity this winter to participate in an international social policy exchange hosted by Malmo University in Malmo, Sweden.

Jordi J. Cole, a graduate student and graduate teaching assistant at UND, said his school joined students from Malmo University as well as students from universities in Germany, Austria and the United Kingdom in examining social tenants.

“The purpose was to compare and contrast the social policies among those countries, the history of those policies — to get a good sense of how social policy is handled at the international stage,” Cole said.

UND MSW student Laurie Freid is a member of the student council. She authored a successful bill that sought funding assistance from the student council for the trip.

Cole noted the exchange was especially important since UND is a smaller school with 15,000 students and social work participation at such events is uncommon.

The exchange showed him that social injustice issues and social policy challenges are not unique to the U.S.

“Other countries are facing the same macro issues we are,” he said. “Funding is being cut. There are still marginalized populations that fall between the cracks. Those issues are pretty much everywhere.”

Cole said the exchange with other universities offered insight into the global power of social work.

“You realize it’s not just about social workers in the United States working together, it’s about social workers everywhere combating these issues,” he said.

Cole said he also learned that even though some Scandinavian countries have a reputation as being socially progressive “paradises” for citizens, they still have people lost in the cracks of social support systems.

“Perfection has not been obtained anywhere yet,” he said. “We still have to work and work and work to get as close to that as we possibly can. That was encouraging.”

“Other countries are facing the same macro issues we are. Funding is being cut. There are still marginalized populations that fall between the cracks. Those issues are pretty much everywhere.”

— J. Michael Cole, graduate student and graduate teaching assistant at the University of North Dakota, on traveling to Sweden earlier this year to participate in an international social policy exchange.

For more information, visit naswfoundation.org

Eight social work leaders join Social Work Pioneers

Howard Jones
Jordan
Lennon
Mitchell
Sroeken

Social work students from several participating universities at the international social policy exchange in Sweden network while having dinner together in downtown Malmo.

April 2017
Webinars focus on cultural competence standards

By Paul R. Pace, News staff

“We live in a time of considerable tensions related to differences of all kinds,” says Carol Bonner, chairwoman of the NASW National Committee on Racial and Ethnic Diversity, or NCORED. “It is the responsibility, as social workers, to lead at all organizational and societal levels, and advocate for social justice, human dignity and human rights,” said Bonner, who serves as associate dean of Salem State University School of Social Work.

To reach those goals, NASW continues to promote its “Standards and Indicators for Cultural Competence in Social Work Practice,” which was updated in 2015. The standards offer updated concepts and definitions integral to practice, Bonner said, including more inclusion of issues related to immigrants, refugees, tribal groups, and gender identity and expression.

The latest dissemination effort is a four-part series of webinars offered through the NASW Professional Education Training Center, or PETC. The webinars are available on demand only for NASW Specialty Practice Section members. Learn how to become a Specialty Practice Section member at www.socialworkers.org/section.

The webinars started in the fall of 2016 and the final session will take place this month, with Bonner scheduled as the presenter for this topic “Leadership to Advance Cultural Competence.”

“The other titles in the series are ‘Challenges and Complexities of Cultural Competency in Social Work Practice,’ ‘Developing Cultural Humility in Social Work Practice,’ and ‘Strategies to Address Language and Communication Barriers.’”

Bonner said the webinars are among the strategies for dissemination of the standards the NCORED has developed.

“We found that relatively few webinars existed on the topic of cultural competence,” she explained. “We agreed to focus our efforts this year on sharing changes through webinars. We are pleased that that they have been well received.”

The webinars have complemented the standards by providing opportunities for applying the information in the standards to social work practice, Bonner noted. Participants who pass the webinars’ posttest can receive cross-cultural contact hours.

Cultural Competence Standards Online

• The “Standards and Indicators for Cultural Competence in Social Work Practice” document is available at: www.socialworkers.org/practice/standards/Standards_and_Indicators_for_Cultural_Competence.asp
• It is also available through the NASW Press at: http://nashwpresse.org/publications/standards.
• The NASW Practice and Education Training Center: www.socialworkers.org/naswpredo/default.asp.
Profile: Darlene Furey, NASW-Vermont Executive Director

Vermont Chapter strengthens social justice activities

By Maren Dale, News contributor

Before she became a social worker — and executive director of NASW's Vermont Chapter — Darlene Furey worked as an activist.

From 1978-1998, she lived in New Jersey, Virginia and Pennsylvania and worked on ERA ratification; helped establish rape crisis centers; battered women's shelters and women's health clinics; fought for reproductive rights; and worked in a number of domestic violence shelters.

Despite everything she had accomplished, Furey decided in 1998 there was even more she wanted to do to further social justice. In order to do this, she needed a social work degree.

"For me, it was clear that social work was about social justice at its very roots," she said. "I knew it was a profession I would be proud of.

Furey went back to school at age 38 and completed a bachelor's degree in women's studies at Douglass College, the women's college of Rutgers University, in New Brunswick, N.J. Then in 1998, she went to Bryn Mawr College Graduate School of Social Work in Pennsylvania, where she earned two degrees: a master's of social services (MSS) and a master's in law and social policy (MLSP). During this period, she received the McPherson Award for academic excellence and community service.

Furey, LCSW, has been an NASW member since her student days at Bryn Mawr.

Although she has worked in numerous settings and with a variety of populations as a social worker — as a school social worker; with terminal cancer patients; with LGBTQ youth; and as a psychotherapist in private practice — the majority of her social work career has been in the field of violence against women.

She was director of the New Jersey Coalition Against Sexual Violence, has run a domestic violence program, and has taught at Rutgers University's Master of Social Work Violence Against Women Certificate program.

In her role as executive director of NASW's Vermont Chapter, Furey is helping drive a number of initiatives. For example, the chapter board recently held an all-day retreat focused on defining issues and needs around racism in their state, which will help provide a foundation for much of their work in this area in the coming years.

In early January, NASW-Vermont held a workshop focused on the ethics of resistance for social workers under President Donald Trump.

"It was sold out," says Furey. "It was clear from the response that social workers in Vermont want to be active in the resistance — in upholding our social work ethics and values and working to maintain our civil liberties, and to protect vulnerable populations from threats."

One outcome from the workshop was the creation of an activist listserv so that Vermont social workers can receive alerts about upcoming actions or legislation that require rapid response.

In addition, NASW-Vermont will continue to offer more social justice-focused workshops throughout the coming year and during their June 2 annual conference.

The chapter also is currently piloting a collaboration with NASW's Massachusetts Chapter to offer a social work licensing prep course for the first time. NASW-Vermont is focusing on increasing member participation in chapter business and activities as well.

"Our state is small, and we are a small chapter, so the more members who get involved, the more we can accomplish," Furey said.

Personally, Furey recently provided testimony at a state assembly hearing to fix known as "S3" for expanded duty to warn, created by the Vermont Supreme Court case Kilgus v. Rutland Retreat.

The case expanded the duty to warn from the Tarasoff and Peck mandates (to warn if an identifiable person was threatened by a client posing a serious and imminent danger) to something less defined and broader.

The result was that Vermont's emergency rooms experienced a surge in patients referred for evaluation, swamping an already taxed mental health system.

Furey says her current position as executive director of NASW-Vermont is her "dream job."

"It gives me the opportunity to give back to a profession that has given me so much, by promoting social work and supporting social workers in my chosen home state of Vermont," she says. "At the beginning of any NASW-Vermont event, I always say, 'There is nothing better than being in a room full of social workers!' We are brimming with hope and determination. We are willing to fight for the common good, for the rights of the oppressed. We work every day to make the world a better place."

Furey lives with her partner of 20 years in a little schoolhouse on a small farm in Addison. VT., with their three Airedales. They have one adult child living in Boston and another living in South Korea who teaches English.

Their daughter, Rebekah, passed away three years ago at age 30, after an eight-year battle with cancer.

“At the beginning of any NASW-Vermont event, I always say, ‘There is nothing better than being in a room full of social workers!’ We are brimming with hope and determination. We are willing to fight for the common good, for the rights of the oppressed. We work every day to make the world a better place.”

– Darlene Furey, executive director of the NASW Vermont Chapter

Profile: Elisa Kawam, NASW-New Mexico Executive Director

New Mexico Chapter works on basic-needs legislation

By Maren Dale, News contributor

Elisa Kawam began her role as executive director of NASW's New Mexico Chapter in May 2016.

Like many social work leaders, her calling to the profession was rooted in her family's values and the belief that everyone is equal, and if we are able to help others, we should.

However, going into college, Kawam thought her path to service would follow a different route. "I intended to go to medical school and took all of the required premed courses," she says. "But I knew it was not right — something just didn't feel off. So, like many college students, I explored other directions and took courses in a variety of areas. I happened to take an intro to social work class and after the first day I was done. That class changed my life and I immediately changed my major."

Kawam says the strengths based approach embodied in social work combined with the way social workers connect with people on one deeply resonated with her.

Eventually she earned her bachelor's degree from Arizona State University Social Work, and remained there to earn her master's and Ph.D., taking advantage of their strengths in child welfare, which was Kawam's area of study.

While earning her Ph.D., Kawam met her husband, Marco, also a social work Ph.D. student in her program. After they received their doctorates together, they took the dual positions teaching at Florida International University in Miami.

While they loved the geography, the work and the students, both Kawam and her husband had family ties in the Southwest that were drawing them back. So when Kawam was offered the executive director position for NASW-New Mexico, the couple relocated.

The New Mexico Chapter is working on a variety of issues. Kawam said in the past four years there have been massive budget cuts in social spending, so they are putting efforts toward bills related to basic needs, such as the minimum wage, prevention programming, mental health access, parity, as well as tax reform.

Examples of other initiatives and projects the chapter is pursuing include:

• State Education Reform

Recently, Kawam herself wrote legislation regarding the increased risk for children with special needs to be incarcerated at disproportionate high rates.

• Wellness Retreat

Last summer, the chapter held its first wellness retreat, focusing on self-care for social workers, and is currently in the planning stages for the second retreat this July. Yoga, meditation and art therapy are some of the items on the agenda this year.

Before she began her role with NASW last summer, Kawam said she had a moment to reflect, which led to a powerful insight.

"It dawned on me that I was going to work for the organization that wrote the code of ethics for my profession," she says. "And the fact that we have a code of ethics that isn't tied to morality, but to the core values in my profession, I thought — wow — I work for them."

"I really am NASW's eyes and ears, and the policy work we do through the organization impacts people in a real way.

“It dawned on me that I was going to work for the organization that wrote the code of ethics for my profession. And the fact that we have a code of ethics that isn't tied to morality, but to the core values in my profession.” — Elisa Kawam, executive director of the NASW New Mexico Chapter

Profile: Elisa Kawam, NASW-New Mexico Chapter
Nephrology social workers fill many roles

By Alison Laurio, News contributor

D

ean Wolf has spent his entire working life as a social worker in the field helping others. Now he is asking others to help him, and said it is not an easy thing to do.

“As much as I have empathy for people, I need a kidney,” he said.

Wolf, 67, was diagnosed with Type 2 diabetes in 1997. He was diagnosed as having kidney failure about 10 years ago, and he had robotic heart bypass surgery in 1997. He now is in end stage renal disease (ESRD) but is not on dialysis.

He’s still working every day at his family practice, Rhizome Connections, although he says he’s tired a lot, sometimes suffers from nausea and doesn’t have the stamina he once had. Some days he “feels like a wet noodle.”

Wolf is on the United Network for Organ Sharing list, a waiting list for deceased kidneys that the federal government operates. Neither Wolf’s wife nor his 25-year-old son, nor any other relative, is a match for living kidney donation. Because of his background, Wolf believes a living donor would be best for him.

“It wasn’t until he connected with Harvey Myrel, founder and president of the Living Kidney Donors Network, that Wolf gathered the courage to go public with his need.

“A lot of people don’t know what to do,” Myrel said. “People don’t want to ask. I tell people it’s like networking. Even if you don’t ask, tell your story. If you’re effective, people know what you need.”

Wolf is among hundreds of thousands of people in the U.S. who are waiting for kidneys or other organs.

The National Kidney Foundation says on average, 3,000 new patients are added to the kidney waiting list every month, and 13 people a day — or 4,745 people a year — die while waiting for a kidney.

Nephrology Social Work

Social workers who work in this area say they fill many roles, such as educating patients and their families, providing counseling, developing care plans and focusing on a good quality of life for their patients.

Andrea Dekam, a nephrology social worker at the University of Michigan Dialysis Clinic in Livonia, Mich., describes her job as being a “Jack of All Trades.”

“Nephrology social workers do a little bit of everything,” and are an integral part of interdisciplinary teams, she said. “We work with both adult and pediatric populations depending on the position. We often follow patients from the beginning to the end of their disease process.”

That includes performing routine psychosocial assessments; developing care plans; and providing screenings, counseling and referrals to address mental health concerns, Dekam said.

“Patients often experience difficulties with adjustment to illness, sometimes resulting in feelings of depression or anxiety,” she said. “Many NSWs are utilizing skills learned in the Symptom-Targeted Intervention program to help address issues related to mental health and adherence.”

They also educate patients and their families on treatment options, advance directives and resources, said Dekam, LMSW, NSW-C and executive committee chair of the Council of Nephrology Social Workers.

“We provide ongoing support and encouragement to help patients maintain a good quality of life,” she said. “I think an important issue that often comes up is one’s coping or adjustment to illness. Research has shown that at any given time, 20 percent to 40 percent of the dialysis population is experiencing some level of depression. NSWs are the ones equipped to address those feelings.”

Other tasks include helping with fluid control, dietary issues, medication compliance, adherence to treatment regimen and end of life. They support the patient’s vocational goals, encouraging them to stay working, and they can serve as an advocate with employers as needed, Dekam said.

“We also help with tangible concerns related to housing, transportation, financial problems and prescription issues like coverage and cost,” she said.

“Dialysis and transplant social workers work in collaboration in helping patients navigate the transplant process.”

“We solely provide the psychosocial support necessary for many patients to cope with their disease and treatment. NSWs have the ability to develop long-term, therapeutic relationships with patients due to the nature of their disease. This aids in building rapport, proper assessment and individualized interventions.”

Besides numerous duties with each patient, one long-standing challenge is high caseloads, Dekam said. Although a model from several years ago supports a caseload of 75 patients, “many NSWs have well over 100 patients, with some having 150 plus.”

In addition, some cover patients in more than one clinic, and that involves travel time. Another challenge is paperwork. Clerical tasks like faxing, filling out forms and assisting with travel arrangements are being designated to social workers instead of clerical staff, she said.

“A challenge likely encountered in all areas is lack of resources,” Dekam said. “As a nation, we know there are limited mental health resources available to patients as well as a lack of insurance coverage for them.”

With all the work comes many rewards, though. Dekam asked some of her colleagues about the rewards they found in their work. Their answers include: the ability to establish long-term, therapeutic relationships with patients; the satisfaction of helping those in need; and the ability to see the impact of their work on patients’ lives.

Even though there are more than 200,000 Americans living with a kidney transplant, the National Kidney Foundation says on average, 3,000 new patients are added to the kidney waiting list every month. And 13 people a day — or 4,745 people a year — die while waiting for a kidney.
Tackling Disparities
When it comes to receiving an organ transplant, minorities and those who are economically disadvantaged do not fare as well as whites. African Americans, Hispanics and American Indians, all of whom are disproportionately affected by kidney failure, are less likely to receive organ transplants, the National Institutes of Health states.

Social workers—those in hospitals and dialysis centers as well as educators and researchers—are helping to turn that around even as they help those going through dialysis and transplant procedures.

While Teri Browne worked in a dialysis social worker for 13 years, she noticed a “phenomenon.”

“There was a pretty common, actually, she said. “There was a very high African American population, and patients just did not understand the process of what it means to get a transplant. Numerous patients thought they were on a transplant list because they talked to a doctor or went to a dialysis clinic.”

They were having difficulty going through all the necessary steps in the process, Browne, MA, BA, PhD, and now associate professor at the University of South Carolina College of Social Work in Columbia, S.C., said.

“Research in that area shows it’s definitely a multi-faced social problem,” she said. “There are a lot of things going on. Some of it is economic—you need insurance—and then you have transportation and drugs. There are some psychosocial barriers to getting a transplant, too. In those include arranging transportation, child care, family issues and getting off work,” Browne said.

“There’s also the issue of distrust in the medical community,” she said. “An understudied issue on this would be discrimination and less adequate care. It’s worse here in the Southeast. We may give them some information, but we don’t do a great job of helping people get kidney transplants, and that’s particularly true in the Southeast.”

The area’s transplant network has the lowest transplantation rate in America, Browne said. “It’s definitely a public health and social work crisis for some. There also is disparity in the health care system.”

While a doctoral student, Browne learned it’s critically important to use theories to examine and explain social problems.

“We know African Americans are less likely to get transplants or give organs, and we know there are racial differences in social networks,” she said. That’s the social problem.

So, African American transplant patients had someone in their social network who donated an organ or received a transplant, if they had more information, they would be more likely to donate or receive an organ, Browne said.

“The theory, then, is if dialysis teams give more information, those patients are more likely to receive a kidney transplant, she said.

“Those findings were reinforced by working in the Southeast,” Browne said.

“When one of our patients says ‘it takes a cheerleader to get a transplant,’ she said, “those social workers are perfectly positioned to be those cheerleaders.”

One “huge” concern Browne noted was seeing the careloads and salaries of caseworkers across the country.

“That, unfortunately, is what we find,” she said. “A lot of social workers are burdened with heavy workloads and paperwork tasks. That’s a problem throughout the country, due, in part, to the fact most transplant organizations are two to three companies.”

“However, that does not discount the fact that this should be done by dialysis teams,” Browne said.

One of the primary efforts of the Council of Nephrology Social Workers is to ensure social workers can advocate for themselves around issues like caseloads and inappropriate tasks.

“That is one of the biggest issues in our country is we have these two corporations that control almost all of the dialysis units in our country,” Browne said. “That’s a problem.”

Social workers are the right people to help patients because they can aid them in several ways, she said.

“They’re instrumental in providing social support, like helping find child care or a ride to the store,” Browne said. “They can help patients manage daily tasks in life.”

Social support tasks are important because getting a kidney transplant is “really a roller coaster,” she said. “It’s ups and downs. There’s a long time on a waiting list, so getting support from a social network is very important.”

“Information on getting a kidney transplant is also very important. If you have somebody who knows the ropes, it can really help you,” she said.

Recent nationwide data show African Americans are 24 percent less likely to get a kidney transplant, she said. Factors include race, income and access to health care.

Connecting People and Information
With the goal of helping ESRD patients find living kidney donors, Myel, of the Living Kidney Donors Network, has spoken to or presented training programs to patients; peer mentors; conventions and conferences; nurses; and social workers, including those working in hospitals and in corporate-owned transplantation centers, the Society of Transplant Social Workers; and the National Kidney Foundation of Illinois.

“It started as the nonprofit Living Kidney Donors Network in 2006 to provide information to patients, donors and those who work with them.

“For those in the profession, it’s kind of a training program for them,” Myel said. “I hope they can grab onto a nugget or two because they don’t have the time to pass on all the information.”

“Getting out word of a living donor need works, she said. Recognize an area superintendent of police feels during a television press conference, she said. The word got out he was in ESRD, and within a few days, “I got a phone call from people wanting to donate.”

“I was in a position to have exposure,” Myel said. “That’s why I encourage people to write a story about themselves and talk to news organizations, schools and groups to get the word out.”

“The more people you reach, the more likely you’re tapping an area on the side. People don’t know of your need, but you can help your donor find you.”

Her website is www.lkdn.org. Julie Kau is a private practice social worker in Frederick, Md., and is friends with Walt. She is also a living kidney donor.

Kau, BSW, MSW, LCSW, said her sister has a very rare disorder, Wegener’s Disease, and she first received a kidney from their mother in 1987. In 2010, Kau donated one of her kidneys to her sister, who needed her other kidney explanted.

“When her kidney started failing, I volunteered,” she said. “She didn’t ask me. It was like the perfect hard thing for a recipient to ask, and my sister didn’t think I was going to receive it if I was going to help.”

The process is much more involved for the recipient than it was for her.

“The surgery was laparoscopic, there was a very small incision,” Kau said. “I spent three days in the hospital, and within a couple of weeks, I was feeling pretty good.”

She said she has experienced no adverse affects and it has made her story whenever possible.

Kau said if anyone is interested in being a living donor and wants more information, they can contact her through her practice website, www.myel.org.

“I am happy to be available to anyone,” she said. “I think it is the most noble thing you can do, regardless of who you’re in good health and you really want to make a difference, why not? It’s not that difficult, really. It’s uncomfortable, but it’s a generous thing to do. I don’t think it’s anything more noble than to give the gift of life.”

(Myel interested in talking with Don Walt can contact him at 443-732-6172.)
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An annual subscription to Social Work is free to regular NASW members, who can access articles online through naswpress.org.

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- Agency in Vulnerable Families: Reply to P. J. Miller
- “Love Your Love Life”: Disadvantaged African American Adolescents Cocre- ate Psychoeducational Romantic and Sexual Health Resources
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- Family-based Crisis Intervention with Suicidal Adolescents in the Emergency Room: A Pilot Study

New book from NASW Press

Above the Bottom Line
Financial Management in Human Services
Roger A. Lohmann

Above the Bottom Line: Financial Management in Human Services provides a guide for social work students and practitioners who must manage finances of human services programs and organizations.

This book is appropriate for social work students and practitioners making the transition from social work practice into administration. Within a broad “enterprise perspective” encompassing human services in public, nonprofit, and for-profit settings, the book addresses the need for a greater understanding of financial accounting, budgeting, and financial analysis to support all forms of human services delivery.

Summit

NASW CEO and NASW Founda- tion President Angela McClain and CSWE President and CEO Darla Spence Coffey spoke with the stu- dents, who also heard panel discus- sions about social work leadership opportunities in health care and the important role of the social work per- spective in shaping and implementing social policy.


In addition, the students gained in- sight from a former HEALS scholar and the HEALS doctoral and policy fellows.

Students concluded the two-day event with visits to their congressional representatives or staff members at their offices on Capitol Hill.

They urged their representatives to ensure health care coverage for all and to continue efforts toward interprofes- sional team-based health care, integra- tion of primary care and behavioral health services; acknowledging the value of addressing social determin- ants of health, increasing funding for education and training, and protect- ing mental health and substance use disorder parity.

More information: naswfoundation.org and cswe.org

Conference

Washington, D.C., and will offer opportunities for profes- sional development and networking.

The conference will feature thought leaders and practitioner- es presenting in both plenary and breakout sessions, and par- ticipants will be able to access the program content from the comfort of their home or office.

The conference will offer a broad array of topics as they relate to aging, including assessment, HIV/AIDS, interdisci- plinary collaboration, the LGBTQ landscape, palliative care, self-neglect, technology, trauma-informed services, mental and behavioral health, and social work in health care.

To learn more or to sign up to participate, visit virtualconference.socialworkers.org or email naswvirtualconference@socialworkers.org.

For those interested in becoming a sponsor or an exhibitor at the conference, contact Richard Loomis at rloomis.nasw@socialworkers.org.

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NASW PRESS
The NASW Michigan Chapter, the Michigan Nurses Association and Michigan State Rep. Stephanie Chang, who is also a NASW member, held a gratitude breakfast in February to honor and thank nurses, social workers, and other caring professionals who provide crucial public health services.

“Nurses and social workers are there for residents in District 6 and all our communities in the most challenging of times, and hardly ever get recognition for their hard work, dedication and commitment to service,” Chang said. “I am excited we were able to host this gratitude breakfast to honor two of our most valuable and important caring professions.”

The event included the presentation of a giant thank-you card for commitment to services to the nurses and social workers in attendance. All proceeds from the event went to the Mary Turner Center for Advocacy.

NASW continues its support of National Healthcare Decisions Day that organizers are promoting as a weekend event, April 16-22. The theme this year is “It always seems too early, until it’s too late.” Visitors to www.NHDD.org can find daily activities during the promotion week, tools, logos, template materials and more.

Since 2008, NHDD has been observed on April 16. NASW has promoted the observance each year.

The Center for Advanced Studies in Child Welfare at the University of Minnesota announced Esther Wattenberg as the 2017 recipient of the Minnesota Child Welfare Leadership Award. The recognition is given to individuals who have been outstanding leaders in the field of public and tribal child welfare in Minnesota.

In 1992, Wattenberg founded and became the first director of the Center for Advanced Studies in Child Welfare, a research and training center for professionals serving children and families in the public and tribal child welfare system. For more than a decade Wattenberg has held a dual position within the School of Social Work and at the Center for Urban and Rural Affairs (CURA). She has educated and trained hundreds of the state’s current and past professionals. As a new professor in the School of Social Work at the University of Minnesota in 1951, she championed issues of professionalism for the social welfare workforce while applying pressure to human service systems to continually improve services for children and their families.
### Upcoming Specialty Practice Section Webinars

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<td>The Therapeutic Role of Animals in the Lives of Children 1-2:30 pm ET; 1.5 CEUs</td>
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<td>Transitioning to a Cash Practice: Will it work for you?</td>
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<td>Leadership to Advance Cultural Competence: Everyone’s Responsibility 1-2 pm ET; 1 CEU</td>
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<td>Special Ethical Considerations When Working With Older Adults 1-2 pm ET; 1 Ethics Contact hours of CE</td>
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<td>21</td>
<td>Incorporating NASW’s New Technology Standards Into Your Private Practice</td>
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<td><strong>JUNE</strong></td>
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<td>Preventing Alcohol-Exposed Pregnancies: Tools and Strategies for the Social Work Practitioner 1-2 pm ET; 1 CEU</td>
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This SPS webinar builds upon the 2015 Revised NASW Standards on Cultural Competence in the Social Work Profession, Standard 10.

### An Hour With Private Practice: Q&A

**APRIL**

**MAY**

**JUNE**

- Transitioning to a Cash Practice: Will it work for you?
- Protecting Confidentiality in Your Private Practice and Tips to Take Should Breaches Occur
- Incorporating NASW’s New Technology Standards Into Your Private Practice

For more information: www.socialworkers.org/sections/join.asp.

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### NASW Resources

**SECTION CONNECTION: AGING**

“Social Isolation in Older Persons: Hidden in Plain View” Sandra Edmunds Crewe, Ph.D., ACSW

While public campaigns have made us very familiar with the health hazards of cigarette smoking, obesity and alcohol, we have remained relatively silent on the equally deleterious effects of social isolation and loneliness as the lives of older persons. The short yet powerful message is that loneliness and social isolation kill; however, it does not have to if we as a profession take collective action to address it in the various practice arenas where we work. Whether we practice in health care settings, housing, social services, private practice, or other areas, with focused attention, we can improve the quality of life of many older persons by paying attention to social isolation and sharing effective strategies we have used.

### NEW PRACTICE PERSPECTIVE: ‘Frequently Used Place of Service Codes for Clinical Social Workers in Private Practice’

When seeking reimbursement from third-party payers, clinical social workers are required to use place of service codes in order to submit a professional claim form such as the CMS-1500. These codes specify where services are rendered and may result in a denied claim when used inappropriately. There are more than 50 place of service codes used for reimbursement purposes, and third-party payers may have different payment policies regarding them. Clinical social workers should familiarize themselves with the payment policies for place of service codes of health insurance plans used in their practices.

NASW members can access this document and other Practice Perspectives at: www.socialworkers.org/practice.

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**THIS MONTH IN NASW HISTORY**

- **1966**
  - On April 1 and 2, representatives from 23 Southern NASW chapters met to discuss the debate over income maintenance and the urgent need for closer ties between NASW members and other social work employees not then eligible for membership. The meeting was one of several regional chapter meetings held to discuss the two topics. “The purpose of these meetings is to wed process and content, and thereby fulfill the intent of the last Delegate Assembly,” said NASW Executive Director Joseph P. Anderson. (NASW News — May 1966)

- **1983**
  - The legislatures of three states in mid-April completed action on bills legally regulating social work practice. North Dakota and Montana became the 27th and 28th states to pass legal regulation acts, and Maryland voted to continue and strengthen its law, first passed in 1975. North Dakota’s law was the 17th licensure act in the country. It covered the Licensed Social Worker (LSW) and the Licensed Certified Social Worker (LCSW). It also restricted private practice to LCSWs with three years of post-master’s experience. (NASW News — May 1983)

- **2000**
  - The opening shot in what organizers hoped would be an ongoing campaign to end the reign of managed care was fired at rallies in 51 cities across the U.S. on April 1 during “Rescue Health Care Day.” Protestors demanded that management of health care by profit-driven corporations be replaced by a different approach, such as the single-payer system used in Canada and Britain. The NASW national office and its Private Practice Section were among the groups that hoped to keep the movement going and make Rescue Health Care Day an annual event. (NASW News — May 2000)
MONTANA

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Services

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The County of Santa Clara Behavioral Health Services Department is seeking information for Licensed Practitioners of the Healing Arts. Visit www.bidsync.com for a copy of the RFI. Search by RFI #: RFI-MHS-FY17-0106

Documents Due: 5/30/17 3PM

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REPORTING

A categorized directory of display ads in this issue of the News

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For more information visit virtualconference.socialworkers.org or email naswvirtualconference@socialworkers.org.
In 2005, NASW and the Association of Social Work Boards (ASWB) developed a set of standards to help guide social workers in incorporating technology into their services. This document—the NASW & ASWB Standards for Technology and Social Work Practice—provided benchmarks that describe the services that social workers should provide, that employers should support and that clients should expect.

These standards are currently being updated, and a task force is looking at areas such as:

- Provisioning information to the public
- Using technology to design and deliver services
- Safe and appropriate ways to gather, manage and store information
- Using technology in social work education

Publication is expected in this spring. The project is a partnership among four social work associations: NASW, ASWB, the Council on Social Work Education (CSWE), and Clinical Social Work Association (CSWA). The work began in March 2015 when representatives were chosen from each association to establish a task force to begin looking at the existing guidelines. In early summer 2016, a draft of the updated technology standards was posted online for public comments.

“Over 100 comments were received,” said NASW’s Mirean Coleman, LICSW, CT, Clinical Manager. “As a result of these comments, a group of social work technology experts was recruited to form a sub task force to review the draft standards. They were supportive of the revised draft and made helpful comments which were incorporated into the technology standards.”

But Coleman is quick to point out that the standards are not about the technology itself, but how it can be leveraged as a helpful tool in competent and ethical delivery of social work services.

“Since 2005 when the original guidelines were authored, technology has rapidly changed, such as the proliferation of mobile devices like smartphones and tablets. While these tools have brought many benefits to social workers and their clients, they also bring about a new set of challenges, considerations and complexities,” she said. “Because technology is changing so rapidly, NASW plans to update the standards frequently.”

Updated social work technology standards to be published this spring
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