This year’s Social Work Month theme is Social Workers Stand Up. Social workers stand up for millions of people each day. They stand up by comforting people who are experiencing devastating illnesses and mental health crises, ensuring they get the best care while on the road to recovery. They stand up and support our brave military personnel, veterans and their families. They work in communities and with national, state and local government to provide services and pass legislation to stand with and help the most vulnerable.

Child, family and school social workers stand up by protecting children who have been abused or neglected, helping children find new families through adoption, and ensuring young people reach their full academic and personal potential.

Social Work Portrayals are Improving but More Work Must be Done

Thanks to public education campaigns over the past decade from the National Association of Social Workers (NASW) and other organizations, more people recognize the way social workers stand up for others.

This is reflected in the news and on television shows and in film. The Atlantic Magazine and U.S. News and World Report recently did profiles of social workers and the benefits of the social work profession. And director and screenwriter Oren Moverman used advice from social workers when he depicted a kind but firm social worker who helps people who are homeless in the powerful 2015 film Time Out of Mind. Yet many people still misunderstand exactly what a social worker is and the positive contributions social workers make in our society. For instance, NASW in 2016 asked Harvard Medical School’s Health Publications to correct a definition of social workers that seriously downplayed the role social workers play in providing mental health services in our nation.

Some reporters continue to write negative articles about a “social worker” making a mistake. However, on closer examination, the identified person in the story is often not a social worker by education, training or licensure.

Other reporters will casually describe a local volunteer or community activist as a social worker. Although this is flattering, it ignores the fact that social workers obtain extensive education, training and credentialing so they can proudly carry the social work title.

And some states have licensing laws that do not include title protection for social workers. In these states anyone can self-identify as a social worker – they just can’t call themselves licensed social workers. It is important consumers know there is a difference. More on page 16.
Moving Us Forward

Johanna Byrd, NASW-PA Executive Director

Social Workers Stand Up!

March is Social Work Month, which in itself is a cause for celebration and reflection. It’s a time for remembering what the social work profession is all about, contemplating why we do what we do, and taking time to renew and refocus our commitment to our core values and ethical principles.

It’s also a time for recognizing the fantastic work that social workers do throughout the year with individuals, groups, organizations, and communities. There are people whose lives are better today because of the interaction they had with you, and the work that you do every day. What an honor! What a privilege to work in this noble and historic profession!

Even on the large scale, social work has left its mark on the world, and the country we live in. Without social workers, we would not have Social Security, Medicare, child labor laws, the weekend, or many of our civil rights laws…at least in their current forms. Social workers were instrumental in the passage of these and other important laws, and in many cases for creating the ideas on which they were based.

We follow in the footsteps of social work legends and icons like Jane Addams, Frances Perkins, Whitney Young, and Dorothy Height. Speaking of Dorothy Height (civil rights icon and the only woman to speak during the historic March on Washington alongside Martin Luther King, Jr.), do NOT miss this opportunity to celebrate your profession by getting stamps with a historic social work figure!

Regardless, this Social Work Month, we honor those who have come before us, we honor those who are changing lives right now, and we also honor the ones who will follow – current students and others who are the future of our profession.
This Social Work Month is under the theme of “Social Workers Stand Up!,” and I cannot think of a more appropriate theme, nor a more appropriate time for us to carry that banner. In the months and years ahead, we will need to:

• Stand up for ourselves and our profession, ensuring that we are able to practice and remain a vibrant and relevant field in the future;
• Stand up for and with clients who may be struggling with the changes in our society, and ensuring that even as systems change, we remain the needed connection to help clients access the resources and the care that they need;
• Stand up for our Code of Ethics, which demands that social workers fight discrimination and injustice regardless of race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, or mental or physical disability.

As we look ahead, and as we explore the ways that “Social Workers Stand Up!,” one way is through our newly rebranded Legislative Education and Advocacy Day, or LEAD. We are looking for social work students and professionals who are willing to spend a day talking with our elected officials and advocating on behalf of our profession and our clients. Did you know that Pennsylvania is severely behind the rest of the country when it comes to protecting our profession and our clients through our standard of practice? We’re incredibly close to the finish line, and your calls, visits, letters, and other outreach to your elected officials makes a huge difference (See page 10 for more info on LEAD).

I hope that each of you will take some time this month to truly celebrate Social Work Month. Go out to lunch with a few colleagues, and raise your water glasses in a toast to your profession! Maybe go get a massage or take a day off for some personal reflection! We are often so busy helping others that we forget to help ourselves or to reflect on the good work that we do. **Now is the time! Celebrate – you deserve it!**
We live in unsettling times, as a country and as a society as a whole, with concerns of social injustice. Social injustice issues occur globally, nationally, regionally, locally, and within groups. As noted in our Code of Ethics, social workers promote social justice and social change with and on behalf of individuals, families, groups, organizations, and communities. These categorical issues are a result of unequal wealth and resource distribution, unfair treatment of individuals with differing traits, and laws that both encourage and support segregation.

Social justice issues can be delineated into two categories, although they are often inter-dependent. The first is inter-social treatment, which often involves mistreatment of a group(s) of people within local and regional areas. The basis for this unequal treatment is usually due to personal beliefs regarding a particular group(s) based on racism, culture, sexism, ageism, or heterosexism.

The second is unequal government regulation which involves laws and regulations that purposefully or otherwise discriminate against a specific group(s) impacting and impeding the same opportunities and resources afforded to others based on differences that are unique to that group(s). These often surround central themes of:

- Poverty (lacking access to food, clean water, and shelter)
- Death Penalty
- Environmental Rights
- Discrimination
- Access to Health Care
- Xenophobia
- Reproductive Rights
- GLBTQI Rights
- Labor Laws
- Civil Rights (racism and sexism)
- Access to Education

There has been much hurt, shock, and fear in our country which only seems to be escalating. As social workers, we are sensitive to cultural & ethnic diversity and strive to end discrimination, oppression, poverty, and many other forms of social injustice. We have the ability and the obligation to be part of the solution and take constructive stands on injustices seen and experienced. These “stands” may be most evident in activities that evolve in the form of direct practice, community organizing, legislative advocacy, activism, creating support groups, policy development and implementation, taking social and political action, and ongoing education and awareness around critical issues.

In these times we are called upon to seek, enhance and empower others to address and advocate for their own needs as well as join them in advocating. As professionals, we must be responsive and sensitive to these needs and work together to address and improve social injustices.

To that end, I am proud to announce that the NASW-PA Board of Directors has commissioned a new Social Justice Committee to challenge and address social injustice occurring both at a state and national level. The Social Justice Committee will pursue social change with and on behalf of vulnerable and oppressed individuals & groups and seek to promote strategic advocacy, constructive education, increase awareness, and promote both the “access” and “rights” of all people. We must continue to stand up for core beliefs, ethics, and values in a socially responsible manner or we risk losing what has been gained. Consider getting involved in your local divisions or volunteering to serve on a task force or committee at a state level.

To learn more about the new Social Justice committee please contact the chapter office directly. NASW-PA needs your voice, help, and support to continue to stand up for our incredible profession as well as for all those we serve. We need to continue to aim to open doors of access and opportunity for everyone, particularly those who are vulnerable and in greatest need!

If you are interested in joining the Social Justice Committee, contact twoodcook.naswpa@socialworkers.org
2017 NASW-NJ ANNUAL CONFERENCE & EXHIBITION

The Meeting of the Profession
April 30 – May 2, 2017
Borgata Hotel & Casino, Atlantic City, NJ

Register now at http://tinyurl.com/NASWNJ-2017conference

Earn up to 20 Hours of social work CE Credits!
Choose from 60+ workshops, visit our 80 exhibitors and network with over 1,000 colleagues!
Discounted hotel room rates @ $102/night for king bed or $122/night for 2 queen beds.

Relax, recharge and earn your CE credits all in one weekend.


SEEKING EXHIBITORS AND SPONSORS:
Exhibitor and Sponsor Registration available at http://tinyurl.com/2017ExhibitorReg

CHOOSE Social Work at Kutztown University

Looking to make a difference in the lives of others in a fast growing job market? Kutztown University is accepting applications for Fall 2017.
Social Work programs prepare you for work in child welfare, probation, elderly services, family and school counseling, substance abuse treatment, and roles in private practice, clinical or medical settings. Benefit from KU’s strong reputation in Social Work which means great internship and job options through many regional partnerships.
The MSW offers flexible scheduling including full-time, part-time, day or weekend executive options that allow you to continue working while earning your graduate degree. For those interested in the region’s best hybrid DSW program, find us online at www.kutztown.edu/dsw.

For more information, visit www.kutztown.edu/socialwork or call 610-683-4235
Using an Ethical Framework to Resolve an Ethical Dilemma

Laurie Friedman, LCSW, Temple University and Jessica DeMarchis, LSW

By their nature, ethical dilemmas don’t have a “right” or a “wrong” answer. Rather, they consist of either making a decision that involves the least amount of harm or deciding which ethical imperative/value takes precedence over another when two are in conflict (Lowenberg, Doloff & Harrington, 2000, p. 9). This means that there are several cases in which two ethical, well-intentioned social workers, when faced with the same scenario, can, and often do, make different decisions.

The NASW Code of Ethics provides a guide for social workers, but does not provide specific ethical directives. Specifically, the introduction states that “The Code offers a set of values, principles, and standards to guide decision making and conduct when ethical issues arise. It does not provide a set of rules that prescribe how social workers should act in all situations. Specific applications of the Code must take into account the context in which it is being considered and the possibility of conflicts among the Code’s values, principles, and standards. Ethical responsibilities flow from all human relationships, from the personal and familial to the social and professional.”

So how do we apply the Code to ethical dilemmas? Many professionals have developed ethical decision making models to help us in this process. The NASW Code of Ethics further states that “ethical decision making in a given situation must apply the informed judgment of the individual social worker and should also consider how the issues would be judged in a peer review process where the ethical standards of the profession would be applied.” So what does this look like in practice? Reamer (2015) discusses the importance of the process in which we make ethical decisions, noting the process should “slow down the decision making process and engage in an intentional course of ethical deliberation, consultation and action” (Barnett & Johnson, 2010, as cited in Reamer; 2015, p.22). Ethical decision making requires critical thinking and self-awareness in addition to knowledge of: the problem (at micro, mezzo and macro levels), the Code of Ethics, program policies and applicable laws and regulations. Resources available to us throughout the process include: supervision, the Code of Ethics, policy manuals and ethics consultants. The remainder of this article will focus on utilizing a case example to demonstrate the application of an ethical decision making framework, adapted from Corey, G., Corey, M., & Callahan (2011, p. 24-26).

A social worker is employed at a large outpatient agency that provides behavioral health services to both children and adults, specializing in co-occurring disorders and offering both counseling and psychiatric services on site. One day a week, through a grant, the social worker provides counseling to uninsured children. Most of the children she sees are undocumented but speak proficient English, however their parents only speak Spanish. The grant covers their therapy as well as psychiatric services and medication at the agency. Recently, the child psychiatrist at the agency has been refusing to take new clients coming through the grant whose parents do not speak English. She stated that she felt uncomfortable providing care to those clients without a translator (the social worker is the only bilingual staff member) present and does not feel comfortable using Language Line due to medical issues. However, the only bilingual staff was the social worker who is not a certified medical translator.
1. Identify Problem or Dilemma

What is the problem?
The dilemma: whether to provide interpretation services for clients despite not being medically trained or have the children not get evaluated until another avenue is found.

Who are the people or organizations likely to be affected?
First and foremost, the clients are likely to be affected as they are uninsured with few care options. Most are also considered high risk and present with suicidal ideations and would benefit from psychiatric medication. The agency and the social worker could also be affected.

2. Identify Potential Issues Involved

What are the conflicting standards or values?
There is a conflict here between legal and ethical standards in the field. According to the Code of Ethics, the social worker has a commitment to her client (1.01) and should inform her agency of the violations they are performing. The agency is not being culturally competent (1.05), not providing the appropriate referrals (2.06) and hurting the continuation of services for these vulnerable clients (1.05). When the social worker translated, she was not acting in a competent manner (1.04) and was being misrepresented as a trained translator (4.06). Translating for clients could cause more harm than good and that hurts the integrity of the profession (5.01). The protection of human life trumps legal obligations, but the fact that this is an agency wide issue brings up larger points like fraud (4.04) and unethical conduct of colleges (2.11 a) (National Association of Social Workers, 2008).

Personal Biases
The biggest area of conflict for the social worker is knowing if she does not provide the translation, these children will not receive the psychiatric services they are entitled to through the grant. The social worker has seen members of her family be discriminated against because of their English proficiency and believes clients have a right to get services that are linguistically and culturally appropriate and sensitive. Working for a large agency that serves thousands of clients a year but has no access to bilingual staff or translation services makes her both upset and angry.

What other socio-cultural-religious perspectives are represented?
Not only is language a barrier in this issue, but these clients are children; most of them undocumented. They experience a lack of support, understanding, stigma and extreme poverty. It is difficult for them to arrive for treatment. There are so many complex dynamics to consider when working with this population including poverty, trauma, fear of deportation and domestic violence.

3. Review relevant Codes of Ethics, Laws and Regulations

In addition to the relevant NASW Code of Ethics above, the 2010 Patient Protection and Affordable Care Act includes regulations that mandate physical and mental health providers who receive federal funding provide trained interpreters or services.

4. Obtain consultation

Identify different perspectives
The social worker first consulted with a co-therapist who sees these clients through the same grant and has more experience. The social worker also consulted with social work peers who work in other arenas. (Most suggested using family members, however this presents another potential ethical and legal issue.)

Possibly seek legal counsel
The social worker and co-therapist consulted with the head of the department.
at the agency who communicates with legal counsel and clarified the law.

Seek those with relevant expertise
The social worker then discussed the issue with her supervisor, who agreed to discuss it with the overseer of the grant.

5. Identify Possible Courses of Action

a) The social worker can continue to translate for her clients in the psychiatric evaluations.
   **Risks:** Because of her lack of training, she may translate incorrect information which can result in a lack of medical adherence, mis-interpretation and poor quality of care. The agency can also be fined or sued by a client as well as lose federal funding for violating the federal regulations mentioned above.
   **Benefits:** The clients are already familiar with the social worker, which may increase their comfort level. The clients who have limited to no options in terms of receiving mental health services can get free, immediate, and culturally competent psychiatric care and medication.

b) The agency can allocate money from the grant to utilize the Language Line or hire a trained medical translator.
   **Risks:** This will be an additional cost to the agency and may take too long. Also, in the midterm, the high risk clients could take their own lives without proper medication and treatment.
   **Benefits:** The money from the grant is being used appropriately to serve these children. Both the agency and the social worker are acting within appropriate legal and ethical standards, providing the highest quality of care. Also, the clients who have limited to no options in terms of receiving mental health services can get free, immediate, and culturally competent psychiatric care and medication.

c) The children do not receive psychiatric services.
   **Risks:** This option can result in the loss of the grant, harm done to the clients as well as multiple violations of the code. If the reason for the lack of services was ever discovered, clients would have grounds for a valid law suit.
   **Benefits:** The agency would save money and time finding appropriate translation services.

6. Decide on a course of action and document

What will you do and where/how will you document it?
The social worker decided to no longer provide translation for clients during psychiatric evaluations until her scheduled meeting with the grant’s supervisor and relevant personnel. She is hoping the meeting will end with an ethical and legal response. Once that is determined, she will inform her clients and provide appropriate referrals if needed. These interactions will be documented in their DAP notes. She also plans on documenting the conversation and decision in the program’s quarterly report as well as her supervision sheets.

How do you justify this course of action?
At this point, the social worker feels uncomfortable medically translating for both legal and ethical reasons. She wants the clients to have everything they need and are entitled to, but she is not trained and has seen this come up when she does provide that service at times. For example, when she does not know how to communicate certain symptoms or medication names, it is stressful and unclear. This is not fair to the client and poor quality service. She may be able to interpret, but cannot communicate to them in a manner the doctor could. This is both uncomfortable and unethical (see codes mentioned in first section).

7. Monitor, evaluate and document the outcome

What is your plan to evaluate and document the outcome?
She will document the meeting and decision in the quarterly review of the grant and supervision forms of the agency. During the meeting, she will advocate for the children to have a trained medical interpreter and volunteer to complete the training if necessary.

References:
Live-in Caregivers
One Caregiver Staying With Your Loved One 24 Hours A Day!

Morning
Noon
Night

Call Today To Schedule a FREE Needs Assessment Visit.
800-200-3685
Serving PA, NJ and DE since 1989.
WHAT IS LEGISLATIVE EDUCATION AND ADVOCACY DAY?
Legislative Education and Advocacy Day (LEAD) is an annual event hosted by NASW-PA, at which nearly 1,000 social work students and professionals gather to advocate for a piece of legislation that is relevant to the social work profession. Throughout the day attendees have the opportunity to visit their legislators and tell them why this legislation is important and how it will benefit the Commonwealth.

WHAT ARE WE ADVOCATING FOR?
NASW-PA is working in collaboration with Pennsylvania Society for Clinical Social Workers (PSCSW) to pass HB 445 (previously HB 1415). HB 445 amends the Social Workers, Marriage & Family Therapists and Professional Counselors Act to create practice protection and update the scope of practice for clinical social workers. Pennsylvania currently has no restrictions on who can provide clinical mental health treatment services. Practice protection ensures that only those who have the appropriate education and hold a professional license to deliver clinical social work services in Pennsylvania may provide such services and treatment. Pennsylvania is severely behind in this essential step towards consumer protection. The Act will also be amended to add “diagnosis” to the clinical social worker scope of practice, which 45 other states already have in place. Even though insurance companies presently accept diagnostic codes from LCSWs for services rendered, it is critical that diagnosis be added to the scope of practice for LCSWs, as it is a professional privilege already being applied. This legislation would ensure Pennsylvania joins every other state in the nation, other than Montana, in establishing a method of protection for Pennsylvania citizens in the receipt of mental health services. Take the following as examples:

• A social worker lost his/her license in the state of New York for an unknown reason. Rather than fulfill obligations set forth by a New York State Board, this professional relocated his/her private practice to Pennsylvania because it is the only state of the five surrounding where licensure is not required to practice.

• Another professional is also practicing in Pennsylvania without a professional license. A sexual abuse survivor seeks out this professional's services to address recurring trauma. This professional tells this survivor that they are unwilling to accept private health insurance and the client pays for services out of pocket. The reality is this professional is not licensed and therefore they are not eligible for reimbursement from private health insurance companies. There is no accountability in place to protect this already victimized individual.

The State Board of Social Workers, Marriage and Family Therapists, and Professional Counselors, is the only regulated board that does not have legal practice protection in place. A modest step forward, the proposed basic practice protection ensures that individuals providing clinical social work services are regulated in some way by the government.

HOW DO I REGISTER TO ATTEND?
See the next page for a registration form. If you would like to register online or learn more about Legislative Education and Advocacy Day, visit us online at www.nasw-pa.org/AdvocacyDay - We hope to see you there!
LEGISLATIVE EDUCATION AND ADVOCACY DAY
APRIL 18, 2017 | REGISTRATION FORM

Please Write Legibly

Basic Information:
Name_______________________________________________
Home Address_________________________________________
City_________________________________________________
State, Zip ___________________________________________
Home/Cell Phone____________________________________
Email_______________________________________________

Check all that apply:
□ BSW Student
College/University:___________________________________
(Branch)____________________________________________

□ MSW Student
College/University:___________________________________
(Branch)____________________________________________

□ BSW □ MSW □ DSW/PhD
□ LSW □ LCSW

□ NASW Member □ Non-member

Group Info:
Are you attending with a group?________________________
If so, which one?_____________________________________

Payment:
Registration fee is $10 per person. Checks can be made out
to NASW-PA. Enclosed is my check for $__________________

Mail payment to:
NASW-PA
1000 Bent Creek Blvd., Suite 40
Mechanicsburg, PA 17050

Note: NASW-PA will schedule all legislative appointments.

THE FORUM, 500 WALNUT STREET

7:30am – 8:30am
Registration

8:30am – 8:40am
Welcome to L.E.A.D.!

8:40am – 9:40am
Legislative process, what to expect, and talking points.

THE CAPITOL

9:30am – 1:00pm
Attend legislative visits and committee meetings. NASW-PA will schedule legislative visits ahead of time. The time and location of your legislative visit will be provided during morning registration.

1:00pm – 2:00pm
Attend legislative sessions, lunch and, or touring the capitol. Social workers may watch legislative sessions live from the 4th floor balcony in the House and Senate Chambers.

2:00pm – 3:00pm
Rally at the Capitol featuring remarks from members of the General Assembly on social work and practice protection.

TIMES SUBJECT TO CHANGE

Registration also available online at www.nasw-pa.org/events
Free Hugs Project is Coming to NASW-PA’s 2017 Conference

Hugs elicit myriad emotions—peace, love, joy, contentment, and many more. A hug can comfort the grieving, inspire the discouraged, and even bring peace to the chaos of life. There is power in a hug.

Ken E. Nwadike knew this when he started the Free Hugs Project in 2014 to spread love in response to the bombing of the Boston Marathon. He attended the 2014 Boston Marathon, one year after the tragic bombing took place, to spread love through hugs and encourage those to come out to run. Since then, he has gained popularity as the Free Hugs Guy, appearing on major news networks, such as CNN, USA Today, Good Morning Britain, BBC News, and more. He is also a world renowned motivational speaker, traveling to conferences and events worldwide to promote peace and love instead of division and hate. He is a peace activist who engages in the pursuit of social justice.

Nwadike has gained a massive following on his YouTube and Facebook pages, where he regularly posts inspirational videos and stories in order to raise awareness of key social issues the world is facing. His videos have received hundreds of millions of views in the few short years that he has been posting through the Free Hugs Project.

In recent videos, Nwadike can be seen keeping peace in the violence and destruction of the riots during President Trump’s Inauguration. You can see the danger deescalating as Nwadike peacefully talks down rioters, clears a way for people to escape the crowds, and, ultimately, encourages peace between police and protesters. What was once an aggressive line of protesters and rioters is now a calm gathering, as police and protesters alike thank Nwadike for the work he does. Nwadike’s work is commendable, to say the least.

We are excited to have Ken E. Nwadike Jr. as our keynote speaker this year at our 2017 Annual Conference! You can learn more about the Free Hugs Project on www.FreeHugsProject.com For more info on the 2017 conference, see page 25 and visit www.nasw-pa.org/conference
American Red Cross Seeking Disaster Mental Health Volunteers:  
Expanded Eligibility Now Allows LSWs and Recently-Retired Licensees

John D. Weaver, LCSW, Disaster Mental Health Volunteer & Mid-Atlantic Division DMH Advisor  
john.weaver@redcross.org or jdwlcsw@gmail.com

Every eight minutes, the American Red Cross (ARC) brings help and hope to people in need. Disaster Mental Health (DMH) volunteers became part of the team in 1992. Until this year, DMH team members had to be independently-licensed or certified clinicians, drawn from social work, psychology, school psychology, counseling, school counseling, marriage and family therapy, psychiatric nursing, and psychiatry. Graduate students in these fields of study who are under the direct supervision of a fully qualified DMH workers are also qualified to serve.

Now the Red Cross has expanded eligibility to include: (1) mental health professionals with any masters-level license (including Pennsylvania’s LSW); and (2) mental health professionals who retire their licenses/certifications (provided they join the team within five years of being licensed/certified). By allowing retirees, Red Cross will also allow many current DMH workers to continue with their volunteer careers when they have stopped working and no longer need to pay for CEUs and license renewals.

Each year, we celebrate Social Work during the month of March. March is also Red Cross Month. ARC began its partnership with NASW back when DMH was added in 1992, to help recruit mental health professionals to serve in the program. The NASW Code of Ethics – section 6.03 Public Emergencies states: Social workers should provide appropriate professional services in public emergencies to the greatest extent possible. Social work education and skills match perfectly with those needed for work in disaster preparedness, response, and recovery efforts.

DMH volunteers support Red Cross coworkers, disaster survivors, and disaster-relief partners with: identification of mental health needs (psychological triage); promotion of resilience and coping skills (psychological first aid, psychoeducation, public health messaging, and consultation); and targeted interventions (referrals, crisis intervention, casualty support, and advocacy). ARC offers free training and covers all disaster related expenses when volunteers are deployed.

Please consider joining the team. Contact ARC and see what it is all about. To get things started, simply visit this link: www.redcross.org/support/volunteer/opportunities#step1
JOIN US FOR OUR 2017 ANNUAL CONFERENCE

SOCIAL WORKERS FROM ACROSS THE COMMONWEALTH

Join NASW-PA as we celebrate the social work profession with a conference full of engaging workshops, exciting keynote speakers, fun social events, and much more. You don’t want to miss this exciting and educational opportunity! For more information about the 2017 NASW-PA Annual Conference visit us at www.nasw-pa.org/conference or contact asagen.naswpa@socialworkers.org

Registration opens June 2017. Group rates are available at the Kalahari Resort. Call 877-525-2427 and mention NASW-PA Conference to receive the group rate. Book your room early before they fill up!

Take your free save the date on the next page!

WHEN:
Saturday, September 16 through Tuesday, September 19, 2017

WHERE:
Kalahari Resort
Pocono Manor, PA
Stressing the need for consumers to recognize and use the services of social workers is important.

Social workers are trained to look at situations in a holistic way. They help people increase their ability to solve problems, to cope with stressors and to get needed resources. Social workers bring individuals together with other people and their communities to find solutions for problems that continue to plague our society, including hunger, lack of affordable housing, and equal rights for all. And social workers make organizations responsible to people through sound social policy.

NASW will launch the “Social Workers Stand Up!” campaign during Social Work Month 2017 in March to educate the public about contributions of social workers and why the professional title of social worker is so important.

The aim of this campaign is to improve the image and respect of the social work profession by educating the public, media and elected officials about social work.

We want to give social workers and their allies guidance and tools they can use to address unfair representations of social workers in the media. We will also provide information people can use to enact laws and legislation that advance the social work profession.

2017 CAMPAIGN HIGHLIGHTS

The “Social Workers Stand Up!” campaign will include:

» **Social Work Month Online Toolkit:** This toolkit will include advice to social workers and their allies on how to respond to unfair depictions of social workers in the media, including TV shows, films and news articles. Social workers will also be given advice on smaller, personal things they can do to promote the profession, such as including social worker on their business cards or volunteering to talk at schools.

» **Media Campaign Tour:** NASW will launch a national media campaign tour during Social Work Month that will include radio and TV interviews and newspaper columns. The tour will be used to inform the public about the importance of social work and why the title of social work should be respected.

» **Promotional Fundraising Campaign:** NASW will launch a fundraising tool so it can continue its successful public education campaign. The funds will be used for video public service announcements on the value that social workers bring to society and what makes social work distinct from other professions.

» **Advocacy:** Social workers and their allies will be given information on state efforts to pass or improve social work title protection laws and regulations and what they can to get involved. This database will be included in the Social Work Month Online Toolkit. The toolkit will also list legislative victories that will be examples to others.

» **Media Award Contest:** NASW will once again award TV shows, films, news and magazine articles and other media that accurately portray the social work profession.

» **Merchandise:** Social Work Month merchandise will be used to promote the “Social Workers Stand Up!” campaign. Jim Coleman LTD is our official vendor.

» **Proclamations:** The Social Work Month online toolkit will also include a sample proclamation that social workers can send to city, local or state government officials. The proclamation will include information on the contributions of social work and why the social work title is so valued.

For more information on the 2017 Social Work Month “Social Workers Stand Up!” Campaign contact NASW Public Relations Manager Greg Wright at gwright.nasw@socialworkers.org.
Here is your opportunity to use your leadership skills in a social work environment or to develop new skills! A number of positions are open on the 2017 slate.

Procedur e:
• Nominate yourself or another chapter member (must be in good standing with membership)
• If you are nominating someone else for a position, that person will be contacted.
• Individuals selected for chapter leadership may also be asked to complete a biographical fact sheet.

Thank you for your interest in joining our team of leaders as we support and advance the social work profession!

POSITIONS OPEN FOR 2017 BALLOT

OFFICERS
3-year term 7/01/17 - 6/30/20
Any member in good standing is eligible to run.
• Second Vice President for Budget and Finance

2-year term 7/01/17 - 6/30/19
Any member in good standing is eligible to run.
• Secretary

MEMBERS OF THE BOARD
3-year term 7/01/17 - 6/30/20
Any member in good standing from the divisions specified is eligible to run.
• North Central Division Chair
• Brandywine Division Chair
• Southeast Representative II
• Eastern Division Chair
• Central Division Chair

STUDENT MEMBERS OF THE BOARD
1-year term 7/01/17 - 6/30/18
Any member in good standing who will be a social work student during the 1-year term is eligible to run.
• BSW Student Representative
• MSW Student Representative

MEMBER AT LARGE
3-year term 7/01/17 - 6/30/20
Any member in good standing is eligible to run.

LOOKING FOR OTHER WAYS TO VOLUNTEER WITH NASW-PA?

To get involved, visit us online at www.nasw-pa.org/volunteer
Nomination and Leadership Identification Form for Elective Office or Appointed Positions

This information is used by the Pennsylvania Chapter Committee on Nominations and Leadership Identification (CCNLID) to make nominations for elective chapter positions, for chapter committees and task forces.

To be considered for an elected position, please provide your resume and cover letter which addresses your qualifications for nomination (i.e. strengths/skills that will move NASW-PA forward)

Nominee Name: __________________________________________
(Last) (First) (M.I.)

Credentials: _____________________________________________

Membership No: _________________________________________

License No. (If applicable): _________________________________

Nominee’s Address: ________________________________________

City, State, Zip: __________________________________________

Preferred Phone: _________________________________________

Alternate Phone: _________________________________________

E-Mail: _________________________________________________

Students - University: ______________________________________

Students - Degree Sought: _________________________________

Students - Graduation Date: _______________________________

POSITION(S) SOUGHT:
Please check up to two positions that you are willing to be nominated for.
☐ Second Vice President for Budget and Finance
☐ Secretary
☐ North Central Division Chair ☐ Central Division Chair
☐ Brandywine Division Chair ☐ Eastern Division Chair
☐ Southeast Representative II ☐ MSW Student Rep
☐ BSW Student Rep ☐ Member at Large

If we are unable to slate you for the selected position(s) would you be willing to be slated for any other position?
☐ Yes, which positions ________________________________ ☐ No

Have you ever or do you have pending:
Adjudication for unethical practice? ☐ Yes ☐ No
Licensure or certificate disciplinary proceedings? ☐ Yes ☐ No

If “yes” please explain and provide dates: ___________________________________________

The following information is not necessarily confidential, but is intended for internal use only.

DEMOGRAPHIC INFORMATION (Optional)
Gender
☐ Male ☐ Female
☐ Transgender / Gender Variant

Sexual Orientation
☐ Straight ☐ Gay / Lesbian
☐ Bisexual ☐ Other

Race
☐ African-American ☐ Asian-American / Pacific Islander
☐ Caucasian ☐ Hispanic, Latino, or Puerto Rican
☐ Native American, Indian or Alaskan ☐ Other _______________________________

SOCIAL WORK EXPERIENCE
Please check one (1) or two (2) in each section:

Primary and secondary Practice:
☐ Aging
☐ Alcohol / Drug Abuse
☐ Child / Family Welfare
☐ Criminal Justice
☐ Medical
☐ Mental Health
☐ Occupational SW / EAP
☐ School Social Work
☐ Other __________________________

Primary and Secondary Function:
☐ Administration / Management
☐ Clinical / Direct Practice
☐ Community Organizing
☐ Research / Policy Development
☐ Supervision
☐ Teaching
☐ Other __________________________

Primary and Secondary Work Focus:
☐ AIDS / HIV
☐ Conflict Resolution
☐ Development / Other Disabilities
☐ Education
☐ Employment
☐ Family Issues
☐ Grief / Bereavement
☐ Health
☐ Housing
☐ Income Maintenance
☐ Individual / Behavioral Problems
☐ International
☐ Violence / Victim Services
☐ Other __________________________

Organizational Type:
☐ Academic
☐ Federal, Military
☐ Federal, Non-military
☐ Non-profit
☐ Local Government
☐ Private (Not-for-profit)
☐ Private Practitioner
☐ State Government
Children’s Rights:
Building Resilience, Protecting from Harm, and Fostering Well-Being Among Our World’s Children
June 7–9, 2017 | Ware Center, Lancaster, Pa.

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• Childhood Obesity: A Global Threat to the Child’s Physical and Emotional Well-Being
• Homelessness in Youth: An Exploration of the Challenges Faced by Homeless Children
• Assessment and Treatment of Emotional Abuse Using a Trauma Focused Perspective

Keynote Address: Children: The Right to be Heard by Dr. Shirley Gatenio Gabel,
Professor at Fordham University’s Graduate School of Social Service. Dr. Gatenio Gabel has served as a consultant to UNICEF and UNESCO on child poverty and advocacy strategies, and social protection in developing countries. Her research focuses on human rights and social policies, particularly those affecting children.

Plenary Speaker: Challenging Heights: a 5-year Plan to End Child Trafficking in Ghana by James Kofi Annan,
James will discuss how increased rescue, prosecution, education, and advocacy are going to change the course of life for children in Ghana and around the globe; and offer real solutions for anyone who wishes to join.

The Learning Institute
“Advancing Global Social Justice and Human Rights”

Millersville University
School of Social Work
Environmental Degradation, DAPL, and the Social Workers Responsibility

Exploring the profession’s call to seek environmental justice and a student’s journey to understand it

Brooke Heilman, NASW-PA BSW Intern

Never did I imagine I would obtain much of my vocational passion, direction, and insight by digging in the dirt. However, this summer I found myself working full time in an organic garden, and it was there I began my journey to understanding the impact of environmental degradation on many of the populations I was already passionate about serving. I dug, planted, tended to chickens and bee hives alongside three of the most passionate and intelligent women I know. It was here I shared my passion for food security and food access for vulnerable populations. It was there I listened as these women shared their own paths to advocating for the rights of those populations through an avenue I hadn’t given much thought: the environment. I began the research. The evidence of a disproportionate impact of environmental burdens on vulnerable populations was dumbfounding. I saw my passion for social justice and realized how deeply environmental justice paralleled that passion. I began the process of understanding how often the environmental impact created in the United States – carcinogens from landfill run off into water ways or air pollutants from industry causing asthma or lung disease – is placed on those not ascribing to the racial majority and those of low socioeconomic status.

The very beginnings of the environmental justice movement started in Warren County, North Carolina in 1982. In this rural, poor, and minority dominated county the North Carolina State government was transferring thousands of truckloads of soil laced with PCB, a known carcinogen. The community decided to protest, fearful of potential run off into their waterways, spending weeks gaining national attention for their cause. Their efforts bore the environmental justice movement we know today. Looking ahead over 30 years later, the United Nations released the Sustainable Development Goals of 2016, which included clean water and sanitation, affordable and clean energy, and reduced inequalities as three of the seventeen main priorities of the UN (UNDP 2016). Recognizing how dirty water, unfair distribution of unclean air, and other inequalities directly related to the environment are detrimental to the health of a population has been a driving force in the development of regulations that protection vulnerable populations.

This reality is the reason for push back on the Dakota Access Pipeline from many environmental justice advocates. It is known that previous plans for the pipeline crossed the Missouri River right above the city of Bismarck, North Dakota before being rerouted to cross Lake Oahe, very close to tribal land (PSC, 2014). Rightfully so, the Bismarck community pushed back against this original route, citing water safety as a main concern. The Standing Rock Sioux chairman, Dave Archambault II, was cited in a recent interview simply stating, “we seek the same consideration as those citizens” (Thorbecke, 2016). This issue is not simply the pipeline itself, as pipelines are noted in many studies as the safest way to transport oil across the country. However, the reality is environmental burdens from water contamination, and simply the potential for that burden on health and safety, is disproportionately placed on the community with less social and economic capitol – and therefore the issue becomes both a social and environmental justice issue.
This knowledge is deeply connected to my study of the social work profession over the past four years. In 2015, the Council on Social Work Education, CSWE, updated its core competencies to now include “environmental justice” in core competency three, “Advance Human Rights and Social, Economic, and Environmental Justice”. With the introduction and recognition of Environmental Justice as a major barrier for clients and communities, I have found great development in both my understanding of and the necessity for the incorporation of environmental justice perspectives into practice at any level. I have been convicted of my ethical responsibility to be competent in this area as a social worker attempting to uphold the ethical principles of social justice and dignity and worth of a person.

As social workers, we have such a vital contribution to the cause. One social work educator describes this link perfectly, saying, “the notion that the well-being of individuals, communities, and societies is clearly linked to the broader environment in which they are situated is already fundamental to most social work theory and practice” (Jones, 2010). Many professionals have already begun to reimagine theories utilized across the practice spectrum, like person-in-environment theory. It is a theory already deeply attached to the understanding that individuals, groups, and communities are affected by where they live, who they spend time with, and where they work. Reimagining that theory welcomes the natural and built environment as a part of the conversation. Social environments affect clients and communities but other major natural elements may do this as well. For example, the air quality in their community may affect their ability to work, play, and interact.

My journey to understand the intersections of environmental justice and social work practice has been challenging, humbling, and enlightening. I have found myself more engaged in my studies, passionate about research and advocacy, and connected to the field of social work.

References
LEGAL ISSUES IN CLINICAL SUPERVISION

By Elizabeth M. Felton, JD, LICSW, Associate Counsel
and Carolyn I. Polowy, JD, Of Counsel

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Supervision is an integral part of the social work profession. It aids in the professional growth and development of the social worker and improves clinical outcomes for clients. The purpose of supervision is to enhance social workers' professional skills and knowledge in order to provide quality care to clients. Professional supervision describes and defines “the relationship between supervisor and supervisee in which the responsibility and accountability for the development of competence, demeanor, and ethical practice take place.”1 This article focuses on the legal issues related to the educational/clinical supervision that is provided by a supervisor to help a supervisee develop social work knowledge, therapeutic skills, and self-awareness, as well as to aid in their professional growth and development.

Supervision Contract

To protect both parties, it is recommended that the supervisor and supervisee have a signed written agreement a formal ‘Clinical Supervision Contract’ if it is an external supervision arrangement or a ‘Memorandum of Understanding in Clinical Supervision’ if it’s in an agency context that describes the terms and conditions under which the supervision will occur, such as the roles and responsibilities of each party, format, schedule, compensation (if any), duration, confidentiality, legal issues, documentation, evaluation, and termination. In order to document the relationship between the social worker supervisor and supervisee, a written agreement should be prepared and provided to the supervisee at the start of supervision. A failure to do so may leave the supervisee in jeopardy if the supervising social worker becomes unable or unwilling to confirm the substance and dates of the clinical supervision.

Liability

Whenever a clinician is involved in supervising a social worker’s clinical work with clients, shared liability can result. A liability claim is based on the negligence of a practitioner. Malpractice is a form of negligence that occurs when a practitioner acts (commission) or does not act (omission) in a manner that is inconsistent with the standard of care established by that profession and causes harm to a client due to lack of skill or care. The following four elements must be present to succeed in a malpractice claim:

- Duty a professional relationship existed between therapist and client;
- Breach of duty therapist acted in a negligent or improper manner by failing to act (omission) or doing something that should not have been done (commission)
The following four elements must be present to succeed in a malpractice claim:

- Causation: a legally demonstrated causal relationship between therapist’s negligence and the injury of the client; and
- Damages: client suffered harm or injury and must show proof of actual compensable injury.

Supervisors have a legal responsibility to ensure that services provided to the public by the supervisee uphold legal mandates of the profession. Although supervisors do not offer direct services to clients, they indirectly impact the level of service that is provided through their interaction with the supervisee. Based on the nature of this relationship, supervisors share the responsibility for services provided to the client and can be held liable for negligent conduct by the supervisee.

**Vicarious liability**

A supervisor may be held indirectly liable for the actions and/or inactions of a supervisee under the legal concept of vicarious liability or respondeat superior (“Let the master answer”) which means that a person who holds a position of authority or control over another person, may be held legally liable for damages caused by the subordinate. The supervisor can be held liable for the actions of the supervisee even when these actions were not suggested or known by the supervisor. Basically, the supervisor assumes clinical responsibility of the client as if the client was under his/her care. It is important to note that vicarious liability does not release supervisees from liability but instead extends the responsibility to the supervisor or employer involved with the supervisee.

**Direct liability/Negligent (inadequate) supervision**

Supervisors can also be charged with direct liability for their own acts of negligence when working with a supervisee. The supervisor is responsible for the work that is assigned to the supervisee. Under the concept of negligent supervision, direct liability may be charged against the supervisor if he/she does not perform adequate supervision of the supervisee, assigns a task to a supervisee who is not adequately trained to perform it, or if inappropriate interventions made by the supervisor are carried out by the supervisee result in harm to the client. With a negligent supervision claim, it must be proven that the supervisor failed to use ordinary care in supervision by not preventing the supervisee’s foreseeable misconduct.

**Informed consent**

All clients should be informed of the supervisory process at the client’s first session. The client must be informed that the supervisee is not fully licensed or is obtaining an additional license and is practicing under the supervision of the clinical supervisor. The supervisee should obtain written consent signed by the client at the initial session acknowledging that the client was informed the services being provided by the supervisee are the supervision of a licensed clinician. Initially, the supervisor may want to meet with the client and the supervisee so that the client is more comfortable with the idea of supervision and to answer any questions the client may have about the supervisory process. During the initial session, the supervisee should inform the client that the client’s information may be shared with the supervisor in an educational context and that the supervisor will have access to their treatment record for the purpose of clinical supervision. Failure to do so may expose the supervisor and supervisee to potential liability for lack of informed consent, violation of privacy, and/or breach of confidentiality. Although personal information about the client will be shared with the supervisor, supervisors also have a duty to protect the confidentiality of the client and the client should be so advised.

**Confidentiality**

Supervisors ensure that supervisees inform clients of clients’ rights to confidentiality, as well as the limits of confidentiality. Communications about the client that occur during supervision are confidential unless an exception applies. Generally, the limits to confidentiality include situations in which the client poses a danger
to self or others and/or suspected abuse of children, elders or disabled persons. Supervisees are held to the same standard of care as licensed professionals and have the same duty to warn and protect others from harm. Supervisors are expected to know and follow their legal requirements. An important part of clinical supervision is to provide the supervisee with specific information regarding relevant and applicable state and federal laws such as those related to HIPAA, mandatory reporting and duty to warn/protect.

Malpractice insurance

Given the inherent liability potential in providing clinical supervision, supervisors who provide supervision should consider obtaining professional liability insurance. It is a good idea for supervisors who already have professional liability insurance to check with their insurance carriers to be certain that their supervisory tasks are covered. If the supervisee is not covered under the supervisor’s malpractice insurance policy, it may be prudent to require the supervisee to carry his/her own malpractice insurance before starting the supervision.

Many social workers assume that they are covered by their employers’ professional liability insurance. Even in situations where this is the case, it is recommended that social workers obtain their own separate professional liability insurance to protect their interests since an attorney appointed to defend the employer may not necessarily represent the best interests of the social worker. Social workers should have their own coverage to make sure their individual interests are protected.

Conclusion

Clinical supervision benefits the social work profession and the client population that is served. It is the bridge between classroom teachings and professional practice. Many state social work licensing boards require a minimum number of hours of clinical supervision in order to obtain a clinical social work license. Clinical knowledge, functional skills, selfawareness, and theoretical grounding can be acquired and improved through clinical supervision. It ensures clients are provided with quality clinical care. It is beneficial to both the supervisor and supervisee to be familiar with legal issues related to clinical supervision, such as informed consent, liability, confidentiality, and malpractice insurance.

This article was originally posted on www.socialworkers.org
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References


Since April is Alcohol Awareness Month, I thought I’d take the opportunity to discuss an alcohol-related topic that desperately needs more attention – seniors and alcohol.

Growing older can be a gratifying time for many adults; however, these same “golden years” can be filled with anxiety, uncertainty, loss, and profound loneliness. These issues can sometimes lead to an increase in drinking. What many people are unaware of, however, is that as people age, they begin to react to alcohol differently. For instance, seniors metabolize alcohol at a quicker rate and can become intoxicated faster; one glass of wine at dinner may now make them tipsy.

Because of these changes, as people age, they may not be aware that their drinking has become a problem. To complicate matters more, symptoms of alcoholism can sometimes be misidentified as signs of the aging process, so the issue is left untreated. It is important to be able to identify when an older adult may have a drinking problem. Here are some signs seniors may be drinking at an unhealthy level:

- Increased alcohol tolerance
- Loss of interest in activities that they used to find enjoyable
- Justifying the amount they’re drinking as the only time they can relax or escape the chaos
- Isolating themselves, retreating to their bedroom to drink, for example
- Illnesses with little to no signs of improvement. Prolonged sickness and exhaustion can be related to alcohol use
- Poor physical or home environment appearance
- Unexplained falls or bruises
- Complaining about insomnia

As people age, they also deal with many health issues, such as depression, chronic pain, or sleeping problems, for which they are prescribed multiple medications. With a lower tolerance level and the opportunity to mixing alcohol with medications, a potentially lethal combination, seniors risk becoming addicted to both substances. Additionally, the mixture of prescription medications and alcohol could lead to an unintentional overdose, which is the second leading injury-related cause of death among seniors, according to the Centers for Disease Control and Prevention.

Too many seniors struggle in silence, often without family or friends to witness the warning signs of addiction. According to statistics from University of Pennsylvania Health System, 2.5 million older adults are addicted to drugs or alcohol and nearly 50 percent of nursing home residents have alcohol-related problems. It’s important to raise awareness of the dangers alcohol presents to the aging population.

It is also imperative to provide age-specific care to the senior population that will address their issues with a personalized approach. With the proper holistic treatment, seniors can recover from addiction and build a strong community of support through 12-step programs coupled with appropriate therapeutic and medical support as needed. There is hope of recovery at any age. In fact, older men and women experience the highest rates of recovery of any age group following treatment.
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For more information, please visit our Web site at socialwork.pitt.edu or call 412-624-6346.
Licensure Prep:

NASW-PA’s updated licensure prep book is now available! The book was recently updated to accommodate changes in social work practice, including DSM-5 updates, revised policies and statistics. Whether you are studying for your LSW exam or your LCSW exam, this book is sure to help you prepare you for your test.

Here is some information for social workers who are hoping to become licensed in the near future. We wish you the best of luck on your exam!

• The current cost of the LSW exam is $230. The current cost of the LCSW exam is $260.
• Before you can sit for the exam you must gain approval from the State Board of Social Workers, Marriage and Family Therapists and Professional Counselors. Once you have been approved by the State Board you can register for the exam through the Association of Social Work Board’s (ASWB) website.
• Those who are sitting for the LCSW exam must:
  • have 3,000 hours of supervised clinical practice before they can take the exam. Keep in mind that at least half of the 3,000 hours must consist of providing services in one or more of the following areas: assessment, psychotherapy, other psychosocial-therapeutic interventions, consultation, family therapy, and group therapy. (The supervision must be performed by a supervisor who meets the standards set by the State Board. Make sure the supervisor(s) you select meet the criteria.)
  • hold a Master of Social Work or Social Welfare Degree or a Doctoral degree in social work from an institution that was accredited by the Counsel on Social Work Education at the time the degree was attained.
  • be a licensed social worker (LSW)
  • Other conditions for LCSW licensure apply. Be sure that you are familiar with the conditions for licensure outlined in the Pennsylvania Code. You can contact the State Board with questions at 717-783-1389. As always, you can contact NASW-PA Chapter Staff at 717-232-4125.

Continuing Education:

• Make sure the credits you receive are from continuing education providers that have been approved by the State Board. If you are unsure whether a provider is approved you can visit www.nasw-pa.org/ceufaq for more information.
• You CAN receive credits provided in another state as long as they are from a provider approved by the PA State Board.
• If you attended a NASW-PA sponsored CE event and did not receive your certificate you can contact Alicia at anewkam.naswpa@socialworkers.org or 717-232-4125 x105. She will be able to send you your certificate.

NASW-PA Webinars:

NASW-PA has recently started offering live, online one-hour webinars for continuing education credits. These opportunities are being offered regularly during lunch time as a convenient way to acquire continuing education from the comfort of your home or office. To see a list of upcoming webinars, please visit www.nasw-pa.org/webinars
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