

CURRENTS

OF THE NEW YORK CITY CHAPTER

National Association of Social Workers



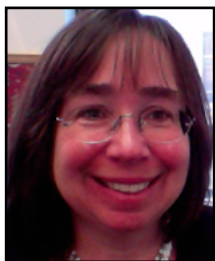
50 BROADWAY • SUITE 1001 • NEW YORK, N.Y. 10004 • PHONE (212) 668-0050 • FAX (212) 668-0305 • WEBSITE: WWW.NASWNYC.ORG
September/October 2015 Volume 60/No.1



Envisioning an Accountable Human Rights Movement for Social Work in the City

Sandy Bernabei, LCSW

[Click here to read the column](#)



Preparing for Oct. 1 Transition to ICD-10 Coding

*Lynne Spevack, LCSW
Practice-Building Consultant, Psychotherapist*

[Click here to read the article](#)



Cancer and Social Work

*Carolyn Messner, DSW, MSW, ACSW, OSW-C, BCD, LCSW-R
Director of Education and Training, CancerCare
Former President, Association of Oncology Social Work*

[Click here to read the article](#)



Excerpt from NASW-NYC's Poverty Toolkit Poverty and Children in NYC

*Elizabeth Rogers, LCSW
Director of Child Welfare Services, MHA-NYC*

[Click here to read the brief](#)

Inside Currents

Envisioning an Accountable Human Rights Movement for Social Work in the City	2
NASW-NYC Annual Meeting will Focus on SW and Politics	4
Preparing for the October 1st Transition to ICD-10 Coding	5
Cancer and Social Work	6
Poverty and Children in NYC	8
Legal Updates from National NASW	10
Volunteering Opportunity for Retired and Semi-Retired Social Workers	13
Introducing Hip Hop HEALS	10
Obituaries	14
Marketplace	18

**This is an interactive, clickable PDF. Please click links, article titles, and advertisements to read more.*



Envisioning an Accountable Human Rights Movement for Social Work in the City

Sandy Bernabei, LCSW
Chapter President

"All I want is for my child to have a fair chance at what others get. Equity without minority status!"

When I heard these words from another parent, I took my first step toward becoming a community organizer for anti racist change. It has turned into a lifetime journey of learning and personal growth that has brought me to a greater sense of humanity than I could ever have imagined, a committed life to the realities described in the stunning writings of Ta-Nehisi Coates in "Between the World and Me" (Spiegel & Grau, 2015), which is a letter to his son. His book is essential reading for a just world. It is my dream that our social work community will move towards this humanity by building a human rights agenda that demands for all New Yorkers a fair chance for a better life.

The adoption of the Universal Declaration on Human Rights in 1948 established ideals that lift up global humanity; social work as a discipline and profession is in support of these ideals. Promoting the declaration as a stand-alone, however, does little to address the structural arrangements that drive the violations we see in our city.

The work to achieve results and improve outcomes in the field of human rights requires that we know more, namely the difference between human rights and civil rights.

Whenever we engage in the work of human rights, we are confronted with institutions whose civil rights policies are based on laws adopted in the 1960's, themselves developed in direct response to pressure to undo officially sanctioned discrimination and segregation. Civil Rights laws, while important at the time they were enacted, are in many cases now not enough. They reinforce a system which targets individuals who have violated civil rights, but they have not successfully addressed systemic and structural causes of the patterns and practices of discrimination.

The U.N. adopted in 1965 a broad human rights treaty to address racial discrimination – the International Convention on the Elimination of All Forms of Racial Discrimination (ICERD). ICERD was initially signed by the U.S. in 1966 and later ratified by the Senate in 1994.

In an October 2011 report, PRRAC - The Poverty & Race Research Action Council, explained that the ICERD treaty "embodies an obligation not just to avoid policies with a discriminatory impact, but also to affirmatively take action to address racial disparities in outcomes for people of color, both within government programs and in society at large. Extending beyond the usual single-issue approach of U.S. anti-discrimination law, the [committee established to monitor the Convention] has also recognized the interdependence of race with other social principles such as gender and class."

Our frustration is often grounded in good intentions that do not generate the outcomes we hope for. Trying Hard is Not Good Enough.

All social workers come into this field in order to make a difference and enact some change. At one point or another, many of us feel disillusioned. While we maintain a human rights lens for all social work practice, it is

time for dramatic improvements at the macro level that will do more to promote and ensure equity and deliver on the promise of a good life.

Our civil rights laws fall short of addressing the discriminatory impact that institutions have on the most important area of people's lives: housing, education, labor, health, environment, criminal justice.

Malcolm X summarized it all with one quote: "When you live in a poor neighborhood, you're living in an area where you have poor schools. When you have poor schools, you get a poor education. Poor education, you only work on poor paying jobs and that enables you to live again in a poor neighborhood. So it's a very vicious cycle. We've got to break it."

The parent I mentioned earlier is Ron Chisom, leader of a national Undoing Racism® movement. Over the course of the past twelve years more than 10,000 NYC social workers and educators - along with over 800,000 nationally - have joined the Undoing Racism® movement, gaining a common macro lens that informs our collective work. The work of Undoing Structural Racism is the work of Human Rights!

We now have models that demonstrate how to actually improve outcomes and effect change. A 2013 NASW think tank on Achieving Racial Equity provided insights and frameworks for producing results. This Framework elements include:

1. Leadership Development;
2. Development of a Culturally Competent Workforce;
3. Community Engagement;
4. Cross Systems Collaborations;
5. Training Defined by Anti-Racist Principles;
6. An Understanding of the History of Institutional Racism and the Impact on Poor Communities and Communities of Color.

Case summaries are documented in Addressing Racial Disproportionality and Disparities in Human Services: Multisystemic Approaches, Nov 25, 2014 by Rowena Fong and Alan Dettlaff.

NYC can be a Human Rights city when we commit to human rights education with an analysis of structural inequities, a measured accountability for improved outcomes and pass ICERD ordinances at the local and municipal level. We would inspire a movement one city at a time.

Social workers are found in all human service systems and are perfectly placed to lead an antiracist human rights movement to ensure our city offers everyone a fair chance for a better life. We can begin a practice of human rights with accountability right now.

Onward!



Sandy Bernabei, LCSW

The Superstar Foundation provides an incentive for individual practitioners to begin measuring change. Each September they accept nominations to offer a \$5,000 awards to high performance human service professionals who use data to substantiate exceptional results. The 2015 Superstar Foundation National Veronica Award season officially opens on September 25 and runs through November 25 with Awards being made on or before December 15, 2015. For more information go to Superstar Foundation website.



You are invited to join the NASW-NYC Board of Directors at the
2015 Annual Meeting

ORGANIZING FOR CHANGE SOCIAL WORK AND POLITICS IN THE CITY



Keynote Speaker

Chirlane McCray, First Lady of New York City

Ms. McCray will address the critical importance of empowering New Yorkers from all backgrounds to have a stronger voice in the city. She will also share her efforts to build an effective mental health system that meets the needs of all New Yorkers where they live, work and study.

Thursday, October 15, 2015
52 Broadway, 2nd floor auditorium
5:30 p.m. — 8:30 p.m.

Special Video Message



Congresswoman Barbara Lee, MSW
Chair of Social Work
Congressional Caucus

President's Message



Sandra Bernabei, LCSW

Public Citizen Award



Ron Chisom, Executive Director
The People's Institute for
Survival and Beyond

Dr. James R. Dumpson Chapter Service Award



Christine Fewell
Adjunct Professor, NYU Silver
School of Social Work

Social Work Image Award Honorees: Pamela Simon, James Hollywood,
Undoing Racism Internship Project, New York Asian Women's Center



Preparing for the October 1st Transition to ICD-10 Coding

Lynne Spevack, LCSW
Practice Building Consultant, Psychotherapist in Private Practice
Chairperson, NASW-NYC Private Practitioners Group

Beginning on October 1, 2015, clinicians will be required to use ICD-10 codes when filing in-network and out-of-network insurance claims. All dates of service occurring on or after October 1, 2015, should be coded with the ICD-10. For dates of service prior to October 1, use the ICD-9 codes. In other words, the date of claim submission is irrelevant when it comes to which ICD code to use.

As you may have figured out, the old DSM-IV codes are obsolete; if you've submitted claims with the old DSM-IV codes and they've been accepted, consider yourself lucky - but know that your good luck is about to run out! With the advent of the ICD-10, those few old DSM-IV codes that were the same as the ICD-9 codes won't work anymore; unlike their predecessors, the new ICD-10 codes contain a letter prefix.

Where to find the new ICD-10 codes? Look in the DSM-5, on the first page of the relevant diagnosis, just below the diagnosis name; the second code listed - the code that's grayed out, in parentheses, and begins with a letter - that's the ICD-10 code. The one to the left of it is the ICD-9 that you should be using now, and through the end of September.

The American Psychiatric Association warns against purchasing the ICD-10 book, which is old and, significantly, does not contain the diagnostic descriptions you need in order to make an accurate diagnosis.

You may be wondering whether you really need to purchase (or have ready access to) the DSM-5. The answer is yes! Here's why:

The DSM-5 has changed in a number of significant ways such that you cannot rely on the old DSM-IV for diagnosis. As noted earlier, while some of the old DSM-IV codes were identical to the ICD-9 codes, this will no longer be the case with the advent of the ICD-10. Some of the DSM-IV codes are no longer in use, and have been replaced by new ICD diagnostic codes, now required by all insurance companies. And in some cases an old diagnosis (with an old name and perhaps even an old diagnostic code) may have new symptoms and other criteria that you, as a clinician, are responsible to know. Using old, outdated DSM-IV codes could result in claim denials and possibly more complicated and problematic repercussions; for example, a retrospective insurance audit might determine that the diagnosis you used is not substantiated in your record if your record does not reflect the current DSM-5 diagnostic criteria, resulting in the insurance company or Medicare demanding repayment of insurance money paid. Be sure that you are using the current DSM-5 and ICD codes to avoid problems!

A good resource for additional info about the ICD codes is <http://www.psychiatry.org/psychiatrists/practice/dsm/icd-10>

For guidance about coding the new ICD-10 codes on the CMS-1500 form, go to http://www.nucc.org/index.php?option=com_content&view=article&id=197&Itemid=114

Page 32 in the most current (version 3.0, July 2015) manual contains the information you'll need to complete the diagnosis field (item 21) on the CMS-1500.

Yeah, change can be a drag! But pretty soon, you'll be comfortable with the ICD-10 codes, and the old DSM-IV and ICD-9 codes will be a fading, distant memory!



Cancer and Social Work

Carolyn Messner, DSW, MSW, ACSW, OSW-C, BCD, LCSW-R
Director of Education and Training, CancerCare
Former President, Association of Oncology Social Work

Cancer

The word cancer is fraught with meaning for each person diagnosed with cancer, their loved ones and care-givers. Although heart disease is the major cause of death in the United States, the public perception of cancer includes: death, fear, stigma, lingering suffering and pain, loss of control, helplessness and economic ruin. Many people in the United States have limited or no health insurance. This compounds access to early detection and treatment of cancer.

Progress in the Treatment of Cancer

Scientific advances coupled with early detection have led to improvements in survival. Innovations in managing the side effects of cancer treatments have made it possible for some with cancer to live active lives while receiving cancer treatments. The advent of targeted treatments and precision medicine enable health care teams to select treatments that are tailored to the patient's cancer. The increase in delivery of cancer treatments in the outpatient setting has reduced time away from family, friends and work. Some cancer patients take pills to treat their cancer and see their oncologist for follow-up appointments. Adherence or taking one's pills on schedule is an important part of cancer treatments.

Management of pain related to cancer or its treatment is vital to quality-of-life and requires a multi-disciplinary team of experts in palliative medicine. The goal is to provide pain management throughout the cancer experience, including end-of-life and hospice care.

The Cancer Patient Population

A diagnosis of cancer is a life crisis for the person living with cancer, family members, partners, friends and co-workers. Fear, sadness, anger, uncertainty and isolation are common emotions. Some patients may experience a collapse of their social network, with friends and family not knowing what to say or do. The hallmarks of the cancer experience include feelings of vulnerability and uncertainty coupled with fear of recurrent disease. Many patients and family members report the sense of being on a rollercoaster while living with cancer. However, there are numerous anecdotal examples in which patients and cancer survivors report that the cancer experience provided an opportunity for personal growth or career change.

People living with cancer may have visible, as well as invisible scars. The site or location of the cancer compounds the individual's response. Although the well public believes that they are going to live "a long time into the future," cancer patients are forced "to confront their own mortality." (Mullan, 1985). From the point of diagnosis, patients and their families are beset with a variety of treatment choices. There is a need to get credible information quickly.

As cancer intersects daily living, there are opportunities for psychosocial interventions and services to assist patients and families as they encounter the challenges of living with cancer. Social workers play a key role by providing practical help, counseling, resource information, educational workshops, support groups, practical and financial assistance, which help to cope with cancer.

Social Work's Contribution to People Living with Cancer

The recognition that social workers could contribute to the care of the medically ill occurred in the early twentieth century. These medical social workers usually worked in hospital settings with the goal of helping patients and families make social and emotional adjustments to illness; assisting with practical issues, including financial problems, transportation, and planning for post hospital care and working with policy makers to advocate for the specific needs of the medically ill. (Lauria, Clark, Hermann & Stearns, 2001).

In the mid nineteen seventies, with the increase in cancer hospitals and oncology centers within medical settings, focusing on the treatment, care and cure of cancer, oncology social work emerged as a sub specialty of medical social work. Its goals are very much in keeping with medical social workers, except the focus and arena of practice is dedicated to the provision of professional social work services to cancer patients.

The Association of Oncology Social Work (AOSW) - www.aosw.org - is a non-profit, international, 501(c) 3 organization dedicated to the enhancement of psychosocial services to people with cancer and their families. Created in 1984 by social workers interested in oncology and by existing national cancer organizations, it has more than 1,200 current members who embrace the AOSW Mission "to advance excellence in the psychosocial care of persons with cancer, their families, and caregivers through networking, education, advocacy, research and resource development."

Psychosocial Oncology

Oncology social work needs to house its repository of the scope of oncology social workers' clinical practice, education, research, policy and program leadership in the psychosocial care of people with cancer and their families. Oxford University Press provided a solution when they realized they had not published a book specifically focusing on oncology social work and its role in the psychosocial care of people with cancer. The Handbook of Oncology Social Work: Psychosocial Care for People with Cancer (2015) edited by Grace Christ, Carolyn Messner and Lynn Behar filled that need. With 160 contributors, 106 chapters divided thematically into 19 Sections, this Handbook equips the reader with all that we know today in oncology social work about patient and family centered care, distress screening, genetics, survivorship, care coordination, sociocultural and economic diversity, legal and ethical matters, clinical work with adults living with cancer, cancer across the lifespan, their caregivers and families, pediatrics, loss and grief, professional career development, leadership and innovation. For more information:

<https://global.oup.com/academic/product/handbook-of-oncology-social-work-9780199941926?c=us&lang=en&>

Free Resources for People Living with Cancer

American Cancer Society – 1-800-227-2345; www.cancer.org

CancerCare – 1-800-813-HOPE (4673); www.cancercare.org

Cancer Support Community – 1-888-793-9355; www.cancersupportcommunity.org

National Coalition for Cancer Survivorship – www.canceradvocacy.org – 1-888-650-9127

National Comprehensive Cancer Network® (NCCN®) – NCCN Guidelines for Patients®
www.nccn.org/patients

National Cancer Institute – www.cancer.gov – 1-800-4-CANCER

NeedyMeds – www.needymeds.org – 1-800-503-6897

References

- Christ, G., Messner, C. & Behar, L. (2015). Handbook of Oncology Social Work: Psychosocial Care for People Living with Cancer. New York: Oxford University Press
- Lauria, Clark, Hermann & Stearns (2001). Social Work in Oncology. Atlanta: The American Cancer Society
- Mullan, F. (1983). Vital Signs. New York: Dell Publishing Company, Inc.



Poverty and Children in NYC

Elizabeth Rogers, LCSW
Director of Child Welfare Services, MHA-NYC

Editor's Note: This brief was published in [Worse Than You Think: The Dimensions of Poverty in NYC: What Social Workers See, in 2014](#). To read the full report, [click here](#). To see the most up-to-date statistics on child homelessness in New York City, visit the [Website](#) of the Department of Homeless Services and view their "Daily Report."

Children and Poverty in NYC

One in three children (31.4%) in New York City lived below the poverty level in 2012. That is equal to approximately 553,000 children in this city. The number of children living in poverty has been increasing since 2008. In 2008, 27% of NYC children lived below the poverty line, approximately 500,000 children.

Poverty Disparities

Poverty varies across race/ ethnicity in NYC as well as across boroughs. According to the NYC Center for Economic Opportunity, the poverty rate in 2011 for Non-Hispanic Whites is 15.4, for Non-Hispanic Blacks is 21.4, for Non-Hispanic Asians is 26.5, and for Hispanics of Any Race is 25.3. In 2011, the poverty rate in the Bronx was 26.0, 23.9 in Brooklyn, 21.1 in Queens, 15.3 in Staten Island, and 14.7 in Manhattan.

The use of SNAP (Supplemental Nutrition Assistance Program) has also been on the rise in NYC. Brooklyn and the Bronx have the highest numbers of families/ households utilizing food stamps.

Poverty and Early Childhood

Low-income levels for families have been associated with negatively impacting academic performance and health outcomes for young children. Enrollment in high quality early childhood programs has been documented to result in positive educational and social outcomes for children. Access to such programs remains a concern for low-income families—63% of low-income 3- and 4-year-old children were NOT in a preschool program while 45% of children from higher income families were NOT enrolled in 2011. In NYC, ACS utilizes a model called Early Learn NYC for its early care and education, including Head Start for eligible children. Slots have decreased from 2010-2013, from close to 50,000 slots in 2010 to approximately 30,000 slots in 2013.

High School Dropout Rates and Poverty

The NY Times reports that the 2012 NYC high school drop-out rate was 11.4%. According to the NYC Department of Education, the NYC high school drop-out rate in 2011 was 10.1%. Special education students drop out at a rate of over 13%. Native American, Hispanic, and black students drop out at higher rates than their white and Asian counterparts. According to CEO, people with less than a high school education are more than three times likely to be in poverty (31.8%) than someone who has completed college or higher (9.4%).

Childhood Mental Health and Poverty

Slightly over five percent of children ages 4 to 17 are reported to have a moderate or severe mental health problem, as reported by their parents. For teens ages 13 to 18, the rate of severe mental health disorders is slightly 1 in 5 teens. Among low-income children (less than 200% FPL), the rate is approximately 8%, while for children who live in families over 200% FPL, the rate is slightly over 4%. Rates have been increasing among low-income children in terms of access to mental health care and are comparable, as of 2008, to higher income children. Stressors around poverty may impact mental health while mental health symptoms can impact school performance, relationships with family and friends, and self-image.

NYC Children and Family Shelter Census

As of June, 2014, the number of families in the NYC Department of Homeless Services Shelter system is 11,257; within these families, there are 16,093 adults and 23,243 children. This number has been steadily increasing every year since 2008. In January 2008, the number of families in the shelter system was 7,658.

Social Workers and the Recent Decisions of the Supreme Court

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

© June 2015. National Association of Social Workers. All rights reserved.

In June 2015, the U. S. Supreme Court issued substantive decisions in four cases that the National Association of Social Workers (NASW) applauded due to the rulings' significance to the advancement of public policies and social justice. These landmark decisions by the Court will likely have a deep impact on several aspects of the lives of millions of Americans. This Legal Issue of the Month will review the cases and the Court's decisions from a social workers' perspective and the NASW policy statements that support each case.

King v. Burwell (576 U.S. 14-114)

In *King v. Burwell*, the U.S. Supreme Court made a monumental decision on a challenge to the Affordable Care Act (ACA). In a 6-3 ruling, the Court dismissed the contention that providing subsidies to low income individuals to purchase health care through the ACA was improper due to the lack of specific authorization in the wording of the law. As a result of this decision, the Supreme Court has upheld one of the key provisions of the ACA permitting it to remain a viable program for access to health care coverage in the U.S.

In 2010, Congress passed the Affordable Care Act to increase the number of Americans covered by health insurance, expand the eligibility for Medicaid, decrease the cost of health care, and reduce the number of uninsured by providing for the establishment of "marketplaces" (also known as "exchanges") that offer qualified health plans and administer premium subsidies to make health care coverage affordable. The law gives states the option to establish their own marketplaces through which people could purchase health care coverage. If states did not elect to establish their own marketplace, the federal government would establish one for them as a default so that marketplaces are available in each state.

The ACA also required people to obtain the minimum level of health coverage or pay a tax penalty unless they fell within an exemption for low-income individuals. To limit the number of people who were exempt from the tax, the ACA provided tax credits to help low and middle income individuals afford their health insurance premiums in states that did not set up their own health insurance marketplace. In implementing the ACA, the Internal Revenue Service (IRS) created a regulation that made the tax credits available to those enrolled in both state and federally-run marketplaces although the specific language of the ACA only referred to marketplaces established by the state.

The petitioners in *King v. Burwell* asserted that Congress only intended for residents of state-based marketplaces to receive premium tax credits, not those who use federally-facilitated marketplaces. They argued that the IRS regulation that allows tax credits for those enrolled in plans through federally-run marketplaces was contrary to the language of the ACA, in that, it was not one "established by the State," and, therefore, the IRS exceeded the authority delegated to it by Congress to make rules implementing the ACA.

The respondents in *King v. Burwell* were federal agencies responsible for implementing the ACA and they wanted the Court to uphold the IRS's regulation that allows the availability of subsidies in states with a federally-run marketplace. The federal government argued that the IRS rule is consistent with the language of the ACA because a marketplace "established by the State" also means one established by Health and Human Service (HHS) standing in as a surrogate for the state. The government also argued that from reading the statute in its entirety, it is clear that Congress intended subsidies to be available to people in all states, regardless of whether the state has established its own marketplace.

NASW Members [click here](#) to continue reading the article

Legal Considerations When a Client Dies by Suicide

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

© April 2015. National Association of Social Workers. All rights reserved.

Introduction

Since 1999, suicide has been recognized as a serious public health problem in the United States. There are 112.7 suicides per day, one every 12.8 minutes, making suicide the 10th leading cause of death for Americans. In 2013, there were 41,149 suicides reported in the U.S.

One in every five mental health professionals will lose a patient to suicide at some point in their career. The therapist becomes a “clinician-survivor” when a patient takes his or her own life in the course of treatment. Many therapists have described this experience as the “most profoundly disturbing event of their career.” The social workers experienced feelings of sadness, guilt, disbelief, confusion, grief, anger, shock, and anxiety. In addition, the fear of legal issues can loom over the entire experience.

NASW members often call for legal consultation after learning that a client died by suicide, seeking guidance on their legal responsibilities in this tragic situation. This LDF Legal Issue of the Month article discusses some of the legal considerations confronting social workers when a client dies by suicide.

Liability

The occurrence of a tragedy like suicide does not directly or necessarily support a legal claim of malpractice. However, mental health professionals who are treating clients in crisis may be accused of having some responsibility for a client’s suicide. Establishing legal liability is grounded on the same principle as medical malpractice cases. The following four elements must be present to succeed in a malpractice claim:

- 1) Duty - a professional relationship existed between therapist and client;
- 2) 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)
- 3) Causation - a legally demonstrated causal relationship between therapist’s negligence and the injury of the client; and
- 4) Damages - client suffered harm or injury and must show proof of actual compensable injury.

Lawsuits involving suicide and malpractice are filed by someone who survives the person who died by suicide, such as the parent or spouse, or the suicide victim’s estate executor. These lawsuits are typically called wrongful death lawsuits.

Speaking with family members

There are many emotionally laden issues that surround a client’s suicide. A difficult issue that a therapist may struggle with is whether or not to speak to the deceased client’s family members. Therapists are sometimes contacted by surviving family members for many reasons. In some cases, merely acknowledging to the family that the client was being treated by the therapist raises legal considerations.

NASW Members [click here](#) to continue reading the article

Volunteering Opportunity for Retired and Semi-Retired Social Workers

The Metropolitan Council on Jewish Poverty is seeking retired and part-time master's-level social workers to provide supportive services to the 1,700 clients living in Met Council's senior residences. We are looking to match volunteer social workers to our low income residence living in Met Council buildings located throughout the five boroughs of New York City. Many of our seniors are isolated and unaware of the services that are available to them in the community and the public benefits they are entitled to. We are looking for volunteers to enhance the quality and dignity of seniors lives.

As a source of support to the building case manager, volunteer social workers will utilize their training and skills to assess clients' needs and to intervene on their behalf with assistance, accessing our benefits enrollment staff, food packages or cards, advocacy, and information about services. Alongside the services they provide individual residents, they will organize community programming for all building residents to ensure seniors remain active, healthy, and engaged.

Hours and days of service are flexible based on the availability of the volunteer. We believe this is a great opportunity to engage volunteers with critical social work skills to enhance our client services.

If you are interested in learning more about this opportunity or other ways to volunteer with Met Council, contact Shaina Goldberg, Director of Volunteer Services for Met Council at SGoldberg@metcouncil.org or (212)453-9619.

Introducing Hip Hop HEALS to the Social Work Community

Morgan Metsch and Alice Long

Hip Hop Public Health is a non-profit organization founded by Dr. Olajide Williams, the Chief of Staff of the Department of Neurology and Director of Acute Stroke Services at Columbia University Medical Center. Dr. Williams developed the organization with the initial goal of raising awareness of the signs and symptoms of stroke in medically underserved communities. There is a critical 4.5-hour window for stroke treatment from symptom onset, and the faster that a stroke patient receives this treatment, the better the short and long term health outcomes are for that person.

In his clinical experience at Harlem Hospital, Dr. Williams found that many stroke patients from economically challenged and medically underserved communities had much longer stroke response times than those in other communities, resulting in that population suffering greater health consequences from stroke. In order to reach a broader segment of the population, Dr. Williams decided to use children as a vehicle for disseminating stroke knowledge through a method known as “child-mediated stroke communication.” The ensuing program, called Hip Hop Stroke, has been highly effective and has improved stroke knowledge in disadvantaged communities. Over the past few years, at least four children educated in the Hip Hop Stroke program have recognized stroke and have called 911.

Based upon the success of this program, we have expanded the focus of our programming to include a variety of health behaviors such as healthy eating and physical activity. All of our programming includes the use of hip hop music and multimedia to improve health literacy and foster positive health behaviors.

One of these programs, called Hip Hop H.E.A.L.S (Healthy Eating and Living in Schools), focuses on teaching children in communities with a disproportionate burden of obesity and its related illnesses about healthy eating. Through the power of hip hop, this program delivers messages to children that encourage the establishment of healthy eating habits and exercise on a daily basis. The childrens’ role in this program is to positively influence point-of-purchase dietary decision making of their parents through child mediated health communication, a strategy that is already used by food marketers and which is referred to in the marketing literature as “purchase influence”.

Connecting Social Workers with Hip Hop Heals

The goal of our project is to explore partnership opportunities between Hip Hop Public Health and social workers with the goal of working together to bring the benefits of this program to a larger audience. The key role that social workers play in all facets of the community life puts them in a unique position to help us maximize the positive effects of Hip Hop Health.

If you believe that the individuals or communities you work with would benefit from Hip Hop Public Health, please contact us at (929) 335-HHPH (4474) or at info@hhph.org.



in partnership
Fordham University and NSWM-NYC Chapter
present

Social Work Managers: Primed for Leadership

FRIDAY, OCTOBER 23, 2015

8:30 pm – 5:00 pm

WHAT: *a conference offering management and leadership sessions for those serving people in need or leading the organizations that serve them*

FOR: *supervisors, managers, administrators and leaders, especially those who are seeking relevant management continuing education credits*

WHERE: *Fordham University @ 113 West 60th Street, 12th Floor, NY, NY 10023*

FEE: *Members: \$150 Non-members: \$175*

BENEFITS

- *Leadership and Management focused sessions*
- *Macro-practice and organizational learning*
- *Network with diverse social work management professionals*
- *Receive up to seven (7) hours of professional and personal development*
- *May satisfy NYS required education hours for licensed social workers*
(pending NYS Ed Dept. approval, Provider: Fordham University Graduate School of Social Services)

For NSWM-NYC or conference information, contact: newyorkcitychapter@socialworkmanager.org

For more information about the association and to join as a member: www.socialworkmanager.org

Sponsors or Exhibitors welcome, contact: newyorkcitychapter@socialworkmanager.org

REGISTER – CLICK LINK BELOW

<http://nswm-nyc.eventbrite.com?s=43748138>

NASW NYC PIONEERS

Revisiting the Legacy of Dr. James R. Dumpson



Reflections on the American Social Welfare State: The Collected Papers of James R. Dumpson, PhD, <http://www.naswpress.org/publications/profession/american-social-welfare-state.html> authored by Dr. Alma J. Carten, Associate Professor NYU Silver School of Social Work, reviews US social welfare developments over a critical period from 1930 through 1990, decades during which social welfare policy was expanded to new heights through New Deal and civil rights legislation followed by conservative attacks on the foundation of these progressive policy reforms.

Professor Carten examines these developments through the lens of the public papers of NASW Pioneer Dr. Dumpson that are housed in the Fordham University archival holdings in the Walsh Library, where he served as dean of the Graduate School of Social Service. The first African American appointed dean of a predominately white school of social work, Dumpson was appointed with a mandate from the University administration to “lead the School into relevancy” and prepare students to contribute to the “elimination of poverty and racism.”

The lecture and discussion highlight his contributions to social work practice and education, his pioneering work in international social work, and substantive contributions to policy advancements for children and families. A NASW Pioneer of many firsts, Dumpson was the first social worker to head the New York City Department of Public Welfare and the Human Resources Administration. He was elected president of the Council on Social Work Education (CSWE) at a time when social work educators were grappling with new issues related to baccalaureate social work education and the integration of diversity content into the curriculum policy statement. His pioneering philanthropic work at the New York Community Trust drew attention to the plight of individuals impacted by HIV/AIDS and the urban elderly .

**October 13, 2015
5:00-7:00PM**

**Lowenstein Lincoln Center campus
113 West 60th Street
New York, NY 10023
12th floor**

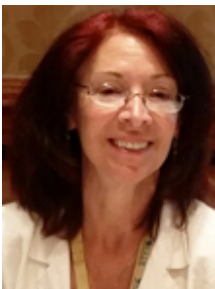
RVSP mmcknight4@fordham.edu

Obituaries



Abraham Lurie

Abraham Lurie died on August 25, 2015 at the age of 97. Beloved husband of the late Nettie, loving father of Susan (Don) and Debra (George). Cherished grandfather of Raphael and Anna. Devoted partner of Anita Gurian. A person of keen intellect, commitment to social change and social justice, Abe was one of the great innovators in social work. His health and mental health program models continue to be used globally. He embodied the best in practice, research, management and program innovation. His work will be carried on by the many people he taught, mentored and inspired and by his writings which number in the hundreds.



Carol Kamine-Brown

We mourn the August 6th death of Carol Kamine - Brown, a consummate social worker and supporter of NASW. Carol was Executive Manager of COHME (Concerned Home Managers for the Elderly) for the past 14 years. COHME is a licensed, non-profit 30 year old home care agency, founded on a social work ethos; a dual mission to offer quality care to older adults and needed supports to the home health aides who care for them. Carol's inclusive vision of service has left a powerful legacy to all who carry on.

...CONSIDER NYSPP...

For Advanced Training in Psychodynamic Psychotherapy

www.NYSPP.org

The New York School offers an ego structuring and object relations curriculum that deepens the craft of psychotherapy by integrating traditional and contemporary analytic theory with current clinical thinking.

- Small interactive clinically oriented classes, outstanding faculty integrating supervision, academic work and clinical practice.
- Collegial and supportive membership that fosters networking, mentoring and professional growth through continuous study and learning.
- Opportunities for clinical experience through the Institute's Referral Service.
- LMSW's can receive supervised experience credit toward LCSW certification.



**THE NEW YORK SCHOOL FOR
PSYCHOANALYTIC PSYCHOTHERAPY
AND PSYCHOANALYSIS**

NYSPP

200 West 57 St, #905, NY, NY 10019 212 245 7045

Accredited by Accreditation Council of Psych.Edu. (ACPE)
Absolute Charter by the New York State Board of Regents

College of Education and Human Services



PhD in Family Studies **Strengthening diverse individuals, families and communities**

Family and Child Studies is an interdisciplinary field that teaches you how to understand individuals, families and communities holistically. Our holistic approach incorporates research from psychology, social work, sociology, economics, history, women and gender studies, biology and many other fields.

Social justice is a core strength of our PhD program in Family Studies. Our students learn to use a social justice perspective to understand and help strengthen diverse individuals, families and communities through research, policy, and prevention and education programming.

Our faculty has a distinguished research record in the areas of development across the lifespan/ life-course; close relationships, marriage and family interactions; prevention, developmental systems science and translational science; and diversity, marginalization and resilience.

Graduates of the program will have a wide range of professional opportunities, including careers as:

- Faculty in higher education
- Grant writers
- Government and nonprofit agency directors
- Program administrators
- Researchers and evaluators
- Policy makers

To Apply:

Applications are being accepted for fall admissions only.

The final application deadline for fall admission is February 1.

College of Education and Human Services
phdfamily@montclair.edu | 973-655-4171
aries.montclair.edu/fcst-phd

Montclair State University
IT'S ALL HERE

Clinical Journeys

Feeling overwhelmed by your patients?
Wondering how to better understand what's going on in sessions?
Want to learn ways to work with different personalities?
Not sure how to be helpful?

How we look, listen and change: A one year introductory program

Enhance and deepen your clinical relationships by expanding your theoretical understanding of your work with patients. Unique in its multi-theoretical approach, PPSC offers a variety of lenses through which to view phenomena in clinical work.

In Clinical Journeys seminars you will learn to apply useful psychoanalytic concepts and frameworks to situations you come across each day. We welcome you to join your peers in developing your curiosity and knowledge in a collegial weekly seminar format. CEUs will be available for social workers.

The program consists of three 8-week courses held from October to May on Wednesday evenings, 6:30-9:00 p.m.

TUITION is \$600 per trimester.

CEUs are 20 per trimester, 60 for the year.

TO REGISTER, please download the application at ppsc.org/one-year-program

for more information:

CONTACT PPSC at (212) 633-9162 VISIT OUR WEBSITE: ppsc.org SEND US AN EMAIL: ppsc@att.net



Protecting Social Workers Professionally and Personally!

ENHANCED NASW-ENDORSED PROFESSIONAL LIABILITY INSURANCE

NASW Assurance Services (ASI) has ENHANCED the professional liability program benefits for YOU, our valued NASW member.

- NEW General Liability Insurance and Cyber Liability Insurance
- Increased benefits for Subpoena Legal Defense Coverage
- 5% online discount and 10% risk management education discounts make affordable premiums even lower.
- Easy online enrollment process with same day policy and proof of coverage once accepted
- New: Medical Payments Coverage (\$50,000)
- Risk Management Help Line staffed by a risk management specialist, to answer your claims-related questions

To enroll in our enhanced program, visit www.naswassurance.org/pli/professionals or call (855) 385-2160.

MALPRACTICE RISK MANAGEMENT & ETHICS EDUCATION (& CEUs)

ASI offers education to help you avoid malpractice lawsuits and licensing board complaints:

- Risk Management Workshops
- Online Risk Management Courses
- Continuing Education Units

PERSONAL INSURANCE FOR 50+ MEMBERS

- Medicare Supplement
- Long-Term Care
- 50+ Term Life

GROUP INSURANCE

ASI offers personal insurance to protect you and your loved ones when the unexpected happens:

- Term Life
- Long-Term Disability
- Hospital Income
- Accident Protection

EMERGENCY TRAVEL ASSISTANCE

ASI offers access to 24-hr travel & medical assistance for you, your spouse/domestic partner, and family if you are sick or hurt traveling in the U.S. or abroad.

HEALTH CHOICES

- Health Choices: This service helps NASW members find Individual Major Medical, Dental and Vision Insurance.
- Life Line Screening: ASI offers Life Line Screening as a discounted member benefit to help you and your loved ones detect serious health problems through preventive health screening.
- CADR+: This discounted benefit allows you to access a physician by phone, video, or mobile app 24/7.

AUTO, HOMEOWNERS AND RENTERS INSURANCE

ASI offers access through MetLife to high-quality auto, homeowners, and renters insurance for you and your family members. For your free quote, call **(877) 491-5087**, or visit www.myahprogram.com/nasw.

EAPREFER

An exciting NASW members-only benefit that puts your expertise and experience as a social worker to use as an Employee Assistance Professional. EAPrefer allows network providers to easily select qualified social work professionals with the right education, licensure and expertise. Visit www.eaprefer.org.



For more information on any of the programs listed, including costs, exclusions, limitations, reduction of benefits, and terms of coverage:

Visit us at www.naswassurance.org or call (855) 385-2160.

The group insurance programs are underwritten by Hartford Life and Accident Insurance Company, Simsbury, CT 06089. Pearl Insurance administers the professional liability insurance. Auto, home and renters insurance is provided and underwritten by Metropolitan Insurance Company and its affiliates and subsidiaries. Not all applicants may qualify for insurance. NASW Assurance Services programs are endorsed by the National Association of Social Workers. 2015 National Association of Social Workers. All rights reserved.

 **NASW™**
Assurance Services
Where Social Workers Come First™

Stand up. Stand out.

➤ Expanded eligibility criteria

Find out how you can join 37,000+
board-certified case managers.



Apply today!

www.ccmcertification.org
(856) 380-6836

TRAINING IN GROUP LEADERSHIP

• ONE & TWO YEAR PROGRAMS

• WEEKEND INTENSIVES • OUTREACH • STAFF DEVELOPMENT



Course schedules are now available online at
www.groupcenter.org

1841 Broadway, Suite 1118, New York, NY 10023
Phone: (212) 246-5055 E-mail: info@groupcenter.org

Lou Ormont's dynamic and innovative approach is taught in a
consistent and in-depth fashion at
THE CENTER FOR GROUP STUDIES

METROPOLITAN INSTITUTE

FOR TRAINING IN PSYCHOANALYTIC PSYCHOTHERAPY

Since 1962

*Contemporary Certificate Programs in Adult and
Child-Adolescent Psychoanalytic Psychotherapy*

- Affordable Training
- Clinical Experience Upon Entering
- Evening Classes
- Independent Courses

Chartered by the New York State Board of Regents in 1980

MITPP is affiliated with the Metropolitan Center for Mental Health (MCMH), an Office of Mental Health (OMH) licensed clinic. Social Workers who train at MITPP can count their hours of practice at MCMH toward LCSW licensure in accordance with New York State Law. MITPP trains those with Masters' Degrees in other disciplines to qualify for the New York State license in Psychoanalysis.

**Earn and learn while working towards LCSW licensure
and a Certificate in Psychoanalytic Psychotherapy.**
Details: www.mitpp.org

For further information contact: Joyce A. Lerner, LCSW, Director, MITPP
160 West 86th Street, NY, NY 10024 Phone: (212) 496-2858
Email: mitppnyc@aol.com Website: www.MITPP.org

**NYU****SILVER SCHOOL
OF SOCIAL WORK**

Office of Global and Lifelong Learning

FALL CONFERENCES**Dialectical Behavior Therapy (DBT): Support and Skills for the Therapist Working with Severely Dysregulated or Suicidal Clients** with Susan Dowd Stone, MSW, LCSW**October 14 and November 20, 2015 (two-part event)**
9:00am - 5:00pm

Learn about the management of challenging emotions, advanced skills for severely dysregulated clients, DBT-specific components of therapist support, and potential problems and solutions in teaching DBT. (12 CE hours)

Cognitive Behavioral Therapy: What It Is and How to Use It with Andrew B. Schmidt, PhD, LCSW; Marcia Kimeldorf, PhD; Joseph Madonia, LCSW-R, CASAC; and Michael Wheaton, PhD**December 7 and 8, 2015 (two-day event)**
9:00am - 5:00pm

Review the nuts and bolts of Cognitive and Behavioral Therapy (CBT) approaches and their integration in a clinical setting, and learn the application of CBT in the treatment of Obsessive Compulsive Disorder, depression, substance abuse and transdiagnostic anxiety. (12 CE hours)

The Silver School of Social Work is recognized by the New York State Education Department's State Board of Social Work as an approved provider of continuing education for licensed social workers #0012.

UPCOMING WEBINAR**The Social Worker in Public Schools**

with Scott Bloom, MSW, LCSW-R

This series of webinars will provide a comprehensive, integrated approach to children's mental health in order to better address the mental health needs of students.

» **The School As Client: What Every Social Worker Needs to Know About Working in Schools in the 21st Century** (1 CE hour)
(Self-Study, originally aired July 14, 2015)

» **Who's Walking Through the Classroom Door: Working with the Clinician's Construction of the Student** (1 CE hour)
September 29, 2015 | 5:30 - 6:30pm

» **The School Social Worker in Action: Emergency, Crisis, and Drama** (1 CE hour)
October 20, 2015 | 5:30 - 6:30pm

Additional self-study webinars available.

SPRING 2016**Post-Master's Certificates** (Registration available in October 2015)

» Spirituality and Social Work

» Executive Leadership in the Not-for-Profit Sector

More seminars and conferences to be announced!

For more information, visit **socialwork.nyu.edu/ogllfall15**.

New York University is an affirmative action/equal opportunity institution.

**Psychoanalytic Training Institute
of the Contemporary Freudian Society**

Innovative Programs in NYC & DC emphasize analytic listening and clinical immersion, integrating contemporary psychoanalytic perspectives. We offer small classes and a supportive training experience with IPA-member faculty.

NY Adult Psychoanalysis Program is a License Qualifying (LP) program. All Masters-level professionals are welcome to apply. LMSW's may receive supervised experience credit toward LCSW certification.

Monthly Saturday classes in DC facilitate training from a distance.

Additional NYC programs include Child/Adolescent Psychoanalysis, Psychoanalytic Psychotherapy, and Parent-Infant Treatment.

**For
more
information**

Susan Roane, PhD 347-725-0080 (NY)
Cindy Mendelson 410-296-2920 (DC)
instituteofcfs.org

Become a Registered Play Therapist!

Sign up for **NY TRACK A 2016**
and save over \$500!!

TRACK A 2016 NY

Track A Includes the required 150 hours of training

- Gestalt PT As Taught by Violet Oaklander, PhD., RPT-S (retired)
- Attachment-Based Family PT w/ Traumatized Children
- Trauma Focused-CBT w/ Children
- PT w/ Foster Care Children
- Psychodynamic PT

...and many more!

**SAVE OVER
\$500!**

UPCOMING TRAINING -BROOKLYN**Child-Centered Play Therapy**

October 26 & 27, 2015 12 CEUs

Crisis Care Network: Critical Incident Response

Training to be an EAP Provider

November 16, 2015 6 CEUs

Introduction to Sandplay Therapy

December 2 & 3, 2015 12 CEUs



**Chesapeake Beach
Professional Seminars, LLC**

For information or to register contact us at:
410 414 9901 or cbps2006@yahoo.com
visit: **www.CBPSeminars.org**



Integrated Primary & Behavioral Health

ADVANCED CERTIFICATE

Go to: socialwork.nyu.edu/integratedhealth

Specifically designed for physicians, social workers, peer specialists, and related healthcare professionals, this program consists of **five modules** that offer a **comprehensive overview of the healthcare reform movement** and results in the award of the Advanced Certificate in Integrated Primary and Behavioral Health.

**Registration Now Open
For All 5 Modules!**

FALL 2015

MODULE 1

The Importance of the Affordable Care Act
(10 CE hours)

MODULE 2

Social Determinants and Integrated Health Services
(20 CE hours)[†]

[†] Hours additionally recognized for CME credit by NYU Langone Medical Center

The NYU Silver School of Social Work is recognized by the New York State Education Department State Board of Social Work as an approved provider of continuing education for licensed social workers. License #0012.

NYU is an affirmative action/equal opportunity institution.

SPRING 2016

MODULE 3

Person-Centered Care
(20 CE hours)

MODULE 4

The Affordable Care Act: Promoting Systems and Organizational Accountability
(10 CE hours)

MODULE 5

Leadership During Times of Change
(20 CE hours)



A New York State Licensure-Qualifying Institute

Chartered by the Board of Regents of the University of the State of New York

Certificate Program in Psychoanalysis

- Comprehensive training in the theory and practice of psychoanalysis
- Supervised practice in our on-site clinic
- Engaging, interactive evening classes for working professionals

CE Credits for Social Workers

THE ONE-YEAR PROGRAM (60 CE Credits) introduces modern psychoanalytic theory and technique through four semester-long courses (15 CE Credits each). Students enhance their therapeutic skills and generate insights about themselves, their work, and their patients.

Fall: The Maturation Process and Transference & Resistance;

Spring: Countertransference and Analytic Listening.

Classes meet Mondays from 6:00 to 9:10 PM.

THE EXTENSION DIVISION offers courses, seminars, and workshops for those interested in learning more about modern psychoanalysis. Several offer CE Credits for Social Workers.

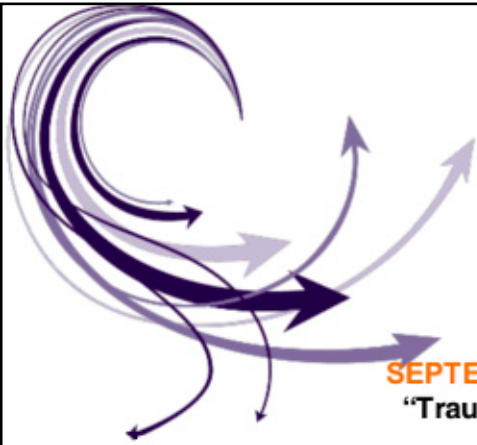
Open Houses Held Monthly

Oct 27, 1:30 PM | Nov 9, 5:30 PM | Dec 8, 1:30 PM | Jan 11, 5:30 PM



Center for Modern Psychoanalytic Studies

16 West 10th St, New York, NY 10011 • 212-260-7050 • cmps@cmps.edu • www.cmps.edu



EXPLORE APAT!

PPSC's NEW ADVANCED PSYCHODYNAMIC ADDICTIONS TRAINING PROGRAM

FALL 2015 COURSES 11.25 CEU's each

SEPTEMBER

"Trauma, Before and Beyond: Understanding developmental implications for assessment, treatment and recovery"

OCTOBER

"Walking the Tightrope: Understanding the dynamics of ambivalence as it relates to the addiction/recovery process"

NOVEMBER

"On the High Wire With Difficult Patients: Managing countertransference juggling codes of conduct, and balancing multiple modalities"

- **CEU CREDITS FOR LCSW'S, LMSW'S**
- **CASAC RECREDENTIALLING CREDITS**

Take courses individually or complete all modules for an
Advanced Certificate in Addictions Training



Rolling admissions. Please go to <http://ppsc.org/apat> for more information



Everyone Deserves a Place to Call Home

312 Expressway Drive South
Medford, New York 11763
(631) 758-0474 phone (631) 758-0467 fax
www.concernhousing.org

Health Assets Management, Inc.



Caring for social work practices –

Submitting claims, assuring payments,
Obtaining/tracking authorizations,
Verifying patient benefits & copays

And Completing

insurance panel applications

ICD-10 & CPT code specialists

Prepared for DSM 5

Assure your

HIPAA and HITECH compliance!

www.healthassets.com

(Ask about NASW member discounts)

845-334-3680 info@healthassets.com

465 Broadway Kingston, NY 12401

The NASW-NYC Nominations Committee Seeks Recommendations for Chapter Elections – Spring 2016

The Chapter's Committee on Nominations and Leadership Identification has requested that members begin to make nominations now. The basic requirement for being nominated is current membership in NASW. NASW-NYC policy for President-Elect is that a member has served on the chapter Board of Directors.

In keeping with NASW's Affirmative Action policy, Chapter leadership must proportionally reflect the number of women (79%) and people of color (19%) in the organization's overall membership. NASW recognizes the following groups in its Affirmative Action policy: American Indian/Native Americans; Asian Americans/Pacific Islanders; Blacks and Latinos. The Chapter will also consider sexual orientation as part of its affirmative action goals.

The Committee will accept recommendations until December 1 (or beyond if positions are not filled). Please use this form to make your recommendations. If you would like details regarding the duties and responsibilities of the respective positions, please call Kelly Moskos at (212) 668-0050, ext. 222.

POSITIONS OPEN FOR ELECTION

1st Vice President: (1) – three year commitment

3rd Vice President: (1) –three year term

Treasurer: (1) – three year term

Member-at-Large: (6) –three year term

Student Members: (2) – one year term

MSW Student Member

BSW Student Member

Nominations Committee: (6) – two year term

Recommendations for 2016 Chapter Elections

Nominee: _____ Credentials: _____

Preferred Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone (home or cell): _____ (work): _____

Preferred E-Mail: _____

Agency or Employment: _____ Title: _____

Gender: _____ Sexual orientation (optional): _____

Ethnicity:

☐ American Indian/Native American

☐ Black

☐ Latino

☐ Asian American/Pacific Islander

☐ White

☐ Other

Elected position for which person is most interested in running: _____

Areas of expertise of the proposed nominee (use additional sheet if necessary) :

Specific qualifications that reflect the person's readiness for the position recommended :

If this is not a self-referral, please fill out the following;

Your Name: _____

Telephone (home or cell): _____ (work): _____

E-Mail: _____

Return to: Nominations Committee, NASW-NYC, 50 Broadway, Suite 1001, New York, NY 10004 or fax at 212-668-0305.