

# social work advocates

NATIONAL ASSOCIATION OF SOCIAL WORKERS

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## IN AMERICA

STAYING ACTIVE AND INVOLVED  
IS KEY TO PRODUCTIVE AGING



# YOU CAN SAVE LIVES.



**Treating tobacco use is an important part of mental health treatment.**

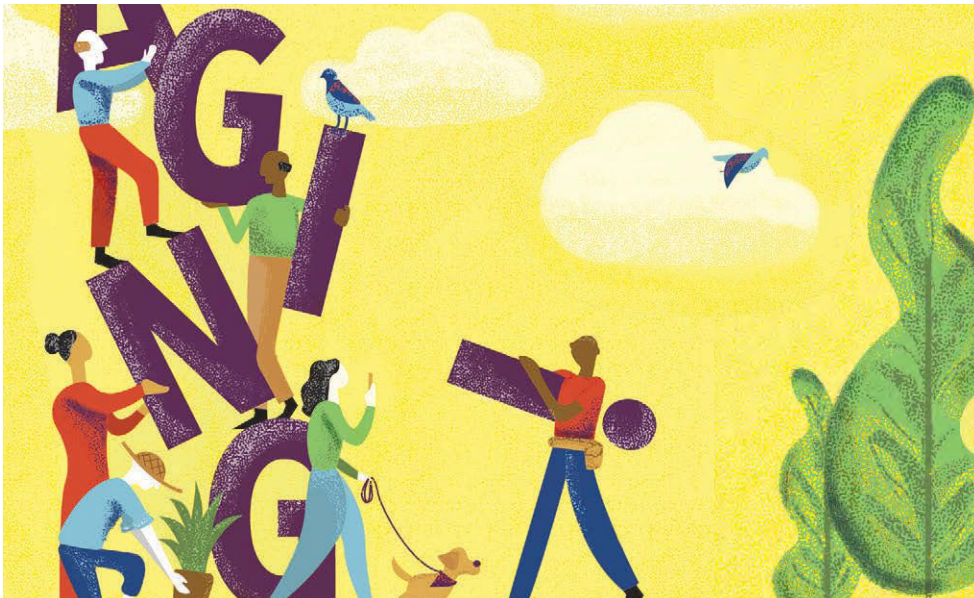
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U.S. Dept. of Health and Human Services, Public Health Service, Treating Tobacco Use and Dependence  
Clinical Practice Guideline 2008 Update



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**Aging in America: Staying Active and Involved is Key to Productive Aging**

BY ALISON LAURIO

Social work's efforts to ensure older Americans remain engaged help those who are aging feel more vital and part of communities. This, in turn, can help reduce social isolation and change societal attitudes about aging.

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**Aging in America: Need for Caregivers Grows as Population Ages**

BY LEIGH GLENN

Social worker Pamela Braun—who has spent her entire career in the field of aging—says people do not realize the amount of energy and care the aging population requires.

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Authenticity gives us freedom to be ourselves and feel comfortable with who we are. Being authentic is fundamental to communication, relationships, and real human connections, writes NASW CEO Angelo McClain.



# NASW Remains an Advocate for LGBTQ Rights

BY KATHRYN CONLEY WEHRMANN, PhD, LCSW



As I write this column, cases are being argued before the U.S. Supreme Court that will determine whether civil rights laws should apply to LGBTQ people. Today, it seems appropriate to write about how our association fights for social justice on behalf of its members and the individuals, groups and communities they serve.

I was invited to participate on a plenary panel devoted to how health professional associations are supporting LGBTQ health equity, at the 37th GLMA Annual Conference on LGBTQ Health. Counterparts from the American Medical Association, the American Nurses Association and the American Psychological Association joined me on the panel.

The GLMA conference is the premier scientific gathering devoted to LGBTQ health issues and concerns. NASW was asked to join the panel this year because—to quote GLMA Executive Director Hector Vargas—*“NASW has been at the forefront of remarkable support among health professional associations for LGBTQ health equity and we hope you will join us to share the incredible work the NASW has accomplished.”*

I was well prepared for the panel by Mel Wilson, NASW senior policy consultant; and Rita Webb, NASW senior policy

associate, who are actively engaged in work on LGBTQ issues. In order to amplify the benefit of their time and expertise, I am sharing some of the efforts your professional association has made on behalf of LGBTQ health equity.

Our Code of Ethics sets the stage for a focus on social justice and dignity and worth of the person. Our policy statements published in “Social Work Speaks,” 11th Edition, include specific statements that address LGBTQ concerns by reaffirming a commitment to human rights and freedom, and opposition to all discrimination on the basis of gender identity and of gender expression regardless of assigned sex at birth.

NASW encourages passage of legislation protecting the rights, legal benefits, and privileges of all gender identities and expressions, and the repeal of laws and discriminatory practices that impede individuals in their identification with, and their

expression of, the gender that matches their sense of themselves in all areas of the public arena, especially employment, health care, education and housing.

Working from our professional value base and our policy statements, NASW:

- Serves as a member of the Equality Act Task Force, which focuses on legislation that seeks to provide full constitutional protections for LGBTQ individuals. The main premise of the act is that the Civil Rights Act of 1964 omitted civil rights protections for the LGBTQ community.
- Submitted written comments to the U.S. Department of Health and Human Services that opposed an ACA rule change allowing health care providers to deny services to LGBTQ individuals based on religious exemptions.
- Submitted comments to the Office for Civil Rights.

**“NASW has been at the forefront of remarkable support among health professional associations for LGBTQ health equity and we hope you will join us to share the incredible work the NASW has accomplished.”**  
—Hector Vargas,  
GLMA Executive  
Director



# social work advocates

- Joined the fight against so-called religious exemption exclusions that allow public and private agencies, providers, and businesses to discriminate against the LGBTQ community based on religious beliefs of the discriminator(s).
  - Submitted comments for the Federal Register regarding Veterans Affairs “Notice of Petition for Rule Making and Request for Comments-Exclusion of Gender Alterations from the Medical Benefits Package.”
  - Integrates advocacy for LGBT health equity across NASW through Legal Defense Fund amicus briefs, NASW Press journal “Health and Social Work,” NASW Advocates magazine, NASW social media outlets, webinars, national and chapter conferences, virtual forums, and policy issue briefs.
  - Serves as a steering committee member alongside GLMA on the National Conference on Health and Domestic Violence-Futures Without Violence.
  - Supports legislation that seeks to protect prospective LGBTQ foster and adoptive parents from being discriminated against based on religious beliefs of private and public foster care/adoption agencies.
  - Works with the **Family Equality Council** and **Every Child Deserves a Family campaign** to lobby for passage of this legislation.
  - Had its CEO participate on both a House and Senate panel for a Capitol Hill briefing in support of **Every Child Deserves a Family Act** and in support of the need to promote nondiscrimination policies and legislation for LGBTQ foster/adoptive parents.
  - Serves as a partner organization to address the bio-psycho-social needs of at-risk LGBTQ youth, and signed onto a statement of principles developed through the collaboration.
  - Has voiced longstanding opposition to conversion therapy.
  - Collaborates with The Human Rights Campaign’s Project Thrive, which works to ensure that at-risk LGBTQ youth have access to essential services.
- NASW is our voice in Washington and throughout the country. Help keep our association strong by maintaining your membership, or by becoming a member today. 🗣️
- Contact Kathryn Wehrmann: [president@socialworkers.org](mailto:president@socialworkers.org).

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# Aging in Place Programs Take Root



After my dad retired a few years ago, he moved to a subdivision in Wintergreen, located in Nelson County, Va.

He liked the fact that it's a close-knit community with emergency and other services readily available, as well as activities like hiking, skiing and golfing to help keep residents involved—not to mention it's a beautiful area with views of the Blue Ridge Mountains all around.



This is a regular community taking steps to help residents stay in their homes, recognizing that a fairly large percentage of them are retirees.

He told me recently that the Wintergreen Valley Association sent a survey to residents to gauge interest in developing an aging in place program. The response was overwhelming, with more than 400 people taking the survey, the association said, and showing a high interest in establishing a support system that would allow residents to remain in their homes.

This type of community is different from assisted living facilities or those built solely for residents of a certain age—usually 55 or 60 and older. This is a regular community taking steps to help residents stay in their homes, recognizing that a fairly large percentage of them are retirees.

Although this would be a new program for Wintergreen, the concept is not new. As social workers,

I know many of you are already aware of the Aging in Place movement and the various forms of these communities. For those of us who aren't that familiar, it's encouraging to hear about efforts like this—and that they are taking root across the country.

This is from a July 2019 article in The Washington Post about aging in place: "The movement started in Boston's Beacon Hill neighborhood in 2001, when a handful of older residents, concerned about staying in their homes as they aged, formed the country's first village, a volunteer neighborhood group designed to provide social connections and practical assistance. The idea spread across the country, and there are now about 200 of these villages in the United States, with dozens more in development."

You can learn more about the "Village Movement" in our second feature article beginning on p. 22. We dedicated both feature articles to aging topics, with the cover story (p.14) focusing on staying active and involved and the second feature examining the caregiver angle.

The .edu section (p. 10) also has an aging-related story: How schools of social work are helping to change the attitudes many students have about working with older people.

These articles and more can be found in this issue, and as always we welcome your feedback at [swadvocates@socialworkers.org](mailto:swadvocates@socialworkers.org).

Until next time,  
Laetitia

## TAXES AND MEMBERSHIP DUES DEDUCTIBILITY

Members who qualify to deduct membership dues payments from income taxes should note the following: For the calendar year ending Dec. 31, 2019, 5 percent of the annual NASW dues payment is not deductible. The percentage is based on the amount of association lobbying activity in 2019.



LETTER TO THE EDITOR

I was shocked to see that the Council on Social Work Education (CSWE) had granted accreditation to Liberty University's BSSW program (Aug-Sept issue). I was also disappointed in the anonymous "interview," which allowed professor Fulmer to get away with evading the question about whether Liberty's conservative Christian worldview dovetails with social work and social work education. Holding up Jesus as "the ultimate social worker" completely ignored Liberty's long-standing support and practice of "conversion therapy" for LGBTQ persons. Liberty

also requires faculty to sign a compliance statement with the school's religious doctrines, a clear violation of the principle of academic freedom. It's hard to imagine how students and faculty in the BSSW could embrace the ethical principles of the NASW. CSWE should really reconsider its decision and subject any possible request for accreditation of an MSW program to the utmost scrutiny.

Richard Capron, PhD, LCSW  
Fairfield, Va.

Corrections

There was an incorrect URL for a resource on p. 23 of the "Undoing Racism" article in the Aug-Sept 2019 issue. The resource "Achieving Racial Equity: Calling the Social Work Profession to Action" is an NASW

document that can be found at [socialworkpolicy.org/news-events/report-on-achieving-racial-equity.html](http://socialworkpolicy.org/news-events/report-on-achieving-racial-equity.html).

The Backstory article, on pp. 48-49 of the Aug-Sept

issue, should have said that author Brenda Wade selected the pen name Hunter William because those are the middle names of her son and daughter. The article also should have listed her social media information as:

- Facebook.com/Charm Town Book Series
- Twitter: @authorhuntwill
- Instagram: hunterwilliam021

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-Laetitia Clayton, Managing Editor



# Social Media Roundup

**#SchoolSocialWork:** NASW's LinkedIn post about U.S. Sen. Kamala Harris, D-Calif., voicing support for social workers in schools received 6,469 impressions, 315 clicks and 223 likes.



**@NASW**

#NASW is SO glad to see @KamalaHarris support and #elevatesocialwork #Back2SchoolSocialWorkers @TheSSWAA



Kamala Harris  
@KamalaHarris

All children, no matter where they live, should have a nurse and social worker at their school. Early intervention and screening not only improve children's health, it can help catch any issues before they become big problems.

It's time we treat children's needs with urgency.



**@AdaliciaMelendez**

As a school social worker with the NYC Department of Education for the last 8 years, I am in absolute agreement! We need more clinical staff to help not only the students, but the administration as well so they understand how social/emotional issues impact the student's capabilities to learn.

**#ConversionTherapy:** NASW's Facebook post about its Utah Chapter speaking out against conversion therapy received 8,374 unique views, 94 reactions and 11 comments.



**@NASW**

When it comes to conversion therapy, NASW Utah Chapter Executive Director Emily Bleyl tells The Salt Lake Tribune, "Conversion therapy is, at its core, discriminatory, exploitative and dangerous." She read from a letter signed by more than 320 social workers and allies. ([buff.ly/31PwaTO](https://buff.ly/31PwaTO))



**@CherylJohnson**

As a survivor of conversion therapy, I thank Utah for their loving ban on conversion therapy. Unless you have a good sense of self hidden in your soul and a good support group, you may doubt yourself. I cry out that all who have been pushed into this terrible "therapy." It is love that helps a person navigate coming to grips with who they are.



**@TenEsha**

Don't know why anyone would advocate FOR conversion therapy...something that obviously harms more than it helps...



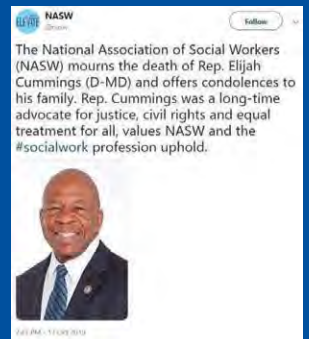
Social Work Talks Podcast, Episode 40:  
Working Against Domestic Violence

NASW spoke with **Ruth Glenn**, president and CEO of the National Coalition Against Domestic Violence, a domestic violence advocate and survivor. She was in Washington, D.C., presenting at NASW's 2019 virtual forum, "Addressing Domestic Violence Through the Social Work Lens." In the podcast, Glenn discusses signs that indicate a person may be a victim of domestic violence.

"I think if we really want to pinpoint a couple of things ... we acknowledge the isolation and we say, 'I wonder why so-and-so doesn't come around anymore? Why isn't she or he answering the phone?' ... Other red flags are such things as not having the ability to have independence. Do they have their own car keys? Do they have their own checkbook or credit cards?"

You can listen to the full episode and others at [socialworkers.org/news/social-work-talks-podcast](https://socialworkers.org/news/social-work-talks-podcast)

NASW recently posted 106 tweets, with the following among those that received the most likes and retweets:





## In the Public Eye



Children will encounter many different fears and anxieties as they age.

Teaching them resilience and strategies to face their fears can benefit them throughout their lives, according to an article posted at Citizen-Times.com.

Helping your child name their fear and learn more about it is one of the first big steps in overcoming it, NASW member [Amanda Bucci](#) says in the article.

“Whether it is starting a new school or trying a new activity or monsters in the closet: I help kids by first naming their fear, giving them the emotional vocabulary to identify what they are feeling,” said Bucci, an LCSW, RPT-child and family therapist and registered play therapist.

“We work to recognize body sensations that are clues to when fear is rising, and how to calm those sensations,” she said. “A big part of my work is helping kids ‘talk back’ to their fear as a way to empower them and reduce the ability of their worries and fears to overcome them.”



A partnership between the University of Connecticut’s School of Law Asylum and

Human Rights Clinic and its School of Social Work brought a team of social work experts, attorneys, law students and interpreters inside immigration detention centers for one week this year.

“The School of Social Work shares with the Law School dual missions of preparing students for professional practice and adding to our respective knowledge bases,” said NASW member [Nina Rovinelli Heller](#), the dean of the School of Social Work and a clinical social worker who participated in the annual UConn effort for the first time this year.

“As our two schools have worked together on this detention project, we are increasingly aware of points of convergence in social justice practice,” Heller is quoted as saying in an article posted at UConn Today.

“The combination of law and social work can yield important initiatives on behalf of many oppressed and disadvantaged groups,” she said.



North Carolina is seeing progress in the state’s effort to reduce the opioid abuse

crisis, according to a newsobserver.com story.

It quotes NASW member [Jesse Bennett](#), the statewide overdose-prevention coordinator for the North Carolina Harm Reduction Coalition. Among its many services is offering syringe exchanges.

In the three years since the state’s syringe exchanges became legal, Bennett said the coalition has gone from distributing a few thousand syringes a year to nearly a million. And the syringes are one of the most expensive pieces of the job.

“That’s where we struggle the most,” Bennett said.

In July, state lawmakers approved the Opioid Epidemic Response Act, which opens up state funds to purchase supplies for syringe-exchange programs.

Without harm-reduction services, Bennett said, people will continue to use injection drugs but they will be more likely to overdose or contract blood-borne diseases like HIV or hepatitis C.



Lengthy detention of migrant children may create lasting trauma, experts say.

NASW member [Luis Zayas](#) was among the professionals who offered their research for a story posted at NPR.org.

A clinical social worker, psychologist and dean of the Steve Hicks School of Social Work at the University of Texas at Austin, Zayas has done psychological evaluations of children and families in immigration detention centers, the story says.

“In nearly every child I’ve seen over the past five years, there’s been some detrimental effects on their mental health,” he is quoted saying.

Being with their parents protects kids psychologically and helps them cope with trauma and stress. But that protective effect is often eroded in detention, because parents are stressed by detention, too, Zayas said in the story. “Parents who are under the stress of detention not only transmit that stress and anxiety and depression to their children, but their roles as parents are upended.”

To read other media stories like these, visit [socialworkersspeak.org](https://socialworkersspeak.org)

# The Millennial Shift: Preparing for the Future of Technology and Mental Health

BY FRANCES GODDARD AND DIANE HARVEY

The millennial generation —those born between 1981 and 1996—generally have a reputation as being self-centered and needing instant gratification. But millennials also understand technology better than any generation that came before them, and this will be helpful for the future of mental health services and meeting the demands of technology.

In an effort to explain why the millennial generation seems to be strikingly different from its predecessors, we explored the following areas: characteristics of generations before the millennials; self-views by millennials; and speculation on the future of technology in mental health service delivery.

Television journalist Tom Brokaw dubbed those born between 1901 and 1927, “The Greatest Generation.” These members lived through and experienced hardships of the Great Depression and later either fought in World War II or worked on the home front. People at home worked in industries, or made other contributions—including selling war bonds—that resulted in winning the war. Personal responsibility, sacrifice, a strong work ethic, loyalty and courage were some of the values this group embodied.

Time magazine coined the term the silent generation (1928-1945) for the era that followed. Though it was marked by civil rights leaders and causes, many of them focused more on their careers than activism.

The baby boomers (1946-1964) picked up the activism gauntlet and transformed a society that was rampant with unequal practices for women and minorities. The qualities boomers possessed and developed included a strong work ethic, resourcefulness, competitiveness, and being highly structured.

Next in the succession was generation X (1965-1980). Women joining the workforce was blamed for a decline in births, high divorce rates, and latch-key kids. Additionally, they valued freedom, independence and self-sufficiency. During this time,



computers were introduced as a vehicle for teaching and for business use.

The turn of the century brought with it a shift so drastic it was like watching the cartoon family The Flintstones turn into the futuristic Jetsons overnight.

Society had been a century of physics, including the creation of the atom bomb and transistor radio, and use of the laser, coupled with people-driven practices like rallies and protests.

It changed into a century of the brain that introduced the





**The millennial generation is a melding of what is “human” with what is “outside of being human.”**

development of technology and artificial intelligence (AI), and was dominated by machines, gadgets, computers, and the Internet. The next generation reflected that shift.

The millennial generation is a melding of what is “human” with what is “outside of being human.” Millennials are attached to technology regularly at work and play. Not only is the cell phone a hand-held computer, camera and library, it also is a means of socializing with friends and family. A parent defined her son’s phone as an appendage to his body.

When a fellow college classmate explained to his millennial son that he was going to a reunion to spend a weekend with old comrades, the young man asked why he had to show up in person. The son explained how much money the father could save on a flight and hotel by merely setting up an online group chat session.

The father jokingly replied, “How will we drink beer?” The son could not conceptualize the importance of friends

gathering in person to hug, laugh, talk, and enjoy food and drinks!

Students from the University of Georgia School of Social Work volunteered to share self-views of their generation. Most agreed that older generations define them negatively. They listed their perceptions of the strengths and challenges of their generation.

Strengths included: ability to work on multiple tasks simultaneously; willingness to take chances; being advocates for social justice; accepting of other identities and cultures; and being mindful of self-care.

Challenges included: impatience; being inept at interpersonal skills; arrogance; being self-centered; and requiring instant gratification.

To get a picture of how technology and human cooperation must work in tandem, we need only look at China, our largest competitor. What makes them different from us is their focus on collective effort as opposed to our capitalistic culture of competitiveness and rugged individualism.

Add AI to the mix, and we see the importance of millennials learning to relate to one another and work together. If they don’t, China may well advance beyond us in these days of AI. In fact, China anticipates taking the lead in AI development by the year 2025.

Already we are seeing the impact of technology on the provision of mental health services. Telemedicine is here to stay already and telemental health must follow. A co-worker had a swollen wrist and didn’t have time to leave the office to visit the doctor. Instead, she contacted the doctor via a Skype-like

format that allowed her to hold her wrist up to the screen for the doctor to see and diagnose. Many mental health facilities are already providing services by such remote means.

The rapid way millennials—and now generation Z—can absorb and process data is needed to meet the demands of technology. Their creativity and innovation will allow them to develop means to deliver mental health services in ways that have not existed in earlier years. Our hope is that along the way, the significance of human cooperation of previous generations is maintained. 🔄



Frances Goddard, LCSW, BCD, a graduate of the University of North Carolina, Chapel Hill, is founder of Ventajas Publishing. Instrumental in the passage of social work licensing law in Virginia, she once served as president and executive director of the ASWB and supervised the administration of the first licensing exam. Learn more at [socialworkinfo.com](http://socialworkinfo.com).



Diane Harvey, LCSW, a graduate of the University of Chicago, retired from school social work. She is a writer and teaches licensure classes for Ventajas. Find her book, “Why the Snowman Melts” at [dianeharveyworks.com](http://dianeharveyworks.com).

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](mailto:swadvocates@socialworkers.org).

# Older Clients: Getting Social Work Students on Board

BY PETER CRAIG



ABOVE: At a UNC-Wilmington interprofessional “sim lab,” a social work student introduces herself to a simulated patient and family member as a nursing student looks on.

TOP RIGHT: 2018-19 GSWEC interns at their first “didactic training.”

BOTTOM RIGHT: Student gerontological social work researchers at the University of Iowa: (from left) Elizabeth Corde, Savannah Hartman and Elizabeth Byram.

Consider our rapidly aging population to be an opportunity for social work education and practice: Nearly half of the gigantic baby boomer cohort is now over the traditional retirement age of 65, and by 2029, says the Census Bureau, 20 percent of the U.S. population will top 65, up from 13 percent in 2010. The Bureau of Labor Statistics predicted 19 percent job growth for gerontological social workers between 2012 and 2022. But are there enough gerontological social work students to fill those jobs?

One main stumbling block is student attitudes. As in other quarters, ageism runs amok. Students can perceive older people as slow, forgetful, stubborn or otherwise hard to handle. “The younger students, in particular, are

all about working with kids and families, but quite intimidated by the idea of working with older adults, feeling they won’t be able to connect,” says assistant professor Susan Glassburn, of the Indiana University School of Social Work.

So how do you handle student disinterest or even distaste? By rebranding and reconfiguring.

## A New Take on ‘Old’

It’s partly about semantics. Indiana University calls its MSW gerontology course



“Practice With Older Adults.” Says Glassburn, “Instead of saying ‘seniors’ or ‘elderly’ we use less stigmatizing and more inclusive nomenclature.” The University of Washington’s School of Social Work offers “multigenerational studies” instead of “aging studies” in the hope of casting a wider net for students, says Dean Emeritus and professor Nancy R. Hooymann.

An even better strategy may be the multidisciplinary approach. After all, assisting older people is often a team effort involving doctors, nurses, social workers, lawyers, investment advisers and others. At the University of Iowa School of Social Work, professor Mercedes Bern-Klug directs the Aging and Longevity Program. Undergraduates from any discipline can earn a certificate in gerontology. “I have students from social work, business, engineering, computer sciences and nursing earning this credential,” says Bern-Klug, “but it’s housed in the School of Social Work.”

In January, Bern-Klug is launching a new multidisciplinary online course called “Health and Aging,” being taught by a nurse-social worker. In fact, all the school’s courses on aging are online, which “encourages people who might not have been all that interested in aging to take the elective



because they can easily do it online.” Meanwhile, the University of North Carolina-Wilmington School of Social Work introduced the interprofessional “End-of-Life Care” social work elective last year and is working on a health care and social work class for 2020, says school director and professor Stacey R. Kolomer.

### Gerontological Groupthink

Kolomer is also currently on the board of directors of the 39-year-old Association for Gerontology Education in Social Work, composed mainly of PhD students, professors and researchers. Among other activities, it funds the Pre-dissertation Program, which helps “ensure that students who want to do gerontological work have a network and can receive the education and mentoring they need to be the next generation of leaders in the field,” says recent past President Sara Sanders, director and professor, University of Iowa School of Social Work.

In Southern California, the Geriatric Social



Work Education Consortium (GSWEC) is made up of eight universities, plus 12 agencies that focus on gerontological social work and provide field placements for students, says GSWEC Field Coordinator Susan Salas, director of field education at California State University-Long Beach. It was launched in 2000, initially funded by the John A. Hartford Foundation (matched by the Archstone Foundation). “Leadership interns” receive a \$4,000-\$6,000 stipend from their agency; “didactic training”; and intensive field practice. Adds W. June Simmons, CEO of GSWEC’s lead agency, Partners in

Care Foundation, “It’s a specialization program—unusual in trying to get people to engage in geriatrics and get them skilled in it.”

Getting social work students interested in gerontology can sometimes be as simple as exposing them to it, says the University of Iowa’s Bern-Klug. Last summer she involved undergraduate and graduate students in her research on nursing home social workers, ensuring co-author credit. Even if they weren’t interested in the specialty before, she adds, “once they get that experience with the research, they begin to see the potential of working in aging.” 🍷



Department of Veterans Affairs

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## Boise State University: Pushing the Limits, Reaping the Benefits



Dr. Randy Magen, director and professor at the School of Social Work at Boise State University, talks about a new professional development seminar, field placements in athletic departments and a diversity audit of academic materials.

We understand that the school introduced a professional development seminar this fall.

It was to help senior BSW students and MSW students model professional behavior and equip them with tools to perform as a professional. We emphasized patience and acting with humility, and also focused students on what impressions their social media profiles might be leaving.

You now have some students doing their field placements with university athletic departments.

It reflects the departments' increasing recognition

of the need to address the psycho-social issues their athletes are confronting. Here at Boise State, for example, they hired a counselor to deal specifically with athletes. And that person was willing to take on a social work student to help out.

And how did you go about your recent diversity and inclusion audit of the syllabi, measuring to what extent students find their identities reflected in the materials?

Instead of reviewing every chapter and article to see what examples or pictures were used, we looked at the authors of the required course materials and their group identities. Bios don't say much about race, ethnicity, etc., so we put authors' thumbnail photographs into one document. You can see the distribution of men and women, and skin tones. So maybe this is a good start in telling us how inclusive we're being in our materials. 🔄

### COLUMBIA UNIVERSITY

## Nailing Down a Federal Grant, New York Style

How do you land a gigantic federal grant to fight opioid addiction? With plenty of planning and perhaps some experience.

As director of the Columbia University School of Social Work's Social Intervention Group for 20-plus years, university professor Nabila El-Bassel has obtained many grants, often in areas like addiction research and gender inequities in health care. Those efforts, she says, turned out to be great background for pursuing an \$86 million grant from the National Institute on



Professor Nabila El-Bassel (front row, fifth from right) with fellow scientists.

Drug Abuse (NIDA) to research an evidence-based intervention program that could "reduce the opioid death rate by 40 percent over three years in 16 distressed counties in New York state."

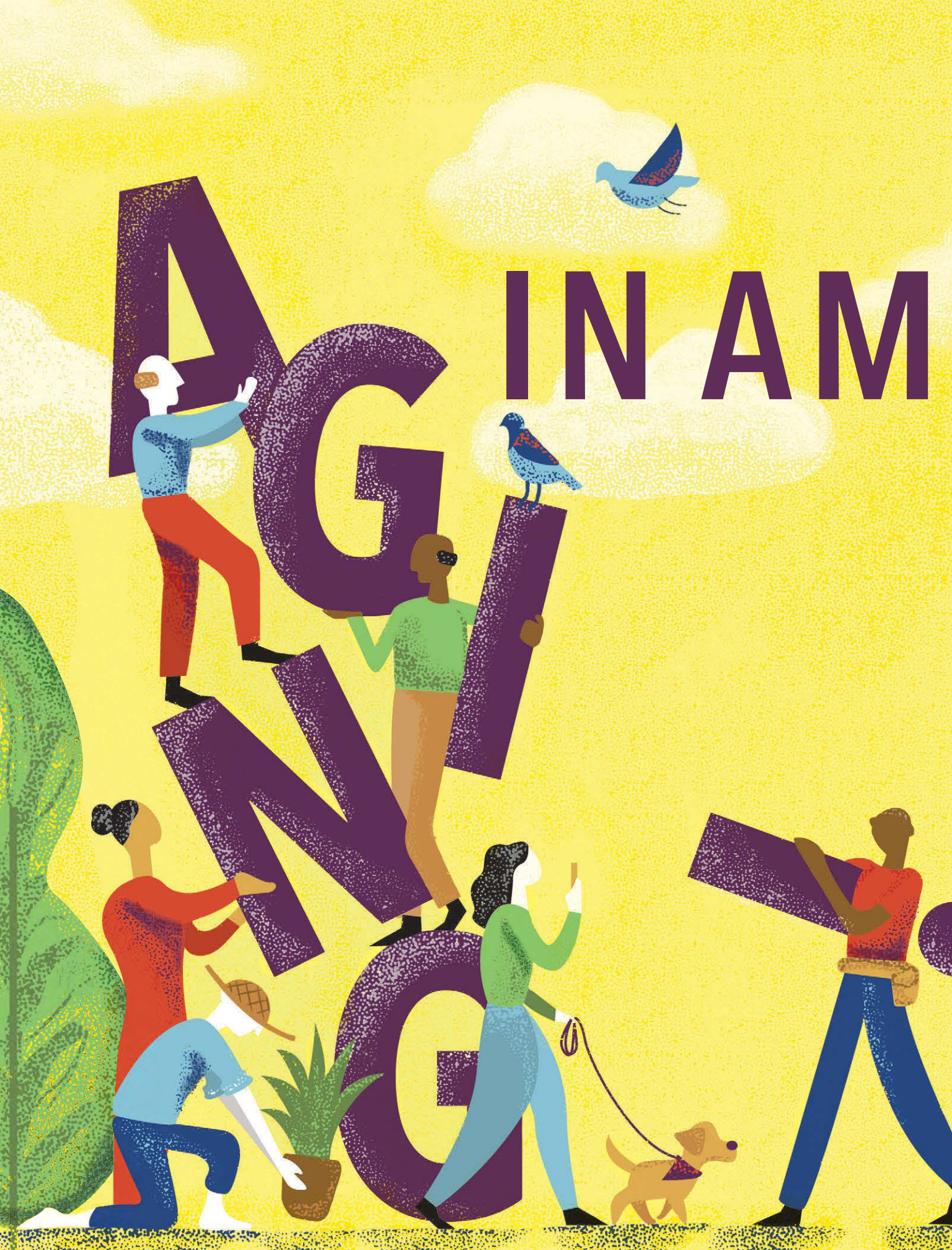
In April 2019, with the assistance of scientists from

Columbia and other, mainly New York state universities, El-Bassel received the grant for the four-year study, part of a much larger NIDA study involving the University of Kentucky, Boston Medical Center and Ohio State University in partnership with the

federal Substance Abuse and Mental Health Services Administration. Now, she has been "hiring staff, but also bringing in [master's and PhD] students to be exposed to this, which is really wonderful experience for them." 🔄



# AGG IN AM







# ERICA STAYING ACTIVE AND INVOLVED IS KEY TO PRODUCTIVE AGING

BY ALISON LAURIO

Like many countries, the United States is undergoing a vast demographic shift—with large increases in the number of older adults, one in five of whom will be at least 65 years old by 2030.

This means more social workers are needed to help with many of the issues older people face—like Alzheimer’s disease and other dementias, elder abuse, hunger, poverty, lack of housing, and social isolation. These are just a few of the challenges among the older population where social workers are involved, and where their skills will continue to be in demand.

Despite the need, there is a shortage of social workers trained in aging and a lack of interest in this area among social work students. On the positive side, the profession recognizes—and is working to correct—the workforce deficit.

Also positive are social work’s efforts to ensure older individuals remain active and engaged. That in itself not only supports those who are aging and helps them feel more vital and part of communities, it also can help change societal attitudes toward aging—which happens to us all.

## Productive Aging

One of the American Academy of Social Work and Social Welfare’s Grand Challenges for Social Work is to advance long, healthy and productive lives. Its goal is to “create opportunities, to acquire new knowledge and skills, and to utilize talents and resources in a variety of paid and unpaid roles that maximize health, foster economic security, provide purpose in life and enrich families and communities.” ([grandchallengesforsocialwork.org](http://grandchallengesforsocialwork.org))

Ernest Gonzales, MSSW, PhD, is an assistant professor at New York University’s Silver School of Social Work and a co-leader on that Grand

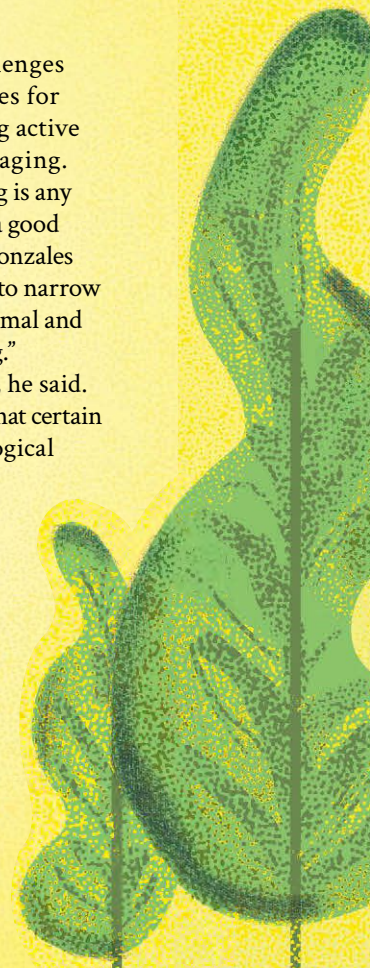
Challenge, which is one of 12 challenges identified as inspirational objectives for society in the U.S. He said remaining active and involved is part of productive aging.

“The way we define productive aging is any activity by older adults that produces a good for society whether it’s paid or not,” Gonzales said. “For research purposes, we have to narrow that broad definition: employment formal and informal, volunteering and caregiving.”

Why it is beneficial is complicated, he said. “There is a growing body of evidence that certain aspects of health, including psychological health, can have some really good benefits for an individual.”

The U.S., along with every country around the world, is aging, and some are aging rapidly, Gonzales said. “Baby boomers formally volunteering saves the nation \$60 billion per year, and it gives them purpose and drive.”

But work by family caregivers often is not acknowledged, supported or paid, Gonzales said.







“Informal caregivers, according to two sources, provide anywhere from \$100 (billion) to \$600 billion a year in services. It’s very much valued, and it’s essential to the health and well-being of people who need help. But we could do a better job in supporting informal caregivers.”

Social workers educate people and help them embrace productive aging in varied ways, he said. They advocate for certain programs like the Older Americans Act, which supports a range of services like Meals on Wheels, and legal and in-home services.

Social workers also help older adults gain employment and volunteer positions, Gonzales said. They assist veterans, those who are homeless, and those with low English proficiency in finding work.



**Social workers are on the front line assessing the capacity, needs and services this high-risk group needs.”**

**Ernest Gonzales, MSSW, PhD, assistant professor at New York University’s Silver School of Social Work**

“Social workers are on the front line assessing the capacity, needs and services this high-risk group needs,” Gonzales said. “They are right there in the trenches for them. A lot of students graduating from our (school) are out there developing programs. Social workers have a person-in-environment perspective and they see a number of ways to help create programs that help older adults.”

Their work is not without challenges, he said. “I think age discrimination is alive and well. Older workers take longer to find employment and likely have a salary that is lower. I think tackling ageism is really important.”

He pointed to an intergenerational AARP program, Experience Corps, that involves older adults tutoring and mentoring young people. “The program has documented more reading improvement, greater comprehension, and it’s better for the adults. It’s a demonstrated win-win solution.”

Many older adults want to continue to help, and many of them with higher incomes already do, Gonzales said.

“The challenge is how to get the others,” he said. “Experience Corps provides a small stipend that helps offset things like transportation. They were able to demonstrate that small stipend meant volunteers were more likely to complete the academic year, and their mental health improved. That’s a nice strategy and a triple win.”

## EARLY ENGAGEMENT

The productive engagement of older adults is a concept that came about 30 years ago, said Nancy Morrow-Howell, when people saw taking care of older adults as a drain—a dependency rather than a contribution.

Morrow-Howell, MSW, PhD, is the Betty Bofinger Brown Distinguished Professor of Social Policy at the Brown School of Social Work at Washington University in St. Louis. She teaches gerontology courses and a freshman course on aging, and is director of the Harvey A. Friedman Center for Aging. She also is a co-leader on the Grand Challenge to Advance Long, Healthy and Productive Lives.

“We focus on older adults working, providing service in communities, and formal and informal caregiving,” she said. “We focus on programs and policies that can support older persons in those roles.”

When thinking of older individuals, the attention often is on “medical conditions and all kinds of limitations,” Morrow-Howell said. “If we focus on volunteering and productive engagement, we get a different vision of the capacity of older adults. We’re looking at ways to involve people when they’re younger so they can continue that through their retirement. Getting somebody started in volunteering is easier when they’re younger, so when they separate from work, they continue volunteering.”

One of the most common ways for people to start volunteering is simple: someone asks them, Morrow-Howell said. “The benefits are clear—it’s more person power. They try to bring in people who tend to have attributes like high relationship skills and more experience generally.”

Volunteering also is “very beneficial for those volunteering,” she said. “We have evidence it contributes to their physical, psychological and cognitive health as it supplies more person power to organizations that need it. I think when younger people are exposed to service—like utilizing them on a college campus—they are likely to continue it throughout their life course. As gerontologists, our role is supporting that through retirement.”

As corporations eye more involvement, Intel has what Morrow-Howell calls an innovative program where workers considering retirement can receive a stipend and continue health benefits if they volunteer at a nonprofit in a part-time job or volunteer role.

“Donating your experience to a nonprofit is a way to ensure meaningful engagement,” she said, adding that social workers run many nonprofit organizations that are a critical part of using volunteers—and they are reaching

## ADDRESSING ALZHEIMER'S DISEASE

"Alzheimer's is the most under-recognized threat to public health in the 21st Century," said Dr. David Satcher, a former U.S. surgeon general and director of the Centers for Disease Control and Prevention.

While initially seen as an aging issue, Alzheimer's disease "meets the three-point criteria for identifying a public health issue," because the burden is large, the impact is major, and there are ways to intervene, according to the Alzheimer's Impact Movement.



### LARGE BURDEN:

- More than 5 million Americans have Alzheimer's.
- As the most expensive disease in America, costs exceed a quarter of a trillion dollars per year.
- It is growing. The number of people living with Alzheimer's is projected to triple to as many as 16 million in 2050, and the costs are expected to rise to more than \$1.1 trillion.

### MAJOR IMPACT:

- Alzheimer's caregivers have more than \$11 billion in additional health care costs every year.
- Among people with dementia, one in every four hospitalizations is preventable.

- Two-thirds of the health and long-term care costs associated with Alzheimer's care are borne by Medicare and Medicaid.

### INTERVENTION:

Public health officials can use traditional tools and techniques to improve quality of life for those living with Alzheimer's and to reduce its associated costs. These include primary prevention, early detection and diagnosis, data collection, and access to quality care and services.

### THE BOLD ACT

Signed into law on Dec. 31, 2018, the bipartisan BOLD Act establishes Alzheimer's Centers of Excellence

nationwide to expand and promote interventions. It provides funding to carry out the Public Health Road Map that promotes early detection and diagnosis, reducing risk and preventing avoidable hospitalizations. It also increases the analysis and reporting of data on cognitive decline and caregiving to inform future public health actions. The act authorized \$100 million over five years to carry out public health activities addressing Alzheimer's and other dementias. Congress must fully fund the law by providing \$20 million in fiscal 2020 for the CDC.

— *From the Alzheimer's Impact Movement: alzimpact.org*

out to older adults. They also can deliberately develop programs that recruit and benefit from older adults.

"We've been pushing this concept for 20 years, so it's not new," Morrow-Howell said. "There is more awareness now that people need to be purposely and meaningfully engaged to have a healthy life. Now we can help by making sure those people are engaged."

There are some new ideas about how to support older people in these roles, she said. "We need to focus on what older Americans can and want to do. It's a contribution I think we need to keep growing. I think productive engagement works. We need to—and want to—work longer."

Social workers interested in this can first figure out what is going on in their communities. United Way, for example, has a lot of volunteers. Area Agencies on Aging also know what's happening, and they have experience surveying communities to determine where there are volunteers and where they are needed, she said.



**There is more awareness now that people need to be purposely and meaningfully engaged to have a healthy life. Now we can help by making sure those people are engaged."**

**Nancy Morrow-Howell, MSW, PhD, professor,  
Brown School of Social Work**

### WORKFORCE SUPPORT

The Eldercare Workforce Alliance has 35 members, including NASW and other national organizations representing consumers, family caregivers and health care professions. It addresses workforce issues like recruitment, training, and compensation and retention; and provides information and support to consumers and family caregivers, its website states.





THE MODELS THAT DO BEST ARE  
THE ONES THAT ARE CONNECTED  
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SOCIAL WORKERS ARE AN  
IMPORTANT PIECE FOR THAT.”

Amy York, executive director of the  
Eldercare Workforce Alliance





Amy York, executive director of the alliance, said her organization was established more than 10 years ago after a National Academies of Sciences, Engineering and Medicine report stated the country was underprepared to care for older adults and the baby boomer population.

The federal government's Health Resources & Services Administration's Geriatrics Workforce Enhancement Program also was established then, she said. "A lot of the workforce is not trained in geriatric care. Because the health care system is so siloed with specialists on specific diseases, it makes it much more difficult to care for the whole person. All the money flows toward the acute side and little flows to the social and long-term needs."



**What needs to change is we need to fund the social needs of adults. That's where social workers have a critical role."**

**Amy York, Eldercare Workforce Alliance**

"That's key here," York said. "What needs to change is we need to fund the social needs of adults. That's where social workers have a critical role."

Social workers play an important part in older adult care, including care coordination and mental and behavioral health, she said. "There are not enough psychologists, psychiatrists and social workers trained in this, especially as the baby boomers continue to age."

Mental and behavioral health is an important area, as is dementia, she said. Research around what the best models for care are—and getting those implemented community-wide—is also vital.

"When we get to 85 and older, that's when we get to the need, and social workers will be key to making that work," York said. "The models that do best are the ones that are connected with communities. I think social workers are an important piece for that."

York believes the issue of caring for older adults is a crisis all over the country and deserves national attention.

"I think we need to urge caregivers to talk about their experiences, because they're the voices who are going to make the biggest difference for most of us at some point in time," she said. "Ultimately, to address this issue, elected officials have to hear that this is a problem. ...The general public needs to be more aware of it. Most people, unfortunately, become aware of it when it becomes a crisis in their own life."

## AGING FACTS

Baby boomers are reshaping the older population in America by driving the current growth of the 65 and older age group, according to a June fact sheet from the Population Reference Bureau.

In a key-findings update from 2015, the bureau found the number of Americans age 65 and older is projected to nearly double from 52 million in 2018 to 95 million by 2060, and its population share is projected to increase from 16 percent to 23 percent.

The older population is more diverse racially and ethnically, and the non-Hispanic white portion of the population is projected to decrease from 77 percent to 55 percent, it states.

Other developments include increased education levels and average U.S. life expectancy, and the gender gap in life expectancy has narrowed from seven years in 1990 to five years in 2017.

Also positive is that the poverty rate for those 65 and older has dropped to nine percent today from nearly 30 percent in 1966.

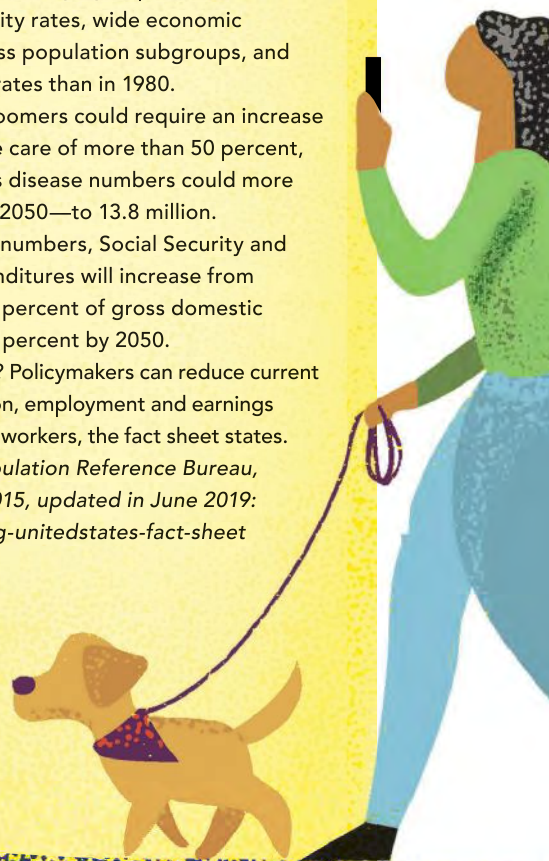
Challenges for the age group include increasing obesity rates, wide economic disparities across population subgroups, and higher divorce rates than in 1980.

Aging baby boomers could require an increase in nursing home care of more than 50 percent, and Alzheimer's disease numbers could more than double by 2050—to 13.8 million.

With growing numbers, Social Security and Medicare expenditures will increase from a combined 8.7 percent of gross domestic product to 11.8 percent by 2050.

What will help? Policymakers can reduce current gaps in education, employment and earnings among younger workers, the fact sheet states.

—From the *Population Reference Bureau*, December 2015, updated in June 2019: [prb.org/aging-unitedstates-fact-sheet](http://prb.org/aging-unitedstates-fact-sheet)







## 65 YEARS AND OLDER

The American Community Survey report published by the U.S. Census Bureau in October 2018 covers “The Population 65 Years and Older in the United States: 2016.” It includes population numbers, demographic characteristics, marital status, living arrangements, disabilities, economics and more.

### POPULATION

- Lower fertility and increased longevity have led to the rapid growth of the older population across the world and in the United States.
- In 2015, among the 7.3 billion people estimated worldwide, 617.1 million (9 percent) were aged 65 and older.
- By 2030, the older population will be about 1 billion (12 percent of the projected total world population), and by 2050, 1.6 billion (17 percent) of the total population of 9.4 billion will be 65 and older.
- The rapid growth of the older population contrasts with an almost flat youth population (under age 20) and moderate increase in the working-age (aged 20 to 64) population projected over the same period.
- The U.S. older population grew rapidly for most of the 20th century, from 3.1 million in 1900 to 35 million in 2000. Except during the 1990s, when the relatively smaller Depression Era cohort of the 1930s reached the age of 65, the growth of the population 65 and older surpassed that of the total population and the population under the age of 65.

- The U.S. will experience further expansion of the older population for many decades to come, fueled by the baby boom cohort that began turning 65 years old in 2011.

### DEMOGRAPHICS

- The American Community Survey estimated there were 49.2 million people age 65 or older in the United States in 2016.
- More than half (58 percent) were ages 65 to 74.
- There were 14.3 million, or 29 percent, who were 75 to 84 years old.
- There were more older females (27.5 million) than males (21.8 million).
- The disparity in numbers between the sexes increased with age.
- Nearly twice as many females (4.1 million) as males (2.2 million) were 85 and older.

### MARITAL STATUS

- In 2016, most males and females age 65 and older had been married at some point in their lives.
- More than twice as many women age 85 and older were widowed compared with men of the same age.

### LIVING ARRANGEMENTS

- In 2016, the likelihood of living in a family household diminished with age.
- Older people were far more likely to live alone and in group quarters with age.
- About 55 percent of the older population living alone had access to the Internet, compared with 84 percent of those living in a family household, and 77 percent living in a non-family household.

### DISABILITIES

- Serious difficulty walking or climbing stairs was the most prevalent disability for all older population groups.
- Ambulatory difficulty was present in more than 15 percent of those ages 65 to 74, more than 25 percent in ages 75 to 84 and almost half of those ages 85 and older.
- About 69 percent of those 85 and older had at least one type of disability. The disabilities include vision, hearing, ambulatory, cognitive, self-care and independent living.

### ECONOMICS

- Labor force participation decreased with age, but more males than females remained in the labor force.
- Older men (43 percent) had greater employment in management, business, science and arts occupations, consistent with their educational attainment, than older women (38 percent).
- Older men and women ages 65 to 74 had higher median earnings in the past 12 months compared with workers 16 and older.
- Among those 65 and older, Social Security was the most common type of household income.
- Women 85 and older had the highest poverty rate among the older population—13 percent to the males’ 8 percent.

The full report is at: [census.gov/content/dam/census/library/publications/2018/acs/ACS-38.pdf](https://www.census.gov/content/dam/census/library/publications/2018/acs/ACS-38.pdf)





## ELDER ABUSE

Hundreds of thousands of adults over age 60 are abused, neglected or financially exploited every year. It can happen at their home, a family member's house, a nursing home or an assisted-living facility. Types of abuse include physical, emotional, neglect, abandonment, sexual and financial.

Some men are abused, but most victims are women. Older people who have no family or friends nearby and people with disabilities, memory problems or dementia are likely targets. It can happen to any older person, but those most often affected are people who depend on others for help with everyday activities, including bathing, dressing and taking medicine. Those who are frail also may appear to be easy victims. Signs of abuse or neglect include:

- Trouble sleeping
- Seems depressed or confused
- Loses weight for no reason
- Acts agitated or violent
- Becomes withdrawn
- Stops taking part in activities he or she enjoys
- Has unexplained bruises, burns or scars
- Looks messy, possibly has unwashed hair or dirty clothes
- Develops bed sores or other preventable conditions

Abuse can have long-term effects. Any kind of abuse can leave the mistreated person fearful or depressed. The victim sometimes thinks the abuse is his or her fault. Counseling and support groups can help heal emotional wounds.

— From the National Institute on Aging: [nia.nih.gov/health/elder-abuse](http://nia.nih.gov/health/elder-abuse)

### STUDENT PERCEPTIONS

Former NASW President Gary Bailey, DHL, MSW, ACSW, is the assistant dean for Community Engagement and Social Justice and a professor of practice at the College of Social Science, Public Policy and Practice at Simmons University in Boston. He said there are not as many social workers going into working with older adults “as the population data would indicate we need.”

Bailey himself initially wanted to work with children, so that he might have his summers off. But when Massachusetts passed a law capping property taxes, that meant less money in municipal budgets, including schools. A grad school classmate suggested a program that worked with older people at risk, and Bailey jumped at the opportunity.

He says moving into the aging field was the best thing he ever did, and he now normalizes aging as part of life with his students. This has meant not to be afraid of his own aging and to focus on starting where people are—whether they're 100 or 63 years old.

A lot of young people may tend to shy away from older people, saying they sit around reminiscing, Bailey said. But he added that everyone reminisces, including young people who may share stories from high school or college—of times when life made sense, and they felt safe and happy.

Morrow-Howell and Gonzales also say not many students consider working with older adults.

Gonzales said students do not receive a wide-ranging background in aging, because of the tendency to focus on disease, disability and decline.

“The Grand Challenge has a balanced perspective: Aging is not a sign of disease,” he said. “I think as social workers we need to emphasize the strengths of aging adults. I think if we emphasize that, students would be more interested in aging and how they can help not only their lives but the entire family's life. It's a great opportunity to get into the aging field.”

*(Leigh Glenn contributed to this article.)*




A vibrant, stylized illustration of diverse people in various activities. In the top left, a man in an orange shirt and blue pants carries two blue bags, while a woman in a blue top and green pants carries a blue bag and a blue object. In the middle left, a man in a blue suit and yellow tie talks on a phone and holds a document. In the center, a woman in a blue top and light blue pants carries a tray with a vase of yellow flowers and a plate of food. In the bottom center, a woman in an orange top and blue pants carries a blue bag. In the bottom right, a woman in a green top and blue pants carries a large orange bag. The background is a textured green and yellow gradient with large blue and orange floral patterns in the corners.

AGING IN AMERICA:

# Need for Caregivers **GROWS** as Population Ages

By Leigh Glenn





**When Mandy Weirich's father became ill, he ended up in a nursing home—where he was neglected. Fortunately, another bed in another nursing home was secured, but it was three hours from Weirich. This reduced her weekly visits to monthly and caused those visits to take an entire day.**

Weirich, a licensed social worker with an MSW, coordinates the MSW online program at West Virginia University and is a clinical instructor. She already was caring for her mother and two teens at home, and there was no way for her father to move in with them and get the kind of care he requires, she said.

Despite her experience as a social worker with adult protective services and all of her knowledge of the system—Medicaid, nursing homes, and the ins and outs surrounding aging—when an error happened with Medicaid and disqualified her father from coverage of nursing home services, she said she “just sat here and cried. The emotional toll is incredible.”


As the U.S. population ages, the need for family caregiving—as well as social workers to help care recipients, caregivers and their families navigate the system and find support—also will continue to rise.

The joint AARP Public Policy Institute-National Alliance for Caregiving report “Caregiving in the U.S. 2015” estimated that 34.2 million Americans had provided unpaid care to an adult, 50 years or older, in the 12 months prior to being surveyed. Sixty percent were women and those involved in higher-hour caregiving were usually spouses taking care of spouses.

One glaring problem, whether care recipients live in rural areas, suburbs or cities, is the potential for deepening social isolation that can come with age—even though isolation can be present at any age. Job loss, age-related injuries and chronic illness or degeneration can all play roles in isolating older adults who then need care. But the same dynamics also can affect family members, whose caregiving work has an opportunity cost of \$522 billion annually, according to a 2014 report from RAND Corp., based on time-use surveys of Americans in 2011 and 2012. The figure represents estimated income losses.

“It is hard work and frequently unpaid,” says Sherry Saturno, LCSW, LNHA, DCSW, executive director at Gramatan Village in Bronxville, N.Y. “It can often be lonely and isolating. Caregivers are at risk for developing depression and may feel guilty, despite their best efforts to care for a loved one. They may feel angry, frustrated and burnt out. Loved ones with dementia may no longer recognize their caregivers or be able to communicate verbally with them.”





A son, daughter or other relative may not live in the geographically boundaried Naturally Occurring Retirement Community, or NORC, where the care recipient lives. But if that community has elected to provide services, such as assessing the home and wellness of the person in need, it may also assist caregivers by educating them as to what resources are available.

An antidote to social isolation would be more integrated, demographically mixed communities. NORCs are one model of these communities where a higher percentage of older adults or retirees lives. NORCs can formally become part of the Village Movement ([vtvnetwork.org](http://vtvnetwork.org)), which allows them to register as nonprofit membership organizations that help to direct services, such as transportation, home repairs and modifications that improve safety.

Gramatan is one such community. Saturno facilitates support groups and supportive counseling. And Gramatan serves as a field placement for graduate and undergraduate social work interns, who co-facilitate groups and activities, take part in face-to-face meetings with members, and accompany them on social and cultural outings.

**I don't think that people in general realize the amount of work in terms of energy and care that the aging population requires."**

— Pamela Braun, Geriatric Assessment Management and Solutions

"At Gramatan Village, we meet with members, families and caregivers to review each individual's unique needs," Saturno said. "This includes an overview of psychosocial needs, community-based supports, activities of daily living, social and cultural preferences, transportation issues and caregiving needs."

Among Gramatan's programs, the Well-Spouse group provides support and education for spouses or partners of loved ones who have dementia or a serious illness. Gramatan also is part of the [daughterhood.org](http://daughterhood.org) program and runs a Daughterhood Circle for small groups of women with aging parents who meet regularly to help one another.

"Women especially find themselves in caregiving roles while simultaneously balancing careers, relationships and children," Saturno said. "In this type of supportive and nonjudgmental environment, women are free to express stress and frustration, explore feelings of guilt and isolation, and laugh and/or cry with other women who understand what they are going through."

From there, the women often develop friendships and express their gratitude for having someone who understands and the knowledge they are not alone, she added.

Pamela Braun, MSW, LCSW, C-ASWCM, LF, has spent her entire career in the field of aging, working first in medical psychology at Mayo Clinic in Minnesota before moving to Phoenix and starting Geriatric Assessment, Management and Solutions LLC, or GAM. She became interested in gerontology on the advice of an instructor who suggested that was the way things were going. But Braun has always loved working with older adults.

"When you work with children, there is a set of issues but (they've had) less time on this Earth," she says. "And older folks have a lot of time to have family issues—it's amazing."

Many of the patients and clients GAM works with come from elsewhere—often to get away from family—and they may not want to return to Wisconsin or Ohio. Seeing a need prompted Braun to develop a business around aging lifecare services. Some older adults are too ill to return home, even if they want to. And others keep coming from places like California to obtain a lower cost of care.

Money often is at the center of family conflict. A lot of older adults worry about the quality of care they might receive if their adult children turn to the cheapest place—so much so that Braun has helped many appoint independent professionals to hold a health care power of attorney.

Like Saturno, Braun says we are not prepared to take care of older adults. "I don't think that people in general realize the amount of work in terms of energy and care that the aging population requires. If you're a caregiver for someone, there's an emotional toll as well, besides financial, physical—if they're having to lift someone."

Although care plans for family caregivers do not exist in some settings, plans for care recipients should consider the needs of caregivers.

"Not following these interventions for having boundaries, outside interests, taking care of their own needs lead to high levels of burnout, hospitalizations and, in some cases, death," Braun said. "I have seen caregivers present in the ER with their spouse saying that they have been putting off their own cardiac surgery due to their caregiving role. The caregivers are putting their own health at risk and may die prematurely—and the care recipient still needs to then be placed."

Weirich knows from her own experience how hard it can be to make time for eating well and exercising. Often, she says, surviving caregivers undergo a severe decline after the care recipient dies. This happened with Weirich's own mother, who had encouraged Weirich to work with adult protective services. After Weirich's



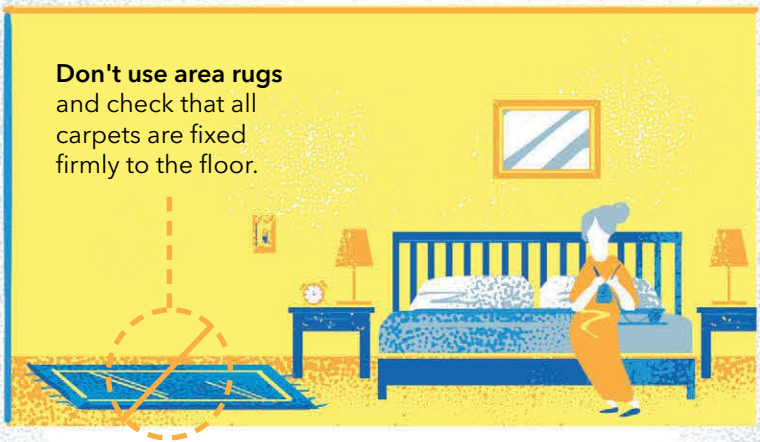
# AGING IN PLACE

## TIPS ON MAKING HOME SAFE AND ACCESSIBLE

Many adults want to stay in their own homes. The National Institute on Aging provides information for older Americans who want to “age in place,” including tips on making homes safe and accessible and information on how to make changes that allow people to maintain their independence.

A few changes could make your home **easier and safer** to live in and help you continue to live **independently**.

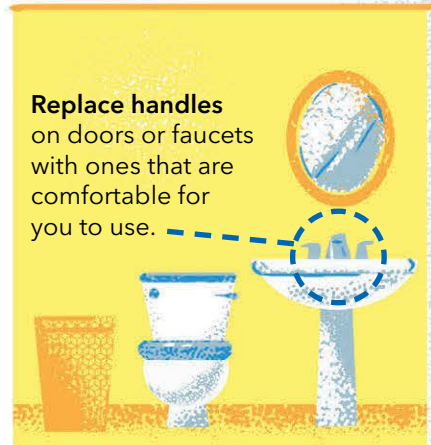
**Don't use area rugs** and check that all carpets are fixed firmly to the floor.



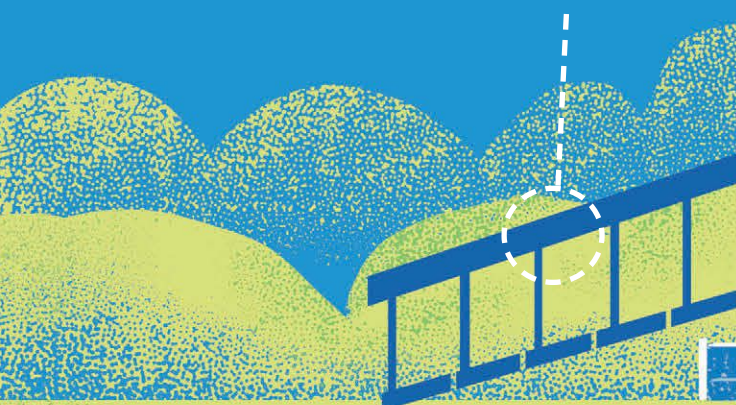
**Install grab bars** near toilets and in tub or shower.



**Replace handles** on doors or faucets with ones that are comfortable for you to use.



**Install a ramp** with handrails to the front door.



**Reduce fall hazards:** Place no-slip strips or non-skid mats on tile and wood floors or surfaces that may get wet.



**Place light switches** at the top and bottom of stairs and remember to turn on night lights.





The need for community grows more important with age, especially when family caregivers are far away.



maternal grandmother died, her mom became ill and did not get to do the things she had planned.

Lack of self-care also may lead caregivers to neglect care recipients. Weirich has seen this in her work with APS, which she describes not so much as “being the heavy,” but getting involved to educate and provide resources. It’s about both care recipients and caregivers knowing when they can’t do anything anymore and planning for that.

“Respecting their right to self-determination is good, but at what point do you know by not pushing for more care are they being neglected? ... It’s unfair to think you won’t go into a nursing home,” she says. People should be touring them and seeking them out to get an idea of what they want for themselves and for their loved ones.

The planning also includes having advance directives in place, understanding medical and financial powers of attorney, and when the care recipient may need a conservatorship or guardianship, Weirich adds.

Braun, too, encourages caregivers of her clients to take care of themselves. A caregiver plan might include focusing “on their own physical, mental and spiritual health by creating long-term and short-term goals and interventions,” and include maintaining relationships and activities that “fill their cups back up,” she says.

Caregiving also comes with rewards, including “valuing every day as a gift with someone,” says Saturno.

Yet a world of difference exists between caring for a child versus an adult. “Usually, you take care of someone sick to get them better,” Weirich said. But as her boss says, caring for older adults is a “long, strenuous road that only ends in heartbreak. The only relief is the parent’s dying—not getting better or going back to the days when they’re able-bodied.”

Even if caregivers know this, they may not have come to grips with it emotionally. Social workers may help them do so by emphasizing self-care and support.

Caregivers often may feel wracked by guilt. Worse is when others add to that feeling. Training can help social workers keep an open mind, stay objective and not have preconceived notions about the father who lives with alcoholism or the mother who has bipolar disorder.

When the crisis with her father came out of nowhere, Weirich’s son was graduating, she had just changed jobs, and also was working to help her mother. She had missed a lot of work, something common among caregivers. One social worker berated Weirich on the phone for not stepping up to help her father, with whom she has a strained relationship.

Weirich recalls telling the social worker, “I will do what I need to do to take care of him, but asking me to go in and be an actual caregiver for him is not going to happen.” You can’t judge what people are going through. If they don’t want to care for somebody, that’s up to them. They

have to do what’s best for them and if they say they can’t, we shouldn’t expect them to.”

Weirich worked with a family whose terminally ill mother had a feeding tube, and the question arose of whether to remove the tube. The husband had dementia and had been abusive, and should not have been making decisions, Weirich says. But none of the adult children, in their 30s and 40s, wanted to step in. They “still feared Dad that much. You just never know what kind of trauma has been there and that should be respected.”

GAM develops plans of care for clients and their families and also holds accountable the people providing the care, including professional caregivers. Not everybody can do the kind of work that GAM provides, because it means being creative and thinking outside the box when it comes to planning and interventions.

It also means keeping informed about what kinds of services exist that anyone may take advantage of but families may not know about.

Robust programs that boost quality of life assess and help improve mental health. Sun City, which was the first 55-plus community in the U.S, offers a variety of activities and clubs. But even so, as people age, their worlds begin to shrink, Braun says, as family and friends die and they are less mobile. The need for community grows more important with age, especially when family caregivers are far away.

Despite these challenges, later life can be a time for continued growth and intergenerational enrichment. In fact, people like Weirich see potential economic opportunities involving an expanding aging population.

Building houses that are accessible for everyone, creating communities that are friendly to older walkers, bikers and parents with strollers—“We’re ripe for that kind of progress,” she says. “We’ve just got to change priorities on a national level.”

Certain programs offer hope. New York, for example, created the Medicaid-based Consumer-Directed Personal Assistance Program, which enables older adults to choose the caregiver they want—including friends and family—as *paid* caregivers. This “alleviates the stress and anxiety that often accompanies strangers coming into one’s home,” says Saturno, while also helping to offset the cost of care for caregivers. 🍌

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#### RESOURCES:

NASW: [socialworkers.org/practice/aging](https://socialworkers.org/practice/aging) and [socialworkers.org/careers/specialty-practice-sections/aging](https://socialworkers.org/careers/specialty-practice-sections/aging)  
AARP-NAC report: [caregiving.org](https://caregiving.org)  
RAND study: [rand.org/pubs/external\\_publications](https://rand.org/pubs/external_publications)  
Eldercare Locator (includes services for family caregivers): [eldercare.acl.gov/public/index.aspx](https://eldercare.acl.gov/public/index.aspx)



# NASW Active in Immigration Policy

BY PAUL R. PACE

Since President Trump took office, 644 administrative changes have been made to the nation's immigration system. On average, that equates to a change each business day since the Trump administration began, said Sergio Gonzales, deputy director of the Immigration Hub, a national organization dedicated to advancing fair and just immigration policies.



Members of the Immigration Hub meet at NASW's national office to discuss the latest trends in addressing immigration reform and policy.

That is why it's more important than ever for participants of the Immigration Hub's member organizations to speak with one voice and with clarity, Gonzales said.

NASW is a member of the Immigration Hub and recently hosted the coalition's monthly in-person meeting at NASW's national office in Washington, D.C., with about 100 participants.

For example, attendees were alerted to the latest Deferred Action for Childhood Arrivals

(DACA) activities. They learned the U.S. Supreme Court will hear oral arguments this year on the legality of the Trump administration's efforts to end the DACA program.

Attendee Sanaa Abrar, policy and advocacy manager at United We Dream, discussed the #HomeIsHere campaign. Part of its goals is to share stories about the lives of some of the 800,000 youth immigrants who will be impacted by the Supreme Court decision.

This is about amplifying stories about why home is here, Abrar said.

In another immigration advocacy update, NASW celebrated a federal judge's decision to block the Trump administration from implementing new regulations that would have given the Department of Homeland Security the ability to detain migrant children with their parents for indefinite periods. Such an extension of detention would have been a major departure from the Flores Settlement of 1997, which forbade the government to detain children for more than 20 days.

NASW joined several other national child-welfare organizations in signing on to the amicus brief in the case, *Jenny Lisette Flores, et al., v. William Barr, Attorney General of the United States, et al*, and heard before the U.S. District Court for the Central District of California.

The brief argued successfully that the Trump administration's final rule irresponsibly counters various court decisions implementing the Flores Settlement Agreement and

ignores the recommendations of its own Department of Homeland Security advisory committee that "detention or the separation of families for purposes of immigration enforcement or management are never in the best interest of children."

NASW CEO Angelo McClain said the policy would have caused irreparable traumatic harm to children.

"Changing the Flores rule is not only irresponsible but reflects a willful disregard for the safety and emotional well-being of these children," he said.

**NASW CEO Angelo McClain said the policy would have caused irreparable traumatic harm to children.**

"We are elated with the ruling and happy to be part of the coalition that fought the rule," added Melvin Wilson, NASW senior policy consultant for Social Justice and Human Rights. 🗣️

## National Study Highlights Importance of Social Determinants of Health

A newly released national independent study supports social work’s valuable contributions as specialists in providing social care, especially in promoting health equity and access.

The National Academies of Sciences, Engineering and Medicine released “Integrating Social Care into the Delivery of Health Care: Moving Upstream to Improve the Nation’s Health” in late September.

NASW and the NASW Foundation were among the sponsors of the study, which took more than a year to complete.

Social workers have been leaders in addressing the social determinants of health, particularly as they relate to economic stability, education, social community context,

health care access and environmental factors.

NASW CEO Angelo McClain said social determinants of health account for more than 50 percent of health outcomes.

“It is therefore important to acknowledge the valuable role of social workers in improving the nation’s health,” he said. “As the study notes, social workers are specialists in providing social care.”

Among the report’s recommendations is that U.S. health care organizations “should include social care providers— such as social workers, community health workers, home health aides, and gerontologists— as an integral part of health care teams.”

NASW Social Work Pioneer® Robyn Golden,

associate vice president of Population Health and Aging at Rush University Medical Center, served on the Committee on Integrating Social Needs Care into the Delivery of Health Care to Improve the Nation’s Health.

As the study notes, social workers are specialists in providing social care.

“It was truly gratifying to participate in this consensus report and work with prominent, nationally recognized professionals from across the health care spectrum,” she said. “As the study articulates, social workers

are essential in this arena, and in creating partnerships between the medical and social service worlds.”

McClain said policymakers on the local, state and federal levels should pay careful attention to the study.

“We look forward to continuing to partner with these and other key stakeholders to ensure that the study’s recommendations are realized, for the benefit of people from all walks of life,” he said.

Look for an in-depth feature article about the study and its implications in the next issue of Social Work Advocates. 🎧

## In Remembrance: Barbara W. White



NASW and the NASW Foundation mourn the death of Barbara W. White,

who died in July at age 76. She served as president of NASW from 1991 to 1993.

White, an NASW Social Work Pioneer®, also served as vice president

of the association as well as chaired the National Program Committee, the Competence Certification Board, and the first National Conference on Minority Issues. She helped develop NASW’s Specialty Practice Sections. Regionally, she served as president of the NASW Florida Chapter.

Prior to becoming dean of the University of

Texas-Austin School of Social Work, White was an associate professor and director of the Master of Social Work Degree Program at Florida State University School of Social Work.

She was the first person to serve as president of both NASW and the Council on Social Work Education.

The NASW Florida Chapter named White

Social Worker of the Year, and she received the International Rhoda G. Sarnat Award from the NASW Foundation for significant contributions to advance the public image of professional social work.

In addition, White was chosen to participate in a Fulbright-sponsored project on women’s issues in India. 🎧



## In Brief

### Former NASW President Named Assistant Dean



Former NASW President Gary Bailey has been promoted to assistant dean for Community Engagement and Social Justice in the College of Social Science, Public Policy and Practice at Simmons University.

Bailey, an NASW Social Work Pioneer®, has taught in the Simmons School of Social Work since 1999.

The school noted among his many on-campus activities, Bailey directs the Urban Leadership Certificate in Clinical Social Work and coordinated the Dynamics of Racism and Oppression sequence.

He chaired the Simmons University Black Administrators, Faculty, and Staff Council and the School of Social Work Awards Committee; was a member of the Simmons Diversity and Inclusion Advisory Council; co-chaired the Simmons College Initiative on Human Rights and Social Justice; and was a member of the Simmons Faculty Senate.

“Gary’s extensive experience in the community reflects his unquestioned leadership in the area of race and justice,” said Stephanie Berzin, dean of the College of Social Science, Public Policy and Practice. “Through his work and his intellect, he consistently engages students, faculty and community members towards collaboration to solve today’s most challenging problems. He is uniquely qualified for this key role in furthering the mission of Simmons.”

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SOCIAL WORK IN ACTION


## Circle of Life Awards

BY PAUL R. PACE




NASW continues to be a co-sponsor of the Circle of Life Awards, which celebrate outstanding programs that provide palliative and end-of-life care. NASW California

Executive Director Janlee Wong, pictured third from left, attended the awards ceremony in San Diego on behalf of NASW, and three NASW members are on the Circle of Life


Committee: Deirdre Downes, Karen Bullock and Shirley Otis-Green. Learn more about those who were honored at [bit.ly/2AFcWUP](https://bit.ly/2AFcWUP). 

### Background Check Advocacy

NASW sent out an Advocacy Alert to social workers, urging them to contact their senators to encourage them to pass the Background Check Expansion Act (S.42). Specifically, the act prohibits a firearm transfer between private parties unless a licensed gun dealer, manufacturer

or importer first takes possession of the firearm to conduct a background check. Studies indicate that approximately 25 percent of all gun sales in the U.S. may occur without a background check. The legislation would close this loophole, the alert states. 

## NASW National Conference

NASW will hold its 2020 National Conference June 14-17, 2020, in Washington, D.C. The event, titled “Social Workers Make a Difference,” will be an opportunity to engage with more than 2,000 social workers, like-minded professionals, and social work thought leaders for four days. Attendees will hear from internationally renowned keynote speakers and can advance professional development and continuing education, network, and participate in conversations about the latest issues social workers face. Registration opens in January. Learn more at [socialworkers.org/2020conference](https://socialworkers.org/2020conference). 





THE PROFESSIONAL—CLINICAL PRACTICE

## Resource Promotes Engagement in Climate Change Awareness, Actions



**It can be challenging to establish a direct connection between climate events and our daily lives when these concepts feel distant and people may feel that they are unable to contribute to solutions."**

Rising temperatures, extreme weather events, transmission of illness and disease, access to food and water, and changing agricultural patterns are examples of how the planet is reacting to climate change.

Although it is a global issue, it touches each person individually, says Carrie Dorn, NASW senior practice associate, in a new NASW Practice Perspective titled "Climate Change and Health: A Call to Social Workers."

The document, available at [bit.ly/2lnU2Oj](https://bit.ly/2lnU2Oj), outlines how social workers are likely encountering situations in everyday

practice that are connected with climate change.

"It can be challenging to establish a direct connection between climate events and our daily lives when these concepts feel distant and people may feel that they are unable to contribute to solutions," the perspective says. "However, becoming prepared and learning to mitigate the negative consequences of climate change can make people feel empowered."

Communities also are victims of the changes in climate. With less resources and capital, they are likely to be disproportionately affected in a negative manner.

The mental health impacts of extreme weather events are numerous. They include post-traumatic stress disorder, feelings of loss and grief, and long-term emotional and social consequences due to these changes.

For children who experience extreme weather events, distress and anxiety can persist and affect healthy development.

A rise in extreme temperatures may limit the enjoyable outdoor activities that individuals take part in for emotional and physical health.

For certain populations, such as farmers and agricultural workers,

In addition to physical health risks and lingering mental health consequences, these events strain community resources.

climate change can have a direct effect on employment and economic stability.

New studies have linked stress, depression, and suicide with higher temperatures and predict that suicide rates are likely to rise with global warming.

In addition to physical health risks and lingering mental health consequences, these events strain community resources. Natural disasters cause

displacement and can affect community infrastructure.

### Social Work Approaches

The resource offers ways social workers can integrate environmental issues into their practice settings. Suggestions include:

- Consider environmental contributors to presenting health issues. In relation to presenting health issues (for example, asthma, heart disease, chronic

obstructive pulmonary disease), consider the environmental factors that may exacerbate the condition and discuss them with the client or family.

- Identify accessible resources and tangible solutions such as assistance with heating and cooling indoor spaces.
- Encourage clients to begin the conversation with treating medical professionals. Medical providers are important resources to understand the physiological impact of environmental factors on health issues.
- Help families prepare for extreme weather in their community.
- Provide supportive counseling to help clients adjust to health conditions created by environmental factors.
- Provide resources to learn and get involved. “Social workers can help make the connection between individual health issues and larger trends,” the perspective says. “Each person can connect climate trends to health conditions in a way that is personally meaningful. Research shows that a direct, tangible connection shapes opinions on climate change.”

## Clinical Brief

### Practice Alert

NASW issued a Practice Alert called “Congressional Black Caucus and Mental Health Professionals Seek to Address Racial Disparities in Access to Behavioral Health.”

It is available at [socialworkers.org/practice/behavioral-health/behavioral-health-tools](https://socialworkers.org/practice/behavioral-health/behavioral-health-tools)

Written by Takia Richardson, senior practice associate at NASW, it highlights data that show an increase in the rates of suicide among black youths ages 5 to 11.

To address this trend, the Congressional Black Caucus formed the Emergency Taskforce on Black Youth Suicide and Mental Health. The task force organized a workgroup comprising mental health professionals in social work, psychiatry and psychology to study the issue and devise legislative recommendations.

In addition, a bill has been introduced—H.R. 480—that calls for the U.S. Department of Health and Human Services and the National Institute on Minority Health and Health Disparities to research the issue and identify tactics that can be implemented to improve access to mental health services to children in communities of color. NASW supports the resolution. America: Building the Health Care Workforce.”

Download EWA's report describing the Together We Care campaign, which included a Social Work Month Twitter chat: [bit.ly/2TindPj](https://bit.ly/2TindPj).



THE PROFESSIONAL—SPECIALTY PRACTICE

## Webinar Offers Insight into Helping Couples Address Difficult Conversations

BY PAUL R. PACE



“There is no right or wrong. That is not the thing that will set you free. This can be something that is very powerful. It’s a relief to them to know that I am not judging them.”

The fears couples raise about seeking counseling can mount up. They are afraid of vulnerability or making things worse by actually talking about the problems they are experiencing. They anticipate defensiveness or anger will surface during counseling sessions.

“If I am not going to be understood, why bother?” some may believe.

In fact, most couples experiencing problems wait six years before seeking help, says Tracy K. Ross, LCSW, a longtime couple’s therapist based in New York City.

Ross offered social workers advice in addressing conflicts that

can plague couples for the NASW SPS webinar, “Transform Your Couples Communication: Guiding Your Clients Through Difficult Conversations.”

“Figuring out who is right is not the thing that is going to shift your relationship,” Ross says of how she informs clients who seek her help. “It’s about feeling connected.”

A couple’s therapist can intervene by not pinpointing the source of the conflicts, she explains.

Instead of problem-solving, Ross suggests clients identify their primary emotions instead: joy; sadness; pain; fear; anger; and shame.

Focusing on the content of the conflict, she says, can

lure the therapist into the trap of problem-solving.

“I think shame is the one emotion people want to avoid more than any other emotion,” she says.

How do social workers strengthen the emotional connection vs. solving the problem? Curiosity and listening, Ross says.

“Be curious—don’t assume you know the answers,” she says. “Even if couples feel they do know about their partner’s feelings, create a place to express that. Let them express that to you.”

It’s also vital to listen and try to help them identify their feelings, experiences and what they are asking for or hoping to get from their partner.

Helping couples avoid the cycle of blame also is important.

“When I see the blame game, I will let them know I am not here to decide who is right,” Ross says. “There is no right or wrong. That is not the thing that will set you free. This can be something that is very powerful. It’s a relief to them to know that I am not judging them.”

### Art and Science of Social Work Practice

In another recent NASW SPS webinar, “Integrating Evidenced-Based Strategies into a Social Work Model: The Science and Art of Practice,” Lawrence Shulman says he sees

social work practice as interactional in nature.

“The client, whether group, family or individual, really has the best perception of what is going on with them,” he says. “So, we need to involve them.”

Shulman, a retired professor and former dean at the University at Buffalo School of Social Work, noted public and private agencies want to be seen as providing best practices so they may adopt an EBP model.

“However, the strictly observing protocols in some situations may prevent the use of innovative interventions or responses to unexpected events,” he says.

This is what he views as an artificial dichotomy between science and art.

“Each of us brings our own personal self to our practice, which is what I refer to as our professional artistry,” he says.

“In my view, the emphasis should be on finding what works for clients rather than on maintaining ideological purity, fidelity to a particular protocol or simply practicing in the comfort range of the worker.”

Shulman says he believes the key to effective practice—regardless of the EBP model—involves the development of a positive working relationship.

“It’s now referred to as the therapeutic alliance and I

NASW Specialty Practice Sections (SPS) help members stay in-the-know in their specific area of practice and offer individual online communities of committed, like-minded peers. Along with the trusted communities, SPS offers more than 45 additional CE opportunities through live practice-specific webinars, newsletters, continuing education and other professional development activities. Learn more at [socialworkers.org/careers/specialty-practice-sections](https://socialworkers.org/careers/specialty-practice-sections).

think that is the medium through which we really impact people ... ,” he said.

Shulman points out that asking clients for feedback, including negative feedback, is important to avoid going through the

motions of a client-social worker relationship.

“Is there a way I can be more helpful to you?” he suggests. “I would ask any client that question, regularly.”

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BOARDROOM

## Volunteering to Lead Opens Up Opportunities, Fosters Sense of Belonging

BY PAUL R. PACE



### Colorado Chapter

“My greatest inspiration to volunteer is the desire to give back to the organization that has helped shape my social work career,” says Felicidad Fraser-Solak. “More so, I feel that I am the microphone for the voice of the social workers who, for whatever reason, do not feel that they are heard, or can/will speak up for themselves.”

Fraser-Solak is serving her third year as president of the NASW Colorado Chapter, and says she couldn’t ask for a better team to work with.

“They are dynamic, flexible in their thinking, and not afraid to think outside of the box,” says Fraser-Solak, a school social worker for Independence Academy and owner of a private practice.

“And more than anything, they have the heart of the social workers in Colorado carefully in their hands, ready to protect, and empower,” she adds. “Heather McLaughlin, the executive director for NASW-Colorado, makes it easy to be a part of this team.”

Fraser-Solak says social workers should donate their time to their professional associations.

“I would encourage any social worker to give their volunteer time specifically to the NASW, because it gives them a voice, legislatively and professionally,” she said. “It presents opportunities to network and connect with other social workers in the field.”

Another bonus: Her sense of belonging has blossomed since she volunteered to become board president.



**The experience has underscored my confidence, and given me a platform to be heard. It’s been incredible.**

— Felicidad Fraser-Solak

“Years ago, if you’d asked me if I wanted to be on a board, let alone president of the board of the NASW (Colorado Chapter), I would have shied away from the idea,” she says. “But with the encouragement of colleagues, friends, and family, ta-da! Here I am, and I say it with pride.”

“The experience has underscored my confidence, and given me a platform to be heard,” she adds. “It’s been incredible.”



### Alaska Chapter

Offering social workers quality CEU opportunities, collateral support and professional backing are essential to the purpose of being a social worker, says Nina Corbett.

“The Alaska Chapter, like each individual NASW board, has its own set of challenges: most glaringly is one of geographical distance, followed closely by how few social workers there are to serve so many far-ranging and disparate communities, says Corbett, president of the NASW Alaska Chapter.

While Alaska’s immense size is counteracted by its smaller population and fewer resources, Corbett says she feels “ecstatic and purpose-driven” to give her time to social workers in the state.

She noted there have been many times in her career when her balance of need for professional support and self-care were augmented by mentors and other social workers.

“Volunteering requires a lot of attention; at times we have it and sometimes we need to find someone else who does,” she explains. “If it remains a good fit then it can be very rewarding to yourself and to others.”

Corbett, who is the district supervisor, Bristol Bay Region, of the Division of Juvenile Justice for the State of Alaska, noted her time on the chapter board has provided many leadership opportunities, including a state board appointment.

Another example is helping with the chapter’s biannual conference this year.

“The NASW board considers itself a giving board; we attend without reimbursement and volunteer our time while at the conference,” she said.

**Corbett says she feels “ecstatic and purpose-driven” to give her time to social workers in Alaska.**

“I believe I’m scheduled for time at the NASW information table and to monitor a few rooms. Plus, I’m excited the conference committee requested that I introduce the Friday keynote speaker and provide a CEU for Alaska Native Culture on historical trauma.” 🎧

## The Board Takes Action—September 2019

BOARD'S ACTION	CONTEXT
<b>GOVERNANCE</b>	
Approved the Agenda and Minutes	The board approved the September 2019 meeting agenda as amended and minutes of the June 2019 board and Annual Meeting of Members. For details go to: <a href="https://socialworkers.org/About/Governance/Board-of-Directors/Board-Meetings">socialworkers.org/About/Governance/Board-of-Directors/Board-Meetings</a>
Approved the Charge for the Equity Committees	The revised charge for the National Committee on Lesbian, Gay, Bisexual, and Transgender Issues, the National Committee on Racial and Ethnic Diversity and the National Committee on Women's Issues includes language that reflects the committees' responsibility to review proposed changes to the Code of Ethics and public and professional policies before the changes are posted for a 90-day member comment period.
Approved the Charge for the Delegate Assembly Planning Task Force	The Delegate Assembly Planning Task Force charge was revised to include language that specifies the responsibility of the task force to notify the equity committees and the National Ethics Committee of any proposed revisions to the Code of Ethics that the Delegate Assembly will consider.
Approved the Charge for the National Ethics Committee	The National Ethics Committee charge was revised to include language that specifies the committee's responsibility to propose revisions to the Code of Ethics as needed. Also, changes were made to the committee's scope of responsibility to comport with current practice.
Approved the Posting of Proposed Amendments to Articles VI and VIII of the Bylaws – <i>Board of Directors Composition and National Committee on Nominations and Leadership Identification</i>	The proposed amendments address three areas: 1) Title change from regional representative to regionally elected or regional board member and from student representative to student member; 2) Under board of directors composition (Article VI.B.5), it removes the stipulation that at least one member of the board shall be a person whose most advanced degree in social work at the time of election or appointment to the board is the baccalaureate; and 3) Removes reference to the NASW News (Article VIII.B.2.f.3.(b)), which no longer exists. To review and comment on the proposal, please use this link: <a href="https://socialworkers.org/About/Governance/NASW-Bylaws">socialworkers.org/About/Governance/NASW-Bylaws</a>
Approved the Posting of Proposed Amendment to Article XI.C. – <i>Notice of Meetings</i>	The proposed amendment, if approved, would change the notice period in the bylaws to that of the statutory requirement within the Delaware law, i.e., no less than ten (10) days nor more than sixty (60) days before the annual meeting of members. This change would provide the Association with maximum flexibility under the law with regard to providing notice of special or annual member meetings. To review and comment on the proposal, please use this link: <a href="https://socialworkers.org/About/Governance/NASW-Bylaws">socialworkers.org/About/Governance/NASW-Bylaws</a>
Approved the Posting of Proposed Amendment to Articles IX.B. – <i>Committees and Task Forces</i>	A proposal to reconstitute the Competence Certification Commission as the new NASW Credentialing Committee was presented to the board. To ensure impartiality, inclusivity and balance, credentialing industry standards emphasize representation from stakeholders who do not belong to the professional group being certified, and can therefore bring a different perspective to the credentialing body deliberations. This proposed amendment would allow for the composition of the Credentialing Committee to include three members who would be exempt from the NASW membership requirement to allow representation from credentialing experts and the public at large. To review and comment on the proposal, please use this link: <a href="https://socialworkers.org/About/Governance/NASW-Bylaws">socialworkers.org/About/Governance/NASW-Bylaws</a>
Delayed the Posting of Proposed Amendment to Article XII – <i>Chapters</i>	The board requested that the Connecticut Chapter's proposal be returned for additional information prior to posting for the 90-day member comment period.
Approved the Establishment of New Credentialing Structure	The board approved the dissolution of the Competence Certification Commission effective Sept. 30, 2019 and established the NASW Credentialing Committee, the governance body that will oversee the credentialing program. The board also approved the committee's charge.
<b>FINANCE AND BUDGET</b>	
Received Unaudited Financial Report for June 30, 2019	On the unaudited Statement of Financial Position for the national office, as of June 30, 2019, total assets were \$10.4 million, a decrease of \$2.4 million from the same period last year. Total liabilities and deferred revenue were \$13.1 million, a decrease of \$2 million from the same time last year. As of June 30, 2019, total revenue from operations was \$15.4 million and total expenses were \$18.8 million.

**Notes:** This list summarizes the main actions of the board at its September 2019 meeting. An action by the board to “accept” a report does not imply approval of the report in its entirety. Recommendations included in a report presented to the board for action are adopted only when the board takes specific action to do so.



FOUNDATION

## Foundation Announces Latest Social Work Pioneer Inductees

Twenty-six social workers who have made great strides in their careers are the latest inductees into the NASW Social Work Pioneers® program. Supported by the NASW Foundation, the NASW Social Work Pioneers® represent role models for future generations of social workers working to make society better. Read their full profiles at [naswfoundation.org/pioneers](http://naswfoundation.org/pioneers).

New Pioneers are:



**Katharine "Kathy" Byers** has spent her career

advocating, teaching and "serving as a leader of change" with students and colleagues. She was a founding member of Influencing State Policy (now Influencing Social Policy, ISP), where she worked to increase social workers' influence on policy.

Center on Urban Poverty and Community Development at Case Western University.



**Michael Daley** is best known for his advocacy in favor of BSW education and

his contributions to the field of rural social work.



**Jean Greenberg** began working at Fort Logan Mental

Health Center in 1967, serving the Arapahoe County area by providing community-based services according to their optimal level based on their abilities.



**Mitchell Kahn** began to change the profession in New Jersey immediately

after joining the faculty at Ramapo College of New Jersey. He helped establish the college's BSW program and introduced a macro approach into the class and field work programs.



**Ira C. Colby** is best known for his work as dean of the Graduate College of

Social Work, University of Houston, a position he held for 15 years. Colby advocated on social justice and professional matters across the country.



**Wanda Ellingson** played an instrumental role in the development

of the University of Denver Graduate School of Social Work distance education MSW program in the Four Corners region.



**John D. Herron** has been a clinician, teacher, researcher

and an administrator who has spent 45 years in the treatment and study of schizophrenia.



**Rosalie Kane** is a researcher, writer, mentor, and strong

advocate who has been working for nearly 50 years on behalf of improving long-term care (LTC) services and supports for persons with disabilities living in home and community-based settings as well as nursing homes.



**Claudia Coulton's** groundbreaking conceptual scholarship and research

has resulted in three distinctly innovative contributions. Coulton is the founding director of the



**Terrie A. Fritz** had a long career in health policy and provision for the state

of Oklahoma, where she developed groundbreaking programs for the medically indigent, and has expanded social work roles and positions in health settings.



**Richard L. Jones** has served in major leadership roles in the nonprofit

sector across the country. He was the first African-American president and CEO of the Center for Families and Children in Cleveland.



**Rebecca Alicia Lopez**, professor emerita and former interim

director of the California State University, Long Beach (CSULB) School of Social

Work was a passionate advocate for and expert on ethnic minority populations, immigration policy reform, and cultural belief system understanding.



**Maria Maltby Love** was a social visionary whose empathy was

awakened after a trip to France where she witnessed firsthand the plight of children of working mothers. In 1881, she founded the first comprehensive day care center in the United States, The Fitch Creche, in Buffalo, N.Y.



**Susan Mankita** founded the AOL Social Work Forum in 1995, in the

very early days of widespread Internet use. She was one of the first to see the potential of the Internet as a way for social workers to connect and network.



**Ruth G. McRoy** has made her mark in the social work profession

helping the lives of adopted children and families and on strategies to promote effective and sustainable community-university partnerships as well as interprofessional collaborations.



**Shirley Otis-Green** is nationally recognized as a leader in palliative

care. In 2001, she received a Project on Death in America Leadership grant for her work to enhance end-of-life and bereavement support services, and since then has become a foremost educator on palliative social work.



**Elaine Pinderhughes** worked tirelessly – through workshops,

seminars, lectures, and keynote speeches – to inform mental health

professionals and medical practitioners of the disparities internalized in practice based on the injustices that persist in U.S. culture.



**Claudia Rappaport** worked for 25 years as a medical social worker

specializing in pediatrics, serving infants, children, and adolescents who had life-threatening illnesses or physical/mental disabilities. She helped start a number of new programs and agencies, including Hospice of Galveston County, LEAP (Literacy, Education, and Parenting), HAND (Help After Neonatal Death), and the Gulf Coast Coalition for the Prevention of Child Abuse.



**George Taliaferro** was willing to stand up in the face of segregation,

and initiated efforts that helped integrate the campus of Indiana University in the 1950s. Taliaferro may be known for his short but

illustrious football career and for his selection as the first black football player drafted into the National Football League.



**Toshio Tatara** worked in international social work in the field

of elder abuse prevention research, policy and scholarship. He was among the very first in this country and internationally to promote elder abuse awareness.



**Patrick Tyrrell** was one of the founding executive directors of

NASW's New Mexico chapter and served as its executive director from 1987 to 2015. In this role, he worked to extend the chapter's outreach to communities and to social workers practicing in New Mexico's rural, outlying areas. One of Tyrrell's deepest commitments was the abolishment of the death penalty in New Mexico.





**Willie Bo Walker** has become one of the most well-known social

workers in Tennessee over his 43-year career through a variety of clinical, academic and executive roles.



**Julia M. Watkins'** tenure as president of the American University in

Bulgaria from 1993 to 2003 provided the foundation for her national and international leadership roles. From there she spent nearly 10 years as the executive director of CSWE.



**Kathryn Wehrmann,** president of NASW, provided leadership in

the efforts of the early 1990s to update child welfare services in Romania, which under a dictatorial regime was institution-based, primitive, and often punitive. Her work began when she was the program coordinator for a Romanian Child Welfare Administrative Study (undertaken by Parkland College in Champaign, Ill.).



**Kentucky State Rep. Susan Westrom** has been a successful

advocate for the citizens of Kentucky for decades. She has sponsored legislation to change the way the state regulates assisted living facilities, provide health services in Kentucky schools, and promote school safety.



**Catherine G. Williams** worked for the Iowa Department of Human

Services for more than 30 years, where she became the deputy commissioner of the department and was the highest ranking African-American woman for the largest agency in the state government. 🌐

### 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. All donors are listed at [naswfoundation.org](http://naswfoundation.org).

#### **NASW Foundation General Fund**

Anonymous, Charles and Davida Adelberg, Dianne Lawrence Dalmas, Cornelia Gordon-Hempe, Linda Mertz, Annette R. Smith, Cudore Snell in memory of Dean Barbara W. White and Dr. Philip Lucas, Diana Stroud, Joanne Cruz Tenery (monthly)

#### **NASW Social Work Pioneers® Fund: NASW Social Work Pioneers® 25th Anniversary Celebration/15th Annual Program & Luncheon**

Darlyne Bailey, Samira Beckwith, Barbara Berkman, Katharine Briar-Lawson, Katharine Byers, Susan Chan, Robert Connolly, Demetress Harrell, Herman Curiel, Elaine Congress, Michael Daley, Wanda Ellingson, Marilyn Flynn, Barbara Glaser, Linda Grobman, Ethel Hansan, Charles & Saadia Howard, Catheleen Jordan, Walter Levy, Dale Masi, Julia M. "Judy" Norlin, Tanya

Roberts, June Simmons, William Vanderwill, Julia Watkins, Janet B.W. Williams, Joan O. Weiss in memory of Jack Hansan

#### **NASW Public Education Campaign**

Lana Sue Kaopua, Carolyn Messner, Joanne Cruz Tenery (monthly), Veronica Seitzinger

#### **NASW NJ Chapter Education Fund**

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Kenneth Carpenter – The Kenneth S. Carpenter Real Estate Trust



## CHAPTERS

## NASW-Pennsylvania: Laughter Yoga Provides Health Benefits

BY ALISON LAURIO



Everybody enjoys a good laugh, but not everyone knows laughter is good for your health and provides both immediate and long-term benefits.

Many Pennsylvania social workers have tried laughter yoga, and more took part in a Sept. 10 and 11 class in Media, Pa., titled “Laughter Yoga for Health & Happiness.”

Alicia Newkam, continuing education specialists for NASW-Pennsylvania, said the chapter approves credits for the program, which they have been doing for a few years.

“It seems interesting and fits within the bylaws in Pennsylvania,” she said. “I approve the CEUs. Some attendees who go to the program seem resistant at first, but once they do go, they have nothing but good feedback.”

Comments include “appealing” and “transformative,” Newkam

said. “They all say they want to pass the health benefits to their clients.”

One person wrote he or she learned laughter yoga “because it can help with overall health like high blood pressure and depression.”

The chapter has provided CEUs for yoga classes four times this year so far, Newkam said.

“To people who are hesitant to take this class, I’d say it would be beneficial,” she said. “I’d say, ‘Go for it.’”

Alexa Fong Drubay, laughter yoga master trainer and laughter ambassador, held the September program at her Laughter Studio in Media.

Laughter Yoga is a laughter exercise program developed by cardiologist Dr. Madan Kataria in India, who started the first laughter club in 1995 with his wife and three best friends, Drubay said.

“They started out telling jokes to one another in a park, and within two weeks 40 people had joined,” she said.

Now there are more than 16,000 Laughter Yoga clubs in more than 108 countries worldwide, her website states.

“Breathing deeply is great for cellular renewal,” Drubay said, adding that when you take deep breaths and engage your diaphragm, it’s good for your heart, brain and blood pressure.

People can easily learn to just laugh without being told jokes, and her website notes the body cannot tell the difference between real and fake laughter. The benefits are the same.

Drubay uses “three tools that are very powerful together” — exercise, deep breathing and mindfulness meditation, which she does at the end of her sessions.


“We also use laughter, singing, dancing and play,”

Now there are more than 16,000 Laughter Yoga clubs in more than 108 countries.

she said. “We clap, we stretch, we move around the room. We do a lot of improvised work and people become more joyful in the process.”

Extended, deep breathing not only refreshes oxygen in the lungs, it improves mood, boosts immunity, increases well-being, lowers stress hormones and increases feelings of empathy and compassion. It also relieves stress and is an analgesic for pain, Drubay said.

“It’s all very positive because laughter unites people,” she said. “It transcends borders.”

More information is at [laughteryogawithalexa.com](http://laughteryogawithalexa.com). 



## Illinois: Program Targets Understanding Violence



No matter where in Chicago social workers practice, violence will affect their client population, Rosanelly Garcia said.

Garcia is an emergency room trauma social worker at Mount Sinai Hospital and Chicago district chair on the NASW-Illinois board of directors. She suggested and arranged the Sept. 12 program “Stopping the Spread of Violence,” said chapter Executive Director Joel Rubin.

“Helping social workers understand the implications of violence on individuals, families and communities is crucial,” he said. “Understanding that violence is an epidemic and should be treated as such is a start.”

Garcia’s goal was to bring greater understanding because “it’s not just what people see on the news. It

goes beyond that. I wanted to give members a look at the effects on the streets, because violence happens every day in our city.”

The presenter, Levon Stone Sr., is co-founder of Acclivus Inc., which focuses on improving health by reducing community violence and provides hospital- and community-based violence prevention services, including emergency responses.

He brought five colleagues who respond to the ER when violence brings in someone. At Mount Sinai, Garcia is the worker who calls them. After a shooting, they go to the area to quell further violence. Members had many questions about that and initiatives they use for prevention, she said.

Why the violence continues is clear to Garcia.

“A lot of west- and south-side neighborhoods are impoverished,” she said. “They’re social service deserts. The schools are underperforming, social services are at the bare minimum and lack funding, and there are literally no mental health services for support.”

You can’t give up on people who see no way out, she said. “When they lash out, they’re angry and frustrated. You owe it to somebody to look past that, because everybody needs support. Everybody needs love.” 🌱

## California Chapter Takes Member Support Virtual

After seeing success with its in-person support group, NASW-California launched a virtual support group in October to reach more members.

S. Jolene Hui, MSW, LCSW, is the chapter’s director of membership, adjunct field faculty for the MSW program at California State University in Dominguez Hills, and a private practice therapist.

The Virtual Support Group is a collaboration between the chapter and its membership committee. Co-facilitators are Hui, Kristen Muche and Roxanne Cordova.

Muche, LCSW, a trauma psychotherapist, is clinical supervisor for the Office of Diversion and Re-entry and a university guest lecturer on trauma and recovery. Cordova, MSW, is a recreation therapist for the Department of Corrections.

Hui said they wanted to give more chapter members an opportunity to join the support group.

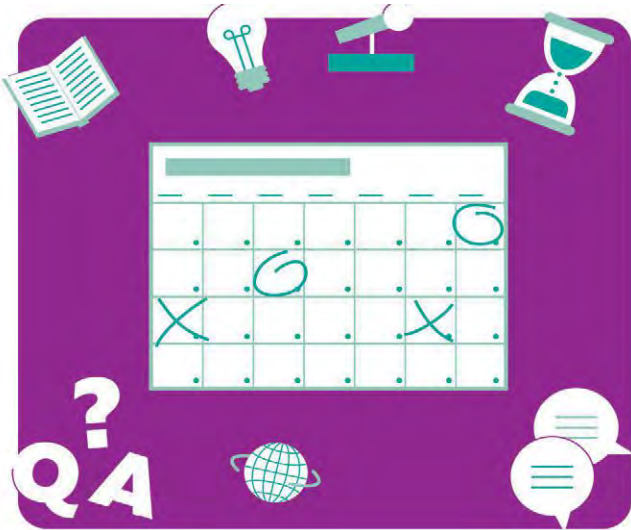
“Even if we offered more in-person groups around the state, we would still have difficulty reaching those social workers who live in more rural areas who may have to drive hours to find a group,” she said. “When it’s virtual, anyone can join.”

All social workers could attend the in-person group in Region 1, and nonmembers who came were encouraged to join the chapter, Hui said.

“With virtual, we decided to offer this first round to members only,” she said. “We are thinking we may offer it to all social workers—members free of charge, non-members for a small cost. We want our members to see the benefit of being part of our organization and take advantage of the support we and their colleagues can offer.”

“We want our members to feel supported and understand that NASW supports and appreciates them. I think social workers often feel completely underappreciated. We want to bring warmth and positivity to social workers because it’s not only the work they do that’s important, they as humans are also important.” 🌱

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[sswr.org](https://sswr.org)

Jan. 30  
 NASW Specialty Practice Sections Webinar  
 Suicide Among Senior Citizens: A Durkheimian Perspective  
 1-2:30 p.m. ET  
[socialworkers.org/careers/specialty-practice-sections/sps-webinar-catalog](https://socialworkers.org/careers/specialty-practice-sections/sps-webinar-catalog)

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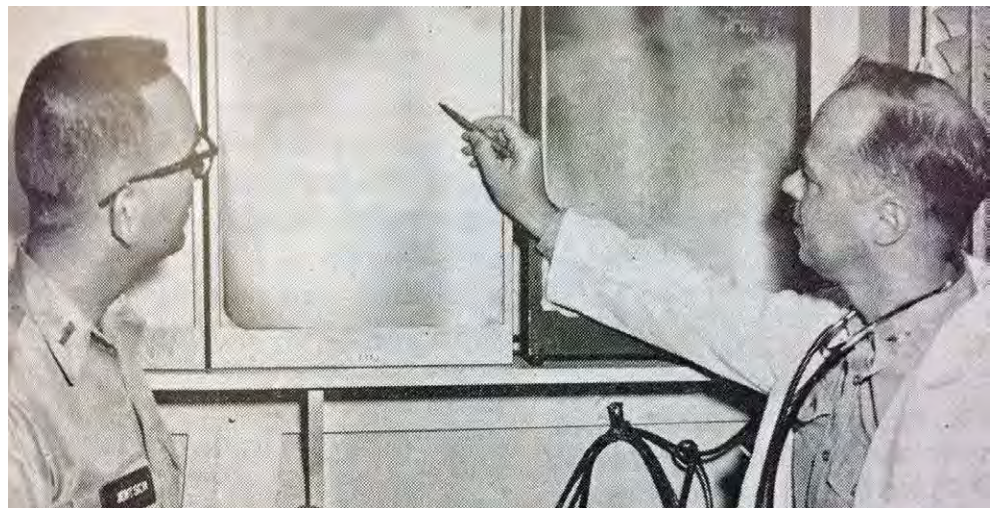
1966

A Career in Army Social Work

Lt. Col. Fergus T. Monahan, DSW, wrote about social work careers in the Army in the February 1966 NASW News.

At that time, Monahan, who was a social service consultant, Medical Service Corps, Office of the Army Surgeon General, wrote that since its establishment in 1942, professional social work in the Army had grown to a force of more than 150 professionally educated officers and 350 social work specialists who assisted in providing social work services to military personnel and their dependents.

“Emphasis is placed upon strengthening a unit’s effectiveness by recognizing problems early. The social worker’s therapeutic



A U.S. Army social work officer discusses a patient’s condition with a physician.

functions are carried out not only by treating the patient but by showing the commander how he can assist the individual to become a more effective

member of the unit,” he wrote.

Monahan described other functions of the job, including research and teaching, and also wrote

about a new program in which social workers had been actively involved, called the Army Community Service Program. 🔄



TOOLBOX

## NASW Press Publishes Books Examining Multiracial Populations and Economic Stressors

BY PAUL R. PACE



The multiracial population continues to be one of the fastest growing

racial-ethnic groups.

It is commonly assumed that mixed-race people experience less racism, but a Pew Research Center study says otherwise.

When comparing experiences of racism, it found similar rates of public discrimination and police harassment were reported for black and mixed-race black/white adults and between Asian and Asian/white mixed-race adults.

A new NASW Press book, “Multiracial Cultural Attunement,” sheds light

on social work with multiracial individuals and families. The authors, Kelly F. Jackson, assistant professor of social work at Arizona State University; and Gina M. Samuels, associate professor at the School of Social Service Administration at the University of Chicago, draw from their own research and direct practice with this community—as well as interdisciplinary science and theory base—to share their model of multiracial cultural attunement.

Jackson and Samuels explain that they were motivated by their desire to have a text for social work students and for social workers who interface with clients living multiracially.

“This book was inspired by our collective experiences as practitioners, teachers and scholars who live experiences of race and family that are often hidden or excluded from social work discourse on race and ‘cultural competence,’” the authors said.

The text “puts social work values to action, and explicitly addresses the white supremacy, racism and monoracism, heteronormativity, and biologism that are so core to the daily experiences of multiracial persons and families,” they said.

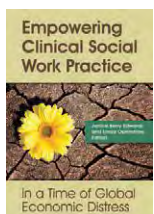
### Key takeaways from the book:

- Power-enabling and socially just relationships are critical

for culturally attuned practice with anyone.

- Multiraciality includes experiences and contexts far beyond black-white biraciality and interracial heterosexual couples—and implicates a critique of all of a person’s racialized experiences and standpoints.
- Multiracial cultural attunement requires social workers to think relationally about racial-ethnic identities in the context of many other intersecting dominant or marginalized identities and statuses, including culture, sexuality, class, age, ability, and gender. 🔄

## Authors Say It’s Vital Social Workers Understand Effects of Socioeconomic Distress



Clinical practice is only as effective as the assessment, diagnostic, and treatment abilities of the social worker, say the editors of the NASW Press book “Empowering Clinical Social Work Practice in a Time of Global Economic Distress.”

Janice Berry Edwards, associate professor of social work at Howard University; and Linda Openshaw,

MSW director at the Department of Social Work at Texas A&M University, Commerce, say to practice effectively, it is vital that social workers understand how socioeconomic distress can seep into every aspect of a client’s life.

Poverty and financial insecurity can have devastating consequences on one’s physical and mental health, even threatening basic survival. During these challenging economic times, social workers have


an opportunity to empower those at risk.

The text explores how economic distress intensifies an already exasperating situation, and how those challenges rise in clinical practice. The authors examine poverty and its impact across many walks of life, including children and adolescents, older adults, adults with disabilities, veterans, and immigrants.

In the book, financial insecurity is viewed through the lens of

everyday clinical practice and how it interacts with trauma, attachment theory, psychopathology, and psychopharmacology. The editors hope it is a useful guide for students and practicing social workers.

NASW Press products are available in print at [naswpress.org](http://naswpress.org) and eBook format at [ebooks.naswpress.org](http://ebooks.naswpress.org). 🔄



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**Choctaw Global Services has immediate opportunities for social workers with a MSW & LCSW for the Family Advocacy Programs at military installations located in the Western U.S.** Essential skills include experience in domestic violence programs (men, women, & children) and a minimum of 2 years full-time post graduate experience. Choctaw offers a competitive salary, benefits, & PTO. For immediate consideration, email resume to [Anjolee Gordon](mailto:Anjolee.Gordon@choctawglobal.com) [agordon@choctawglobal.com](mailto:agordon@choctawglobal.com) or call 877.267.3728. EOE



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# All That Jazz

BY ALISON LAURIO



“ I do it because it's almost like a meditative experience for me.”  
— Mario Espitia

ABOVE: A concert by the Evening Vocal Jazz Choir called “Love Wins,” in Spring 2016. It was held at Long Beach City College. ABOVE RIGHT: Mario Espitia.

Mario Espitia said singing in a group takes a lot of time and effort. First you work to learn the marks on sheet music. You have to practice breathing techniques and learn the songs. You become familiar with the directions coming from the music director. You get better by practicing the songs over and over and over again. “I do it because it’s almost like a meditative experience for me,” he said. “It’s my self-care. I feel refreshed and renewed afterwards.”

### Why Singing?

Espitia, MSW, LCSW, is a doctoral student who will graduate in 2020. He is a palliative care social worker at an outpatient clinic and is assistant Region I director

at NASW’s California chapter. He started singing in a church choir when he was a teenager.

Later, he joined a choir at a community college that was open “to anyone with a passion for singing and the arts,” he said. “You get to spend time and make friends with people. There were people who were professionals, people who were older and are retired— people from all age groups and backgrounds.”

### Why Jazz?

Espitia started taking vocal classes at L.A. City College, then the evening course was dropped.

“I looked around online and found a jazz-style choir,

so I decided to go and check it out,” he said. “I just loved it.”

The group sings material dedicated to Ella Fitzgerald—standards like “Fly Me to the Moon” and “Just One of Those Things.”

“On other occasions, we do jazz arrangements of pop songs like ‘Every Little Thing She Does is Magic’ and ‘With a Little Help From My Friends,’” Espitia said. “Before I joined the choir, I couldn’t find what my style was, then I just stumbled onto jazz.”

It fits his bass-baritone-range voice, he said.

“Being in the choir expanded my likes in music,” Espitia said. “It just came at the right time.”

### Lessons Learned?

“What I learned is how we can build community, a

community outside who we normally would be friends with,” Espitia said.

The choir provided the opportunity to speak and bond with people in their 20s to people in their 70s and everything in between—all ages and all ethnicities, he said.

“It has also helped me. I have always tended to be more introverted. It helped me learn how to break out of my own shell,” Espitia said. “Those skills I’ve learned in singing transfer to other things, like work. I am more comfortable speaking to people.”

### Why Social Work?

Wanting to help people, Espitia thought of teaching, then explored counseling before deciding on social work.

“I never thought of working in health care or with the elderly,” he said. “Doing it, I found a lot of satisfaction.”

Espitia had helped his father when his dad had a brain tumor and no health insurance.

“I cared for him for about two years. Those two years were a learning experience. It was so challenging not having health insurance, not

knowing how to navigate the system, not knowing how to navigate it without insurance,” he said. “When I look back, it was when that passion developed.”

A combination of having the opportunity and having gone through the challenges of navigating the system are what led Espitia into palliative care, where he has worked for more than four years.

“For the first time in my life, I found my niche and have a purpose,” he said. “To do that for people, it’s humbling and also an honor for me. It really is a joy and an honor to be able to be in the lives of these people.”

In some cases, older people have a lack of meaning in their lives, Espitia said. “I try to help them find that meaning. People living with these conditions are living longer now, and it helps to have new meaning in their lives.”

He will earn a DSW in 2020, and his program is focused around the 12 Grand Challenges for Social Work. ([grandchallengesfor-socialwork.org](http://grandchallengesfor-socialwork.org).)

“Each DSW student can select what Grand Challenge they want to focus on,” Espitia said. “I chose the health gap. I think it’s



because of my own personal experience of working with my father. I realize there are many gaps in the health care system, that’s why my interest — it’s my passion.”

### Similarities Between Singing and Social Work?

Espitia said both taught him to “put myself out there.”

“I have tended to be shy,” he said. “It was difficult for me to put myself in the space to perform. Now I’m able to transfer those skills and I’m comfortable speaking and interacting with other social workers and in social settings.”

“We are taught to meet a patient, meet a client where they’re at. With singing I have the choice to meet a lot of people where they’re at in their lives right now, and they meet me right now. And we build a friendship through that.” 🎵



**For the first time in my life, I found my niche and have a purpose. To do that for people, it’s humbling and also an honor for me. It really is a joy and an honor to be able to be in the lives of these people.”**

— Mario Espitia



# The Power of Authenticity

BY ANGELO MCCLAIN, PhD, LICSW



Authenticity is fundamental to communication, relationships, and real human connections. Now more than ever, individuals, groups and organizations must leverage the power of authenticity to build trust, resolve conflicts, and create unity. Authenticity is the degree to which one's actions are congruent with their beliefs and desires, despite external pressures. Authenticity begins with self-awareness: knowing your values, emotions and competencies.



Authenticity is fundamental to communication, relationships, and real human connections."

To be authentic is to feel true to our sense of values. It is a kind of confidence that comes from knowing deeply we are enough and that we add value to the greater whole of life.

Social work researcher and author Brené Brown defines authenticity as “a collection of choices that we have to make every day.” She imparts five lessons about authenticity:

- **Let Go of Shame.** We cannot share ourselves with others when we see ourselves as flawed and unworthy. It's impossible to be 'real' when we are ashamed of who we are or what we believe. In her book “I Thought It Was Just Me (but it isn't),” Brown uses the term “shame resilience” to explain how we should constructively handle feelings of shame that challenge authenticity.

- **Being Authentic Does Not Mean Baring All.** Healthy vulnerability recognizes when to share and when to remain silent. This helps strike the balance between guarding who you are and expressing it.
- **Boundaries Support Authenticity.** Setting healthy boundaries involves letting others know what's OK and what's not. If you're uncomfortable with something, tell the person so you can jointly work toward a solution. We must set boundaries to maintain our integrity while also being as compassionate as possible.
- **We're All 'Should-ing' Ourselves.** Authenticity is threatened by perfectionism and comparison. Society's contradictory ideas of who we should be make it difficult to

be authentic. Brown explains that failing to meet the standard of perfection contributes to feeling shame. In the full title of “The Gifts of Imperfection,” Brown sums up the solution: “Let go of who you think you're supposed to be and embrace who you are.”

- **Authenticity Is Key to Compassion.** Being real with people is not only essential to connection but also to compassion. You have to be kind to yourself first, and then to others. Authenticity is what gives us freedom to be ourselves and feel comfortable with who we are, and it is also what gives us access to connect with other people in a real and genuine way. 🎧

Contact Angelo McClain at [naswceo@socialworkers.org](mailto:naswceo@socialworkers.org)

**“My wife knew that I was  
mixing things up at work.”**

— Mario, living with Alzheimer’s



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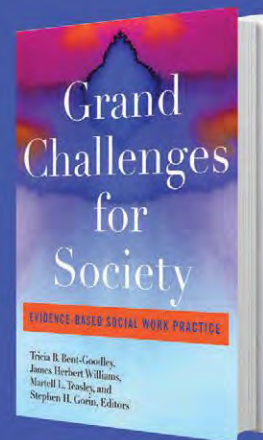
# Grand Challenges for Society

## EVIDENCE-BASED SOCIAL WORK PRACTICE

Tricia B. Bent-Goodley, James Herbert Williams, Martell L. Teasley, and Stephen H. Gorin, Editors

**S**ocial workers face complex societal issues that often seem insurmountable. Pulled in many directions, sustainable progress can seem impossible. To help focus on what matters most, the American Academy for Social Work and Social Welfare has recently set out 12 grand challenges for social work and society, in three broad categories of individual and family well-being, social fabric, and social justice.

Social workers must strive toward social progress in these categories by relying on evidence-based methods, and the compendium of articles presented in this book highlights scholarship that provides a research base to address health disparities, social isolation, and financial capability, among others. Edited by the recent editors in chief of four NASW Press journals, *Social Work*, *Health & Social Work*, *Children & Schools*, and *Social Work Research*, this book is intended to be a primary resource for social work researchers, practitioners, policymakers, faculty, and students. *Grand Challenges for Society* not only provides the most up-to-date research, but also alerts the field to gaps in the literature that still need to be explored to achieve the aims of the Grand Challenges for Social Work.



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