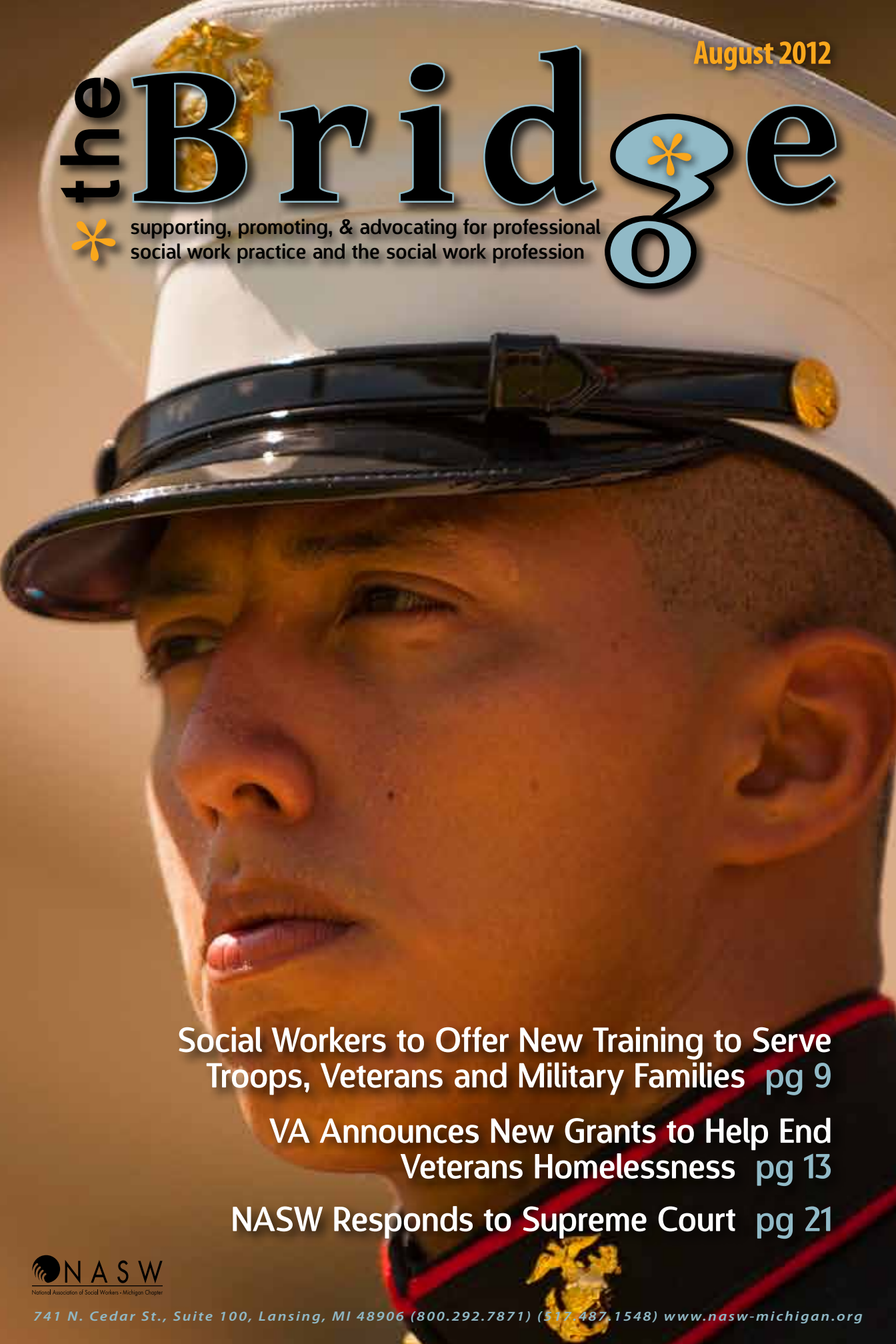
August 2012

the Bridge

supporting, promoting, & advocating for professional social work practice and the social work profession



NASW
National Association of Social Workers - Michigan Chapter

741 N. Cedar St., Suite 100, Lansing, MI 48906 (800.292.7871) (517.487.1548) www.nasw-michigan.org

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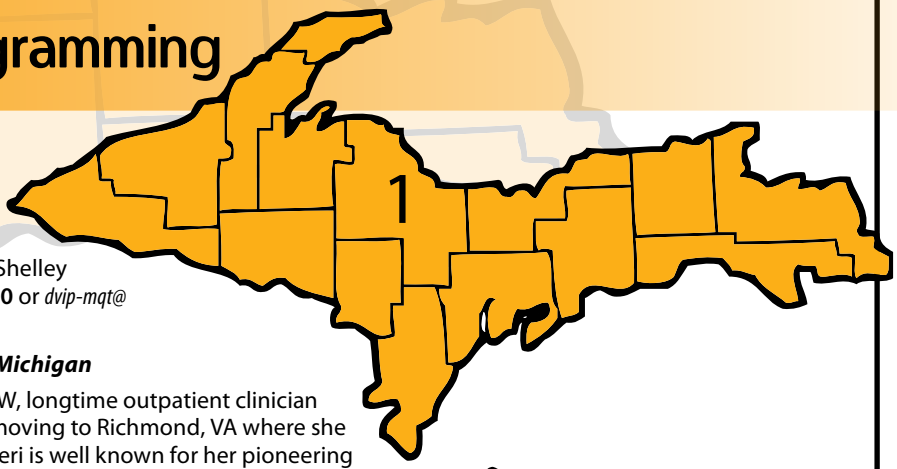
What's inside ...

Questions about your state license? Contact the Department of Community Health Bureau of Health Professions, at **517.335.0918**, *bhpinfo@michigan.gov* or *www.michigan.gov/healthlicense.*

Questions about continuing education requirements or how to become a continuing education provider? Visit *www.socialworkcec.com* or Contact Robin Mingus at **517.487.1548 Ext.17**, rmingus@nasw-michigan.org.

Regional Programming

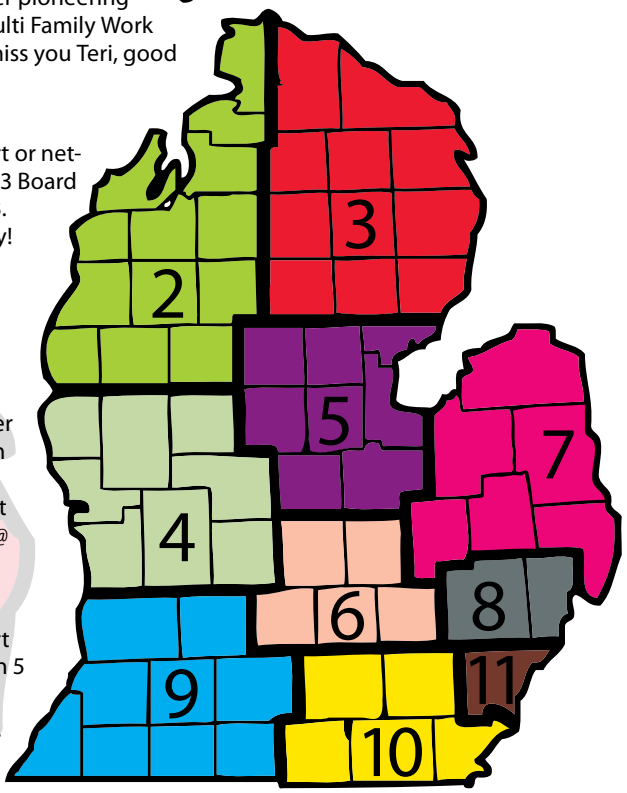


Region 1 - ***Upper Peninsula***

Region 1 social workers interested in professional support or networking are invited to contact Shelley Ovink! Contact her at **906.486.8020** or *dvip-mqt@hotmail.com.*

Region 2 - ***Northwestern Lower Michigan***

Shout Out! Teri Schafer LMSW ACSW, longtime outpatient clinician at Pathways CMH in Marquette is moving to Richmond, VA where she has accepted clinic employment. Teri is well known for her pioneering group work with Borderline Personality Disorders and Multi Family Work with both Schizophrenia and Bipolar Disorders. We will miss you Teri, good luck!



Region 3 - ***Northeast Lower Michigan***

Region 3 social workers interested in professional support or networking are invited to contact Judith Thompson, Region 3 Board Representative, at *family_connections@live.com* or **989.358.9393**. Network with other Region 3 members on LinkedIn today!

Region 4 - ***Western Michigan***

This group will meet on the ***2nd Tuesday*** of each month from ***6:00-7:00pm*** at ***Project Reach Services Counseling & Personal Growth Center*** (3501 Lake Eastbrooke Blvd., Suite 110, Grand Rapids, MI 49546). This center is located in the Lake Eastbrooke Professional Building on the corner of Lake Eastbrooke and Camelot St, across the street from AMF Eastbrooke Lanes. All social workers & students are invited to attend. To RSVP for the meeting, please contact Lisa Townsend, Region 4 Board Representative, at *ltp.reach@sbcglobal.net.*

Region 5 - ***Central Michigan***

Region 5 social workers interested in professional support or networking are invited to contact Kim Johnson, Region 5 Board Representative, at *ksjohns2@svsu.edu.*

Region 6 - ***Ingham, Eaton, Livingston, Clinton, & Shiawasee Counties***

Region 6 welcomes a new Board Representative, Sara Stech! Contact her at *sarastech938@gmail.com.*

Region 7 - ***Genesee, Lapeer, St. Clair, Tuscola, Sanilac & Huron Counties***

Region 7 social workers interested in professional support or networking are invited to contact Anita Anderson, Region 7 Board Representative, at *lmswcmh-work@yahoo.com.*

Region 8 - ***Oakland & Macomb Counties***

Region 8 social workers interested in professional support or networking are invited to contact Susan Wotring, Region 8 Board Representative, at *js_wotring@yahoo.com*

Region 9 - ***Southwest Michigan***

Regional 9 meetings are on summer break. Please plan on meetings resuming in the fall. If you have any questions or concerns about any issue please contact Julie Weckel at *jweckel@geriatricconnections.com* or **269-240-8042**.

Region 10 - ***Jackson, Washtenaw, Monroe, Lenawee, & Hillsdale Counties***

Region 10 welcomes a new Board Representative, Bonnie Holiday! Contact her at *bonnie.holiday@arbor.edu.*

Region 11 - ***Wayne County***

The next Region 11 meeting will take place on ***Saturday, August 11***, at ***Williams Pavilion*** in Detroit (99 E. Forest) on the 14th floor "penthouse". Please contact Leonard Zabawski, Region 11 Board Representative, at **313.804.0251** or *LAJKONIK11@msn.com* additional information.

New Region Representatives Appointed

The NASW-MI Board of Directors is happy to announce their newest appointed members:

Region 6 (Clinton, Ingham, Eaton, Livingston, and Shiawasee Counties) welcomes Sara Stech (LMSW, ACSW), as their newest Regional Representative. Sara is an MSW graduate from Michigan State University and has spent her career as a clinician, clinical supervisor and administrator. Her main areas of interest are in system change and in the growth of individuals. Sara can be reached at ***sarastech938@gmail.com*** or at **517.337.9460**.

Region 10 (Jackson, Washtenaw, Monroe, Lenawee and Hillsdale Counties) also welcomes new Region Representative Bonnie Holiday (LMSW, ACSW). Bonnie is an Assistant Professor of Social Work and Social Work Department Chair/Co-Director at Spring Arbor University and also has a private practice in Jackson, MI. Bonnie has been a social worker for over 20 years is dedicated to partnering with individuals, families and groups as they endeavor to make positive change for the betterment of self and society. Bonnie can be reached at ***bonnie.holiday@arbor.edu*** or at **517.764.4596**.

Thank You Betsy Voshel!

By: Nan Hunt, Chapter Ethics Committee Member

This year will be the first since 1985 that the Michigan Chapter Ethics Committee (CEC) (formerly the Michigan Chapter Committee on Inquiry) will be without the leadership of Elizabeth (Betsy) Voshel. The Committee and the Michigan Chapter of NASW wish to recognize and express gratitude for the contributions that Betsy has made in her tenure as the chair of this committee. Betsy Voshel has marked the Chapter CEC with her passionate, sensitive, and persistent leadership, and the Michigan Chapter of NASW is grateful for her lifetime of contribution and guidance. Thank you, Betsy!!

"I am grateful for having had the opportunity to be involved with NASW and the evolution of social work ethics over many years, as it has been an incredibly rewarding professional experience for me. The NASW Code of Ethics is a hallmark of our profession and we need to diligently continue to strive to maintain the highest standards possible so to protect and earn the trust of those with whom we are privileged to work."

Betsy Voshel is an Associate Clinical Professor of Social Work and Director of Field Instruction at the University of Michigan.

Welcome to NASW

The Michigan Chapter would like to welcome the following new members who have chosen to support their profession and participate in advocating for social work values. We hope that, as new members, you will consider sharing your experience and perspectives with the Association by joining a committee, attending a board meeting, or participating in a local program.

Region 1
Mark Krist, *Marquette*

Region 2
Brittani Bloxsom, *Traverse City*
Karalee Bradshaw, *Ludington*

Region 4
Kaylee Kalajainen, *Caledonia*
Mary McDonald, *Muskegon*
Glenda Pittman-Parks, *Grand Rapids*
Naomi Savoie-Miller, *Kentwood*
Kelsey Whitaker, *Grand Rapids*

Region 5
Lisa Csizmadia, *Wheeler*

Region 6
Mallory Pline, *Dewitt*
Ramzia Saadi, *Dearborn*

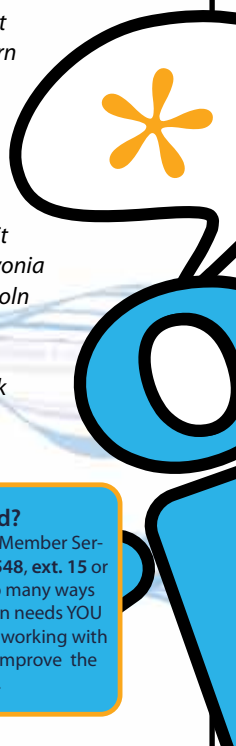
Region 7
Gregory Burns, *Flint*
Amber Ernst, *Fort Gratiot*
Ryan Gladfelter, *Saint Clair*
Shana Griffith, *Port Huron*
Laura Meldrum, *China*
Jennifer Rader, *Kimball*
Shelby Rightenburg, *Jeddo*
Victoria Vitale, *Port Huron*

Region 8
Teredia Austin, *Harrison Township*
Arielle Barouch, *West Bloomfield*
Kendra Bevier, *Rochester Hills*
Sheri Bondy, *Macomb Township*
Faith Boucher, *Novi*
Kelsey Brandon, *Macomb*
Jasmine Bullock, *Warren*
Erin Carr, *Saint Clair Shores*
Nicholas Case, *Roseville*
Kristen Collins, *Lake Orion*
Jennafer Cooperrider, *Waterford*
Jasmine Crutchfield, *Farmington Hills*
Angela Donadio, *Royal Oak*
Amy Duda, *Clinton Township*
Lindsey Duda, *Harrison Township*
Carolyn Elliott, *Royal Oak*
Melissa Felice, *Farmington Hills*
Adrienne Gregg, *West Bloomfield*
Rina Hennes, *Oak Park*
Dana Jeffery, *Macomb*
Brianna Kammer, *Richmond*
Kelly Kanigowski, *Waterford*
Danielle Koenig, *Troy*
Stephanie Kovalcik, *Warren*
Rosanna Kuzmyn, *Birmingham*
Lisa Lapinski, *Clawson*
Diana Laskey, *Harrison Township*
Takara Orum, *Farmington Hills*
Michelle Orzel, *Chesterfield*
Andrea Owens, *Harrison Township*
Nicole Pettibone, *Royal Oak*
Kimberly Poirier, *Shelby Township*
Jennifer Quint, *Harrison Township*
Carolyn Radke, *Clinton Township*
Tracy Richards, *New Baltimore*
Kathryn Saile, *Armada*
Brittany Scalici, *Clinton Township*
Jacquline Sharp, *New Baltimore*
Rachel Sionkowski, *Novi*
Amber Sivalelli, *Clinton Township*
Chelsea Smallridge, *Harrison Township*
Natalie Sorscher, *Rochester Hills*
Kendra Tillman, *Birmingham*
Tara Toma, *Ferndale*
Erin Watkeys, *Farmington*
James Wickersham, *Birmingham*
Rita Yarber, *West Bloomfield*

Region 9
Jean Concannon, *Albion*

Region 10
Sarah Brown, *Ann Arbor*
Kaili McKnight, *Jerome*
Samantha McNamara, *South Rockwood*
Katharine Mercer, *Ann Arbor*
Erin Peters, *Newport*
Kayla Wagner, *Ypsilanti*

Region 11
Asia Alhassan, *Dearborn*
Jacquetta Bass, *Detroit*
Jillian Becker, *Redford*
Amina Begum, *Hamtramck*
Stephanie Belcher, *Westland*
Stefan Branov, *Detroit*
Sara Buckner, *Redford*
Iva Burda, *Livonia*
Amanda Cline, *Dearborn Heights*
Ana Colon, *Detroit*
Anissa Duren, *Detroit*
Chimere Frederick, *Detroit*
Antonio Freeman, *Southgate*
Victoria Haltom, *Livonia*
Margaret Jarrett Kramer, *Redford*
Amany Killawi, *Detroit*
Jasmine Knight, *Detroit*
Sabeena Manalel, *Northville*
Trina Maulbin, *Detroit*
Maura Meng, *Detroit*
Lisa Messina, *Wyandotte*
LaTishia Porter, *Detroit*
Katelyn Prechel, *Canton*
Jasroop Rai, *Detroit*
Brandi Reynolds, *Detroit*
Abaigeal Ritter, *Dearborn*
Mical Roby, *Belleville*
Scott Saghy, *Romulus*
Sarah Salem, *Dearborn*
Jessica Sartori, *Detroit*
Shehla Shukoor, *Detroit*
Harpinder Sidhu, *Detroit*
Sharman Silberman, *Livonia*
Grechen Stephens, *Lincoln Park*
Maria Vujic, *Hamtramck*
Patricia Wade, *Allen Park*
Cayla Yuhn, *Westland*



Want to get involved?
Contact Duane Breijak , Director of Member Services & Development, at **517.487.1548, ext. 15** or *dbreijak@nasw-michigan.org*. There are so many ways to get involved and NASW-Michigan needs YOU more than ever! We look forward to working with you in our efforts to enhance and improve the social work profession.

'Like' NASW-Michigan on Facebook today!

Hearing on "Equality at Work: The Employment Non-Discrimination Act"

Written Testimony of Elizabeth J. Clark, *PhD, ACSW, MPH*

Executive Director, National Association of Social Workers For the Senate Committee on Health, Education,Labor and Pensions

Washington, DC June 12, 2012

Chairman Harkin and other distinguished members of the Senate Committee on Health, Education, Labor and Pensions, we thank you for considering our statement during this hearing on the Employment Non-Discrimination Act (ENDA). The National Association of Social Workers (NASW) supports efforts to end discrimination and harassment in the workplace for lesbian, gay, bisexual and transgender persons.

NASW is the largest membership organization of professional social workers in the country, with 145,000 members. NASW works to enhance the professional growth and development of its members, to create and maintain standards for the profession, and to advance sound social policies. Social workers help individuals, families, and communities across the nation to improve their well-being and promote social change to enhance unfavorable living conditions.

Background

During the serious economic down-turn in the United States, the unemployment rate has been decreasing across many socioeconomic groups. One of the hardest hit unemployed groups is the transgender population. Whereas, the general population is only experiencing an unemployment rate of 8.1 percent, the unemployment rate for the transgender population is twice that at 16 percent. These figures suggest disparaging differences in employment practices in the workforce when comparing hiring policies between heteronormative groups and the transgender population.

Under current federal law the following practices are defined as discriminatory: harassment on the basis of race, color, religion, sex, national origin, disability, genetic information, or age; retaliation against an individual for filing a charge of discrimination, participating in an investigation, or opposing discriminatory practices; employment decisions based on stereotypes or assumptions about the abilities, traits, or performance of individuals of a certain sex, race, age, religion, or ethnic group, or individuals with disabilities, or based on myths or assumptions about an individual's genetic information. Yet it is clear that current laws do not protect all prospective, or current employees, equally.

Research demonstrates that lesbian, gay, bisexual, and transgender employees experience harassment, discrimination, and negative employment performance reviews solely due to their sexual orientation and or gender identity. For example, transgender individuals are reporting harassment (50 percent), inappropriate release of personal information (48 percent), inappropriate questions (41 percent), denied access to personal facilities (22 percent), and being victims of violence or sexual assault (13 percent) within the work place.

Currently, there is no federal law protecting individuals from job discrimination based on actual or perceived sexual orientation or gender identity. Twenty-one states and the District of Columbia have passed laws prohibiting employment discrimination based on sexual orientation, and 16 states and the District of Columbia also prohibit discrimination based on gender identity. Many states, corporations, and municipalities have passed laws, regulations, and policy that ban employment discrimination based on sexual orientation and/or gender identity.

Recommendation

ENDA is similar to the Civil Rights Act of 1964, which bans employment discrimination based on race, religion, gender, national origin and color. In addition, the United States Employment Commission (EEOC) ruled that gender identity and expression are protected under the Civil Rights Act of 1964, Title 7. Gay, lesbian, bisexual, and

transgender individuals face alarmingly high rates of employment discrimination. The Employment Non-Discrimination Act will ensure employees are judged on the quality of their work and not on personal identity, which is irrelevant to job performance. It is time for Congress to lead the nation once again in preserving the right of every individual in the United States to contribute to their community while pursuing the American dream without prejudice. ENDA embodies the American philosophy that employment decisions should be centered on a person's qualifications and work ethic, rather than their perceived differences. NASW strongly urges the Congress to pass the Employment Non-Discrimination Act.

National Association of Social Workers (NASW). (2012). Lesbian, gay, and bisexual issues and transgender and gender identity issues policy statements. Social Work Speaks. Washington DC: NASW Press.

Grant, J. (2011) Injustice at every turn: A report of the national transgender discrimination survey. National Gay and Lesbian Task Force. Retrieved June 11,2012 http://www.thetaslcforce.org/downloads/reports/reports/ntdsfull.pdf

National Center for Transgender Equality and the National Gay and Lesbian Task Force. (2009, Sept). National transgender discrimination survey. Retrieved April 15, 2010, from http://www.thetaskforce.org/downloads/release materials/tf enda fact sheet.pdf. Macy, M. v. Holder, E. (2011/2012). ATF-201 1-00751 (EEOC App. 0120120821).

Housing Summit Highlights Challenges Facing LGBT Elders

This past December, HUD's Office of Policy Development and Research, the Department of Health and Human Services' Administration on Aging, and the National Center for Lesbian Rights co-hosted the first-ever LGBT [lesbian, gay, bisexual, and transgender] Elder Housing Summit at HUD headquarters in Washington, DC. The landmark event included panel discussions by leading professionals who are working to improve the lives of LGBT elders by addressing the disproportionate challenges facing the population.

For the LGBT population, aging presents challenges not widely experienced by heterosexual elders. The LGBT elder population:

- May face discrimination and prejudice in accessing housing, health care, and other supportive services;
- May have caregivers who do not have the same legal rights and protections as those in other familial relationships; and
- Is subject to unequal treatment under state and federal laws.

These challenges affect LGBT elders' financial security, health and wellness, access to social support networks, and interpersonal relationships — all factors critical to successful aging.

Social service providers and other nonprofit organizations have taken the lead in addressing many of the challenges facing the LGBT population. The panel discussions at the housing summit highlighted program models designed to expand and improve LGBT elder housing and long-term care in both institutional and noninstitutional settings.

The Gay and Grey Program at Friendly House in Portland, Oregon is improving the lives of LGBT elders through advocacy, outreach, and resource development strategies. Gay and Grey provides a safe place for LGBT elders to socialize through organized activities and educational programs that keep participants informed on key issues. The program also provides diversity training to healthcare professionals and providers of eldercare, as well as social services to increase awareness of — and sensitivity to — the specific needs of LGBT elders. Recently, Friendly House developed an institutional housing assessment tool to evaluate eldercare facilities and their existing capacity to meet the needs of the LGBT elder population. The assessment is voluntary, but completing it allows facilities to be listed as "LGBT elder friendly" based on the outcome of the evaluation.

Services and Advocacy for Gay, Lesbian, Bisexual, and Transgender Elders (SAGE) in Harlem is applying the naturally occurring retirement community (NORC) model to expand services to LGBT elders. The NORC model is based on "aging in place," making it possible for elders to remain in their existing buildings or neighborhoods. Much of SAGE's work in Harlem has involved building partnerships with existing organizations and service providers to expand services to LGBT elders. Along with these partnerships, SAGE Harlem has established a community space for LGBT elders to gather for social events, educational workshops, and other programming.

While the Gay and Grey program and SAGE Harlem work to build the capacity of existing organizations and service providers to effectively meet the needs of LGBT elders, other organizations are focusing on constructing new supportive housing that's friendly to LGBT elders. Triangle Square in Los Angeles is the first affordable housing development in the county targeted specifically to low-income LGBT elders. Completed in 2007 by Gay and Lesbian Elder Housing of Los Angeles, the 104-unit complex combines high-quality affordable housing with onsite supportive services to provide comprehensive care for low-income LGBT elders.

The Center on Halsted in Chicago has pioneered an innovative LGBT Homesharing program that matches renters with housing providers in an effort to help LGBT elders age in place in a non-institutional setting. The Homesharing program offers an affordable housing option for renters while providing

LGBT elders with supplemental income and companionship; factors that may influence their ability to continue living independently. Serving as an intermediary between renters and housing providers, the Center on Halsted performs background checks and screening to ensure the safety and security of participants for all housing matches.

The LGBT Elder Housing Summit at HUD highlighted the significant challenges facing the LGBT population. Many of these challenges are the result of laws that do not afford the same legal protection and status to LGBT elders as is afforded to the straight population, years of social stigma, and discriminatory practices that affect access to programs and services. Current program models address these challenges by raising awareness of LGBT elder-specific issues through education and advocacy to health and long-term care providers in institutional settings, and by expanding housing opportunities in environments that are supportive and sensitive to the needs of LGBT elders.

A two-part webcast of the event is available for viewing.

Triangle Square, Los Angeles CA

NASW to Offer New Training to Serve Troops, Veterans and Military Families

Dr. Jill Biden
July 25, 2012

Earlier today, I was pleased to join the National Association of Social Workers at their national practice conference to announce a new Joining Forces commitment that will help train more than 650,000 social workers to have a better understanding of issues affecting our troops, veterans and military families.

We have asked a lot of our military since Sept. 11, 2001. They – and their families – have responded to the need for more frequent and longer deployments. As they have done in the past, our troops and their families have answered the call with no complaint.

But they shoulder a tremendous burden. As one Marine wife and mother recently told me, "people have no idea what 10 years of war will do to a family. All my kids have ever known is war."

For the 1.3 million Americans who have fought in Iraq or Afghanistan, some of the toughest challenges don't come on the battlefield. They come months and years after they come home.

This Administration is working hard to make sure our veterans get the best care possible. Because only half of our veterans seek care through the Department of Veterans Affairs, social workers are uniquely positioned to reach service members, veterans and their families in every county in the nation.

Today's announcement means that social workers – the nation's largest group of mental health care providers – will have access to critical training and resources, including:

- A free online training course, which will count toward continuing education requirements, for all social workers so they can better understands the unique needs of veterans and military families;
- A professional credential for Social Work with Veterans and Military Families for social workers who work primarily with service members and military families;

- A NASW set of standards for working with veterans and military families.

First Lady Michelle Obama and I started Joining Forces last year so that every American is inspired to take action to honor and support our troops and their families. The response – from individuals, from faith leaders, from businesses and more – has been extraordinary.

Today's announcement is exactly the type of commitment we hoped to see – a major national organization stepping up to answer the call and do what it does best to have a positive impact on our troops and their families for years to come.

Biden, J. (July 25, 2012). Social Workers to Offer New Training to Serve Troops, Veterans and Military Families. Retrieved August 1, 2012, from www.whitehouse.gov.

Video: Dr. Jill Biden at 2012 NASW Hope Conference included in White House's West Wing Week for July 27th

NASW

A SOCIAL WORKER HELPED HIM PUT THE WAR 6,800 MILES BEHIND HIM.

The social worker is Rick Selig, PhD, LSCSW, who counsels veterans in his private practice in Kansas. The soldier is Army National Guard Specialist Chuck Ross. They met when Chuck returned from his tour in Iraq. Finding himself hypersensitive and easily angered, Chuck knew he needed coping skills for being back home — where loud noises aren't attacks and lives aren't always on the line. Dr. Selig, a specialist in trauma and stress, helped Chuck practice techniques to "downshift" his reactions from high alert to everyday life. Four months later, he's been able to put the stress of war half a world away. For veterans, for families, help starts with a social worker. **To find out more about these and other life issues or to find a social worker, visit HelpStartsHere.org.**

Social Workers
Help starts here.

Sponsored by the National Association of Social Workers

Why We All Should Care About our Service Members, Veterans, and Their Loved Ones.

The National Association of Social Workers is committed to supporting the health and well-being of our nation's service members, veterans, and their families. This website provides resources intended to assist professional social workers who work with or are interested in learning more about working with veterans and military families. For social workers who may work with our service men and women and their families, here is some important information you may want to know:

- 18.5 percent of veterans returning from Afghanistan and Iraq meet the criteria for Posttraumatic Stress Disorder (PTSD) and/or major depressive disorder.
- 19.5 percent report traumatic brain injuries (TBI) such as concussions during deployment.
- Substance abuse represents one of the leading causes of medical leave for military personnel, accounting for approximately 400,000 medical encounters and approximately 75,000 days of enforced bed rest each year.
- 79 percent of those with TBI met the criteria for alcohol abuse; 37 percent met the criteria for drug abuse.
- In the United States, 200,000 veterans will be homeless at one point during a year's time, with approximately 107,000 veterans being homeless each night. Nearly one-fifth of the homeless population is veterans, although only 8 percent of the veteran population can claim veteran status. There are also 1.5 million veterans on the verge of homelessness.
- Three out of four homeless veterans have alcohol, drug, or behavioral health problems.
- Female veterans are four times more likely to become homeless than men and are more likely than men to have dependent children.
- Those with deployed spouses are at significantly increased risk for depressive, sleep disorder, anxiety, acute stress, and adjustment disorders.
- 30,000 suicides are committed each year on average, more than 20 percent are veterans.
- On average, a veteran commits suicide every 36 hours.
- The unemployment rate of post 9-11 veterans is 13.3 percent, compared to a non-veteran rate of 9 percent. The unemployment rate for veterans between 18-24 is 21.9 percent. The unemployment rate among Reservists may be as high as 40 percent.
- Employers may not recognize the unique contributions and strengths of veterans, and many have a difficult time

reintegrating into society, finding a job, and earning comparable wages.

Social Work in the Armed Forces

There are many opportunities available to professional social workers interested in serving veterans and military families. Regardless of practice area, chances are that nearly all social workers will serve this population in some capacity whether through mental and behavioral health therapy, social services, housing, health care, care coordination, or a variety of other services. Other social workers may work primarily with service members or veterans through their private practice specifically aimed at serving them, or through veterans service organizations or other targeted agencies. Still other social workers will choose to serve in the Armed Forces, including the Air Force, Army, and Navy.

What the Air Force Says: Military life can obviously be stressful on Airmen. It can also be stressful on their families. As an Air Force Clinical Social Worker, you'll help families cope with typical challenges as well as ones unique to the military. You'll also have the opportunity to develop your leadership skills as you plan and implement multiple programs.

What the Army Says: Social workers were first commissioned as officers in the U.S. Army in July 1945, although social workers assisted soldiers during both World War I and II as American Red Cross employees. Military and civilian social workers serve their country and the Army in multiple ways spanning the spectrum of clinical, administrative, and research social work skills. Licensed Clinical Social Workers serve as officers, both in the Active Component, and in the Reserve Components.

What the Navy Says: Whether they're defending our country or helping those who cannot help themselves, Sailors and Marines must endure long separations from loved ones and exception emotional circumstances. So must their families. Social workers are crucial in helping everyone stay strong. Navy social workers connect those who serve and their family members to the care and support they need. They counsel individuals who are about to deploy and their families. They offer crisis intervention for those who have undergone a traumatic experience. They lead workshops on a variety of topics, like transitioning from deployment to everyday life.

Social Work in the United States Department of Veterans Affairs

Inevitably, when servicemen become disabled, the first question they have is how soon they can get back to their unit. After a doctor has explained why they cannot return to active duty, the social worker picks up the pieces." **–Meyeroff (2009)**

Social workers are important providers of services to service members, veterans, and their families. The United States Department of Veterans Affairs is the largest employer of Master's level social workers in the United States. Social Workers have worked in the VA since 1926. Today, social workers offer a variety of services to veterans and their families, including resource navigation, crisis intervention, advocacy, benefit assistance, and mental health therapy for conditions such as depression, posttraumatic stress disorder (PTSD), and drug and alcohol addiction.

Social workers in the VA also ensure continuity of care through admission, evaluation, treatment, and follow-up processes, and they provide assessment, crisis intervention, high-risk management, advocacy, and education to veterans and their families. Social workers offer a particular skills set and knowledge base that is beneficial, if not indispensable, to veterans who may return from war with a host of challenges. Veterans are served well by social workers' person-in-environment perspective and their ability to solve multifactor problems. Learn more about social work at the VA.

VA Announces New Grants to Help End Veterans Homelessness

Initiative Targets 42,000 Homeless and At-Risk Vets and Families

WASHINGTON – Secretary of Veterans Affairs Eric K. Shinseki announced today the award of nearly $100 million in grants that will help approximately 42,000 homeless and at-risk Veterans and their families. The grants are going to 151 community agencies in 49 states, the District of Columbia and Puerto Rico.

"We are committed to ending Veteran homelessness in America," said Shinseki. "These grants will help VA and community organizations reach out and prevent at-risk Veterans from losing their homes."

Under the Supportive Services for Veteran Families program, VA is awarding grants to private non-profit organizations and consumer cooperatives that provide services to very low-income Veteran families living in -- or transitioning to -- permanent housing. Those community organizations provide a range of services that promote housing stability among eligible very low income Veteran families.

Under the grants, homeless providers will offer Veterans and their family members outreach, case management, assistance in obtaining VA benefits and assistance in getting other public benefits. Community-based groups can offer temporary financial assistance on behalf of Veterans for rent payments, utility payments, security deposits and moving costs.

This is the program's second year. Last year, VA provided about $60 million to assist 22,000 Veterans and family members.

In 2009, President Obama and Secretary Shinseki announced the federal government's goal to end Veteran homelessness by 2015. The grants are intended to help accomplish that goal. According to the 2011 Annual Homelessness Assessment Report to Congress, homelessness among Veterans has declined 12 percent since January 2010.

Through the homeless Veterans initiative, VA committed $800 million in FY 2011 to strengthen programs that prevent and end homelessness among Veterans. VA provides a range of services to homeless Veterans, including health care, housing, job training, and education. ⊠

More information about VA's homeless programs is available on the Internet at www.va.gov/homeless. Details about the Supportive Services for Veteran Families program are online at www.va.gov/homeless/ssvf.asp.

Veterans in Michigan

Facts You Should Know

A 2011 Michigan Department of Military and Veterans Affairs report found that over 7% of the Michigan population, or approximately 704,000 individuals were veterans.

- Over half of the total veteran population in Michigan is between 50-70 years old
- Roughly 250,000 of the Michigan veterans were in the Vietnam War
- 17 counties have a population of 10,000 veterans or more
- Almost 70% were not enrolled in VA Medical Services
- 45,000 (7%) of Michigan Veterans are female identified

Additionally, a 2011 U.S. Congress Joint Economic Committee reported the state of Michigan topped the list of highest unemployment for veterans at 29.4%. This is more than twice the unemployment rate at the time (10.3%). The State of Michigan estimates that in 2012 there could be between 7,000 – 9,000 veterans returning to Michigan. Many are associated with the National Guard and Reserves, and still have jobs or have opportunities they are returning to.

References

Wycoff, Sara. 2011. Veterans in Michigan: A Brief Overview of Demographic Trends in Veterans Populations in the State of Michigan and Nationwide. Department of Military and Veterans Affairs

Understanding the Economy: State-by-State Snapshots. Joint Economic Committee during the 112th Congress. Includes data through May 2011.

Potential Veteran Resources:

Michigan Department of Military and Veterans Affairs

3423 N. Martin Luther King Jr. Blvd.
Lansing, MI 48906
(517) 335-6523

www.michigan.gov/dmva

U.S. Department of Veterans Affairs Detroit VA Regional Office

477 Michigan Avenue
Detroit, MI 48226
(800) 827-1000

www.va.gov

U.S. Department of Veterans Affairs Health Benefit Service Center

(877) 222-8387

D.J. Jacobetti Home for Veterans 425 Fisher Street

Marquette, MI 49855
(800) 433-6760

Grand Rapids Home for Veterans

3000 Monroe Avenue, N.W.
Grand Rapids, MI 49505
Phone: 800-642-4838

The National Center for Post-Traumatic Stress Disorder

http://www.ncptsd.va.gov

What's Your Story?

Nancy Bauser, *ACSW, BCETS, BCDT, CPC*

My story begins over forty years ago, when life was simpler & easier. Imagine that it's the fall of the year and I am on a serene college campus, somewhere in the state of Michigan. I am intelligent, well organized and goal-oriented. I'm very social, liberal and rebellious. I am fiercely independent with just the right touch of passive aggressive resistance to authority figures. The ability to manage multiple demands came easily to me. In the fall of what was supposed to be my senior year of undergraduate school, my world collapsed.

In a split second, my career changed from one of a special education teacher to an entry level position in the field of brain injury recovery. This was the result of my being a passenger in a very small Italian sports car that collided with a large American vehicle on Plymouth Road, between Ann Arbor and Northville.

Fortunately, the driver of the other car was a physician who immediately began mouth to mouth resuscitation to restore my breathing. After being rushed to the University Hospital in Ann Arbor, life support was administered to me. I got an impressive set of credentials that day. My right wrist was crushed, both my eyes would never again work together and I sustained a severe closed head or brain stem injury.

My life has taught me that I was not singled out for the terrible misfortunes that I've experienced. That insight alone doesn't eliminate or minimize my problems. It simply reduces the suffering that comes from struggling against the unfortunate facts of my life. I wish things were different, but they're not. All I can do is the best that I can, and then allow myself to enjoy and be proud of the progress I make, on a daily basis. I've also learned that I can't expect anyone to give me, what I don't give myself first. In other words, if I want to be treated with respect & dignity, I need to show those qualities in all of my interactions.

From November of 1971 until February of 1972, my memory does not exist. I don't remember anything of the visits from my friends or the daily vigil of my mother, who spent her days talking and reading to my comatose form. I recall nothing of my

transfer to the Rehabilitation Institute in Detroit that December.

My first recollection is waking up in the bedroom of my childhood and wondering why I wasn't at the University of Michigan, where I was a student. I had scars on my body and a cast on my arm. The words Rehabilitation Center and catheter were suddenly in my vocabulary. My surroundings were unclear to me, confusion and terror set in and everyone was continually asking me how I was feeling. The very sad thing was that I had no idea why.

I participated in out-patient physical, occupational and speech therapy the Detroit Rehabilitation Institute for three months. I was frightened by that place because I hadn't yet realized that I had been in a very bad car accident. So I insisted that my mother sit where I could see in at all times, because I was afraid of being abandoned! The doctors and therapists did all they could and told my mother that she could expect to see improvement in my condition, over the next five years.

That's what was told to my mother in 1972 & in 5 years, it would be 1977. Believe me - when I say that in 1977, my recovery was nowhere near where it is today. That awareness simply supports my belief that recovery builds on itself, it just happens very, very slowly.

In 1972, I was concerned with learning to walk without using furniture for support, cook my own meals and set my hair. Things that I unconsciously do today were very difficult and required deliberate efforts. One thing at a time became my new mantra. Having a conversation and eating at the same time could not be done. I used to hesitate between groups of words so often, that I was told I sounded retarded. As you might expect, I didn't like that at all! So, I started listening to how people in the mainstream talked and I copied them. I also had no idea how to behave with others after my trauma, so I watched how individuals interacted wherever I went.

My role models were chosen from the people I both liked and respected. A goal for me became, to be the kind of person who got treated the way I wanted to be treated. Somehow I knew that I had to treat others the way I wanted to be treated.

Before my trauma, I had no work experience. Nobody told me that I could not or should not succeed. My job had been as a student, working toward an undergraduate degree. So, nine months after my severe brain stem injury, I returned to the University of Michigan to finish my studies.

In 1973, I earned my Bachelors degree in Education. A teaching certificate was not awarded to me, because I didn't do regular education student teaching. I knew that I couldn't handle multiple sources of stimulation, in other words – students, who would all be making demands of me, at the same time in a classroom. I repeated special education student teaching because that was done in a protected & supervised clinical setting. I continued to live in Ann Arbor and by simply doing that, learned to care for myself.

After finishing undergraduate school, my first competitive position was as at an employment agency. Two weeks later, I was mortified when I was abruptly fired. The job required skills that I was no longer good at performing. I had to speak, exchange and record information very quickly. I also had to keep myself well-organized and I had to prioritize.

After failing at my first job, I decided to do something where I knew I could be successful. I had always been good at going to school, so my next decision was to apply to out of state graduate schools. I applied to schools of social work, where I wanted to live and that didn't require the Graduate Record Exam. I did that because since my head injury, I was no longer good at taking tests. Two schools accepted me and I chose to attend the University of Wisconsin-Madison.

Graduate study posed few problems. As long as I could concentrate on one thing at a time, school and living away from home presented only a few minor problems. I had difficulty with my statistics course and with establishing & maintaining friendships, because I was unsure of my own boundaries.

Six months after I finished my masters program, I got my first social work job at a suburban Detroit hospital. I was an alcoholism in-take therapist, but soon I would be laid-off. Nine months later, I got another position in alcohol treatment and was fired from that one too!

Being brutally honest, I have to admit to being able to present a very capable, qualified image, but I just couldn't live up to that on a continuous basis. I was unaware of my deficits and believed that I could do anything that I set my mind to. For the next 1½ years, my job expectations and experiences deteriorated. I either quit or was fired from jobs that I didn't like or couldn't do.

Near the end of 1978, I ran away to another state where I knew no one, to see if I could start a new life. I tried to leave all of my terrible accident related experiences in Detroit and start over. But, I couldn't do it! My injury had become the dominant factor controlling my life. Just over one year later, in the year of my 30th birthday, I returned home.

What's Your Story?

Nancy Bauser, *ACSW, BCETS, BCDT, CPC*

I wish that I could say I came home to resume working on my recovery, but that's not the case. I returned home because I was depressed, defeated and didn't know what else to do. My former Vocational Rehabilitation counselor, who had become a Michigan Rehabilitation Services counselor, sent a clinician to my home. She did occupational, psychological and vocational therapy for two hours, twice a week. This therapist helped me to prepare for a secretarial position that I held for 11½ months.

By that time, it had become clear that I HATED the work & got into a disagreement with my boss, who discharged me. After exhausting my unemployment benefits, I started a private practice in social work, so no one could fire me again! At the same time, I attended one of the first meetings of the Michigan Head Injury Alliance. Before long, it became clear to me that I could help others with physical problems reintegrate into the mainstream, because I was getting pretty good at that myself.

Fourteen years after my brain injury, it's now 1985, I finally realized that I couldn't do everything that I wanted to do, With that reality, came my clinical depression and I began to grieve the loss of a life that I could never have. Then a different Michigan Rehabilitation Services counselor sent me to a sheltered workshop as an evaluator aide. I stayed there for 3½ years, because I did the job and I was unaware of other opportunities. The staff changed at the workshop and so did my job responsibilities. The strain of trying to meet the radically changing requirements, at the rate at which they occurred, finally took its toll.

One morning, I got up for work and the next thing I knew, my boyfriend, who is now my husband, was picking me up from the floor. At the hospital, it was determined that the cause of my fall was a seizure. Four stitches were put in the back of my head, a neurologist was called and I left with a prescription for seizure medication. It became apparent that once again, I needed to find a new way to live and a new place to work.

Again, I sought the help of Michigan Rehabilitation Services. The Head Injury specialist sent me to my first Brain Injury Rehab program. It was eighteen years after my trauma and life lessons began to flood my mind. At the age of 39, I finally learned which behaviors were reasonable to expect after a severe brain stem injury. I learned that I wasn't totally at fault for all the jobs I had lost.

What a relief that was to realize! There were things beyond my control that contributed to my losing so many jobs. That awareness meant that I could take myself off the hook. I began to understand that I wasn't a failure just because I couldn't work in the mainstream.

My life today – I live and work as a Disability Life Coach. My business is called Trauma Recovery Expert and I specialize in assisting survivors of anything, to reintegrate into life. While I'm quite capable in the daylight hours, I rarely work in the evenings. The activities that tend to deplete my energy are those that I try to avoid. I ask for assistance when I need it. Office and technical work that requires coordination continue to be difficult for me. I'm able to establish relationships and can talk with anyone. I rely on my ears for acquiring new information. In other words, I'm an auditory learner, which means that I need to be shown how to do, whatever it is that I'm attempting.

I lead an interdependent life & I'm comfortable asking for assistance, when I need it!

The 10 daily difficulties that I must pay attention to are:

1) My fatigue.

2) My feeling that I've lost my place in the world.

3) My need to be organized, when it's so difficult to do.

4) My inclination to compare my injury, rehabilitation and recovery to others.

5) My tendency to think the worst is going to happen again.

6) My lack of stamina and endurance – my abilities are dependent on the time of day, the activity along with my interest in or desire to do, whatever it is that I'm attempting.

7) My need to regulate how I'm eating, sleeping, exercising and taking my medications.

8) My irritation with having to take multiple pills, four times a day.

9) My constant lack of adequate finances due to the exorbitant costs of medication and medical care.

10) My memory problems – I forget, I put something somewhere and then just forget where I put it – it seems like I hide things from myself – I miss appointments or meetings & I often don't remember the names of people that I'm talking to – name it & I've forgotten it!

I've lived with my difficulties for nearly forty-one years and I've learned to think of myself as a warrior. Having that mindset, I've come to the following three conclusions:

1) It is in my best interest to confront rather than avoid my problems.

2) I must think of myself as having a battle with the residuals or deficits that come from my injury, disability or illness.

3) As long as I remain ignorant of the status and combat capability of my enemy or problem, I will be unable to reduce my own suffering.

As I familiarize myself with difficulties that might occur, my distress seems to reduce as well as my fear and apprehension to life with all my problems. When I no longer have to fear what might happen, I can better prepare for the options or Success Strategies that need to be made.

Another life change for me has been to set goals. They must be realistic and attainable. I also need to have an ultimate goal or dream for my future. Further, I must recognize my difficulties in the here and now. It's important for me to make an effort, to create the gradual changes that will lead me to my ultimate goal.

What's Your Story?

Nancy Bauser, *ACSW, BCETS, BCDT, CPC*

Acceptance Groups for Survivors

A Guide for Facilitators
Intended for use by rehabilitation professionals who work with survivors of traumatic brain injuries or other conditions resulting in disabilities.

by Nancy Bauser, ACSW, BCETS, BCDT

Based on the life experience of a brain-injury survivor, this structured group program is designed to help people with disabilities accept themselves and their new life circumstances.

When bringing about genuine change, making a sustained effort is important. My experiences have taught me that it takes determination, effort and time to alter behaviors. While it's important to set reasonable expectations and respect the reality of my situation, I feel that I must never lose sight of what I eventually hope to achieve, from all of my hard work. In his book Authentic Happiness, Dr. Howard Cutler writes of the teaching of his Holiness the Dalai Lama. In it he says, "Without expectation and hope, without aspiration, there can be no progress".

Life has taught me many lessons. The three that I need to remember first are:

1) I have to accept the things that I absolutely cannot do, before I will allow myself to learn the skills necessary to do what I want.

2) I must remember that every day and every task is different. Just because I can do something today, at a particular time, doesn't mean that I'll be able to repeat that process on another day or at another time.

3) I need to be good to me.

I have written a book for professionals and for survivors of trauma. It is called Acceptance Groups for Survivors, A Guide for Facilitators. The guide is written in a structured style that is designed to help individuals accept themselves and their new life circumstances. It can also be used as an individual's personal workbook.

Acceptance Groups have nine objectives. They are:

1) To grasp the concept of acceptance as the three step process: First, recognizing problems, Second, admitting deficits Third, accepting the reality of the present moment

2) To become invested in your own recovery

3) To explore feelings that accompanies disability

4) To understand that personal worth is not determined by ability to function

5) To deal with loss and then be able to mourn and let go of grievances

6) To build an understanding for the need for Healthy Interdependence

7) To become aware of personal strengths and weaknesses

8) To build a solid framework of realistic goals

9) To learn problem solving skills

Structure for group meeting – Since people learn by repetition, groups begin and end in the same way. At the outset of the meeting, a group member recites this opening statement.

Recovery doesn't mean that you wake up one day and you're fine. It does not mean that you don't get confused and it certainly doesn't mean that you regain the life you had prior to the injury, disability or illness.

Recovery to a person with an injury, disability or illness is making progress. Making progress is accepting your deficits, learning success strategies to help you with those deficits and learning to love and value yourself.

The book is composed of 24 group sessions. Before each group are objectives for that particular meeting. Only five questions are asked at each meeting. At the end of the session, all participants make a positive self-statement or identify a positive change they have made since their trauma. This is the groups' only requirement!

When faced with an obstacle or challenging sit of circumstances, what do I say to myself? I say that recovery is not only making progress, it is taking one step. Then I say that it doesn't matter where I end up. Doing anything to try & do better is making progress.

What makes setting goals so important?

If you don't have a picture of where you want to get to, you will more than likely lose momentum.

Genuine change demands a sustained effort. That's why is important to set goals that are realistic and attainable.

Why should anyone want to know what happened to you?

Being injured, becoming disabled of ill can happen to anyone at anytime. After hearing my story, I hope people will understand and appreciate that we are not that different from one another. Like me, they can survive, thrive, stumble and continue to prosper after their trauma.

What lessons can be learned from your story?

1) Do one thing at a time.

2) I must remember to break tasks of projects into small achievable steps.

3) Recovery is making progress and I define my own recovery.

What's YOUR Story?

This section is a chance for NASW-Michigan to showcase our members from all over the state. What sparked your interest in social work? What drives you to continue doing what you do every day? Why are you a social worker and a member of NASW?

What is your story? We want to know! If you want to tell your story, please email submissions to *office@nasw-michigan.org*. NASW-Michigan reserves the right to edit your piece before publication. If you wish, please include a recent picture of yourself to accompany your story. If you have any questions please call Duane Breijak, Director of Member Services, at **517.487.1548** Ext. 15.

NASW Responds to Supreme Court

Celebrates Court's Decision to Uphold the Affordable Care Act

Social Workers Believe Law Can Improve the Lives of Uninsured Populations

WASHINGTON, DC (June 28, 2012) The National Association of Social Workers today celebrates the U.S. Supreme Court's decision to uphold the 2010 Patient Protection and Affordable Care Act (ACA). NASW has been an outspoken advocate for improving health care access, quality, and services for millions of Americans not currently served by the nation's health care system. Thanks to today's ruling, many health care advocates, including NASW, are excited about working to make essential provisions of the law a reality.

While the Court has ruled that states must comply with requirements to receive Medicaid expansion funding, they cannot be penalized by removing funding for existing Medicaid programs. NASW and its members will work with states to do what is in the best interest of their most vulnerable citizens—and expand Medicaid eligibility to the level set by the ACA.

In the two years since ACA was signed into law, several implemented reforms have had a positive effect on the lives of many struggling families, people with chronic illnesses, and millions of young adults who were previously uninsured. Responding to state and corporate opposition to the law, the Supreme Court of the United States has now ruled that the ACA and its key provision—a federal mandate to require all citizens to obtain health insurance or pay a penalty—is constitutional.

"NASW believes this decision supports ACA provisions already implemented, and ensures that future changes can improve health care access for millions of Americans in need," says Elizabeth J. Clark, PhD, ACSW, MPH, NASW CEO. "The nation has a great opportunity to expand coverage and access, and bring spiraling health care costs under control with today's victory."

The Supreme Court's ruling will have an impact on:

- Affordable Health Care. ACA makes health care affordable for all Americans—including those with employer-sponsored insurance, Medicare and Medicaid. Insurers can no longer rescind coverage. States will be expected to implement Health Insurance Exchanges to facilitate the purchase of private coverage for individuals and small businesses.
- Coverage Restrictions. ACA seeks to limit the common industry practice of excluding people from coverage because of pre-existing health conditions or restricting benefits for seriously ill patients. Insurers can no longer exclude children and adults from coverage based on pre-existing conditions, including cancer, autism, and mental health conditions such as depression. They can't reinstate lifetime limits on the dollar value of coverage.

- Medicaid Expansion. The ACA provides health care coverage for more of our nation's most vulnerable citizens. Medicaid will be expanded, reducing the costly use of emergency rooms.
- Dependent Coverage. ACA helps families ensure their children have adequate medical services during their key transi tion years as young adults. 6.6 million dependent young adults can continue their insurance coverage.
- Preventive Care. Under ACA, all Americans have better access to preventive care. Medicare and private health insurance plans will offer preventive services, thus increasing the number of people who will receive annual check-ups and cancer-screenings.
- Mental Health Care. ACA provides better coverage for mental and behavioral health needs in health care plans.
- Health Care Workforce. ACA seeks to strengthen the healthcare workforce, and provides training funds for social workers. The law addresses an increased need for medical social workers, aging specialists, and mental health practitioners to assist high need and high-cost communities.
- Primary Care. ACA expands the role and value of primary care. The health care industry's commitment to increasing care quality through the Accountable Care Organization model can continue.
- Senior Benefits. The ACA improves preventive services and medication benefits for seniors. Critical Medicare benefits such as co-pay free preventive services and closing of the medication coverage gap will be sustained.

More information about NASW's advocacy on health care reform can be found at SocialWorkers.org. Read NASW's amicus briefs in Florida v. USDHHS and United States Dept. of Health and Human Services v. Florida at http://www.socialworkers.org/advocacy/healthcarereform.

Across the Diversity Divide: Closing Racial & Ethnic Equity Gaps

Using Technology to Map Diversity

Margery Austin Turner, Vice President for Research at The Urban Institute, recently shared insights on the persistence of neighborhood segregation in a presentation at HUD titled "Racial & Ethnic Equity Gaps – How Do the 100 Biggest Metros Compare?" Ms. Turner's research centers on changes in neighborhood composition between 1980 and today. Though progress has been incremental, more communities are seeing increased diversity. Much of the change can be attributed to an influx of both Asian and Hispanic families into neighborhoods that had previously been either predominantly black or predominantly white; the racial divide that has traditionally separated black and white populations is eroding, albeit slowly.

The Urban Institute looked at a number of characteristics that describe where people live and often determine the opportunities (or lack thereof) that they're afforded as a result: residential segregation, neighborhood income, school test scores, employment, and homeownership. The Urban Institute developed an interactive mapping tool, "Grading the Top 100 Metros: Racial Equity," that compares how different metropolitan areas perform for their African American and Latino residents. Available online at http://datatools.metrotrends.org/charts/metrodata/rankMap_files/EquityMap_files/RankMapBlack.cfm the tool allows users to apply various weights to the factors and rank the country's top 100 metropolitan statistical areas on how well they're achieving racial equity based on the following parameters:

- Residential Segregation
- Neighborhood Income Gap
- School Test Score Gap
- Employment Gap
- Homeownership Gap

By changing the weighting factors associated with each of these criteria, the user can generate a visual "report card" that maps the Top 100 metros' performance in terms of achieving racial equity based on whatever parameters are of greatest interest. The resulting map shows the metros graded from A to F with corresponding colored dots representing the best, worst, and those falling somewhere in between. Clicking on a dot calls up specific information for that metro area, and a link allows the user to view or download the data.

"If we care about equity, we need to care about patterns of racial segregation," Turner observed. She noted that the top scores can be found in small- to medium-sized metros in the South and West; for example, Charleston, SC and El Paso, TX score among the best in terms of overall racial equity. Conversely, the large metros in the Northeast and Midwest did not fare as well; for example, Chicago and New York scored in the bottom tier.

Turner also noted that, when segregation is removed from the scoring and analysis is performed using the remaining four factors — Neighborhood Income Gap, School Test Score Gap, Employment Gap, and Homeownership Gap — most of the ten best areas remained at or near the top. In other words, residential segregation is an important source of inequality in schools, homeownership, and employment. At the bottom of the scale, removing segregation from the scoring again had little effect, with all but one remaining in the "Ten Worst" rankings, and the remainder mostly shifting positions.

Turner believes that residential integration continues to be a worthwhile goal, and opportunities for advancement should be more equitably distributed, regardless of where you live. Though much progress has been made, in many areas, access to good schools and employment opportunities remains very much tied to a person's zip code. "In 1980, there were a lot of suburban neighborhoods that were almost exclusively white," Turner noted, "Today, there are almost none." She added, however, that there's still tremendous room for improvement, both in terms of investing in distressed neighborhoods where services are often lacking, and in making opportunities for advancement more equitably available, such as through open enrollment policies, charter and magnet schools, and through HUD's many programs that foster community development and neighborhood revitalization. ⊠

Across the Diversity Divide: Closing Racial & Ethnic Equity Gap., Retrieved on August 1, 2012, from www.huduser.org.

Legislative Update

House's Turn to Act on Health Care Exchange

With Michigan's Primary Election completed, attention focuses now on the next 90 days until the General Election on Tuesday, November 6, 2012. However, there was some election-night drama of note, and overall, MPACE (NASW's Political Action Committee) backed winning candidates.

Current State Rep. Kurt Damrow (R – Elkton) lost his primary election to Tuscola County Register of Deeds Dan Grimshaw. Rep. Damrow has been plagued with a few dust-ups over some personal issues, and Grimshaw credits his victory quite simply to "the opponent." This race is relevant to NASW-MPACE, in that Grimshaw's General Election opponent will be none other than School Social Worker and former State Representative Terry Brown. Brown was ousted in the last election cycle in the huge wave of Republican victories that swept the country (and Michigan) as Republicans rallied against Congressional Democrats and the President.

MPACE's only "defeat" on Primary night was up-and-comer Adam Hollier, running in the 4th House District in Detroit. This is a newly-drawn seat that, while currently represented by State Rep. Maureen Stapleton, pitted Stapleton in a difficult primary in the nearby 6th district due to "redistricting (the re-drawing of political lines every 10 years);" thus, the new 4th district is technically vacant. Hollier ran an amazing and organized campaign, but lost by about 300 votes in the 10-person primary to Rose Mary Robinson. Robinson was one of the first women ever elected to the Wayne County Commission (in 1970), and is a former AFSCME lawyer.

MPACE supported Theresa Abed in the 71st House District (Eaton County) over her two other Democratic challengers Douglas Drake (a public policy expert with Public Policy Associates) and Andrea Cascarilla (a staffer in the Michigan Senate). Abed is a school social worker. Cascarilla was the odds-on favorite, and Drake earned several key endorsements, but Abed won the election by 23 votes. If you think "your vote doesn't count," look no further than this race. Abed will move on to try to unseat incumbent Republican Deb Shaughnessy (R – Grand Ledge).

MPACE again supported LMSW and NASW member State Representative Marcia Hovey Wright in the 92nd District (Muskegon) primary. Hovey-Wright won by nearly 4,000 votes. Given the largely Democratic nature of this district, Hovey Wright will most likely continue on to represent the 92nd District.

In another of Tuesday's tightest elections, MPACE supported Tom Leonard (an assistant Attorney General and former assistant prosecutor) in the 93rd District (Clinton and Gratiot counties). Leonard faced Tea Party-backed Michael Trebesh (who lost two years ago in a stiff State Senate Primary against MPACE-backed Brian Calley, who of course is now our Lieutenant Governor), Jeremiah Napier, and Farm Bureau-backed Kevin Kirk (a popular farmer, Deputy Director with the Michigan Department of Agriculture and a School Board member). Leonard won by 204 votes; given the nature of the district, Leonard will most likely go on to represent the seat being vacated by term-limited State Representative Paul Opsommer.

In the last of the MPACE-supported races, MPACE supported incumbent Wayne Schmidt against Tea Party-backed Jason Gillman in the 104th District (Traverse City). Schmidt has been helpful with NASW issues of concern, such as utility shutoff provisions for the low-income and elderly, and on introduction of the "puppy protection act," better regulating breeding shelters. Schmidt won by nearly 4,000 votes and will most likely continue to represent the 104th.

There were four incumbent-versus-incumbent races – a result of redistricting, described above – pitting State House Democrats against one another to finish-out their terms in the House. Reps Alberta Tinsley-Talabi (D – Detroit) faced-

off against Tim Bledsoe (D – Grosse Pointe), edging him out 51%-45%; Talabi had UAW and AFSCME support, while Bledsoe has MEA and Teamster support.

In a surprise to the punditry, State Rep. Jimmy Womack, a retired anesthesiologist, lost 48-52 to first-term law school grad John Olumba. Olumba has received a lot of attention for urging the Attorney General to investigate "scandal" regarding Wayne County Executive Robert Ficano and Detroit Metro Airport CEO Turkia Mullin; he insists he was pressured to retract his formal request to the AG, and the FBI is currently investigating the matter.

As referenced above, State Reps Maureen Stapleton and Rashida Tlaib faced-off for the 6th House District, with Tlaib winning 52-48. The campaign culminated in a dust-up over Stapleton's endorsement by Students First Michigan, a super-PAC that often gives to Republicans; the UAW pulled their support from Stapleton when she received the endorsement.

The final Rep-on-Rep battle was between State Reps John Switalski and Lesia Liss, both of Warren. Though many thought the race would be close, it turned out to be lopsided as Switalski beat Liss 65-35. Liss had been criticized by her Democratic colleagues when she voted for a controversial abortion bill and was critical of State Reps Barb Byrum (D – Onondaga) and Lisa Brown (D – West Bloomfield) over their reaction to being silenced by House Republicans for a day following the debate on that measure.

There were a number of extremely-close or very politically nasty races around the state, including the 69th (East Lansing/ Meridian Twp) – which belongs in the former category – in which Sam Singh (who will be the first Indian-American elected to the State Legislature) edged out Susan Schmidt 53-47, and the newly-drawn 11th – which belongs in the latter – in which two-time Iraq War vet David Knezek defeated Cody Bailey 50-21 (other candidates split the remaining vote) to represent this mainly Democratic district. November will also see the return of former State Rep. Sarah Roberts (D – St. Clair Shores), who was ousted after just one term by the big GOP sweep in 2010; this district leans Democratic, so she is likely to return.

Likely Ballot Initiatives This Fall

The biggest news for potential ballot initiatives this Fall is "Stand Up For Democracy," the initiative seeking to repeal the much-maligned emergency financial manager law. Proponents of the initiative turned in more than enough signatures to put the issue before voters, but the State Board of Canvassers rejected the proposal 2-2 (for the Board of Canvassers, a tie means defeat) because "the font was the incorrect size." Sensing the break-down of democracy with that decision, proponents challenged the ruling to the Supreme Court, who surprisingly sided with proponents and ruled that the issue shall be before voters in November! The court's ruling was 4-3. Interestingly, 2 of the 3 opposition votes are from Justices seeking re-election this Fall. For now, the infamous PA 4 is stayed (not in effect) until after the election results. This initiative, in a recent poll, is showing support but not yet a plurality.

There are six other proposals are in the final stages of approval at the Board of Canvassers:

- The Michigan Alliance For Prosperity is proposing that no additional taxes or expansions to the existing tax base can be considered with either 2/3 of each chamber or a statewide vote of the people. This polls currently at 40% for, 30% against.

- The People Should Decide is the ballot initiative fronted by the owner of the Ambassador Bridge. The bridge owner has opposed the Governor's attempt to build a new span between Detroit and Canada (where, consequently, Canada, other foreign countries, the State and Federal Chambers of Commerce and many other businesses would like to see the bridge go), and was able to get the signatures to place the proposal on the ballot for the voters to decide whether or not the Governor's bridge goes as planned. There is no polling data on this initiative yet.

- The Citizens For More Michigan Jobs would like 8 new casinos in Detroit, Clam Lake Twp, DeWitt Twp, Pontiac, Clinton Twp, Birch Run Twp, Grand Rapids, and Romulus. No polling data exists yet on this initiative.

- Citizens For Affordable Quality Home Care would establish the Michigan Quality Home

Council. This council requires standardized training of home care providers, create a home care provider registry that would include complaints filed against certain home care workers, and (the most controversial piece) collective bargaining rights for home care workers. Opponents of this initiative are bashing this proposal as a forced-unionization of home care workers against their will; this very subject (unionizing home care workers) has been a hotly-contested issue in the legislature ever since the SEIU unionized home care workers a few years ago.

- Protect Our Jobs is the initiative which would amend the constitution to create a new right to collective bargaining for union-based employees. As one can imagine, unions' normal opponents are vehemently opposed to this initiative, though it currently polls at 44 for, 34 against.

- Michigan Energy, Michigan Jobs would amend the constitution to require utility companies to obtain at least 25% of their electricity from clean, renewable resources by 2025 (the "25x25 campaign). So far, this proposal scores 50 for, 30 against. Opposition to the proposal, including Michigan's major utility companies, blast it as an unnecessary proposal as Michigan utility companies are already headed in this direction on their own, and that the effort is funded by out-of-state groups.

Again, the six additional initiatives listed above are undergoing final review. Future NASW legislative reports will detail which initiatives the voters will face in November.

Additionally, a group called Citizens Protecting Michigan's Constitution has formed to fight the "unprecedented" number of constitution-amending ballot proposals this Fall (starting, of course, with the Protect Our Jobs initiative, so one can guess the make-up of this organization!). Expect a great gout of commercials this Fall!

Paper Says Affordable Care Act Could Result in Increased Medicaid Eligibility in Michigan

One requirement of the Patient Portability and Affordable Care Act may mean up to 140,000 new individuals in Michigan could be eligible for Medicaid. The Act originally said that states are required to expand eligibility to include those persons who earn 133 percent of the poverty level or less or else lose Federal Medicaid funding. In their recent decision, the Supreme Court said that the Federal Government could not exact that penalty against the states, and that therefore the states were free to choose whether or not to expand Medicaid eligibility.

If Michigan does expand eligibility, the Federal Government will fund 100% of the costs for the first few years, in which case, an estimated 400,000 new individuals may be eligible. If Michigan decides not to expand eligibility, however, the Act still stipulates that all fifty states must make the application process simpler. Governor Snyder's administration has not announced whether it is in favor of the expansion or not.

In a new paper, the Center for Healthcare Research and Transformation at the University estimates that as many as 16% of the roughly 1 million people without healthcare in Michigan could qualify for Medicaid but don't bother to apply because of the complications. It is this 16% that could join Medicaid when this simplification is implemented by the state.

Legislative Update graciously provided by Capital Services, Inc.

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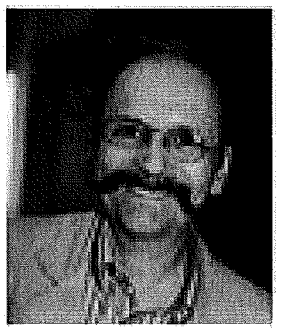

Paul L. Wachtel, Ph.D. is CUNY Distinguished Professor in the doctoral program in clinical psychology at City College and the CUNY Graduate Center. He is the author, among many books, of *Psychoanalysis, Behavior Therapy, and the Relational World* (1997); *Relational Theory and the Practice of Psychotherapy* (2008); and *Therapeutic Communication* (2011).

Earlier versions of psychoanalytic thought and of cognitive-behavioral therapy were formulated in ways that presented serious obstacles to meaningful, coherent integration; newer versions provide opportunity for synergistic and logically consistent combinations. These new developments in each approach are often only sketchily understood by proponents of the "other" orientation, leading to continued caricaturing of each other and, even more important, to missed opportunities for more effective clinical work. The conference is aimed at practitioners of all orientations, and seeks to provide each with a better understanding of other approaches to clinical work and a better conceptual foundation for integrating cognitive-behavioral and psychodynamic approaches.

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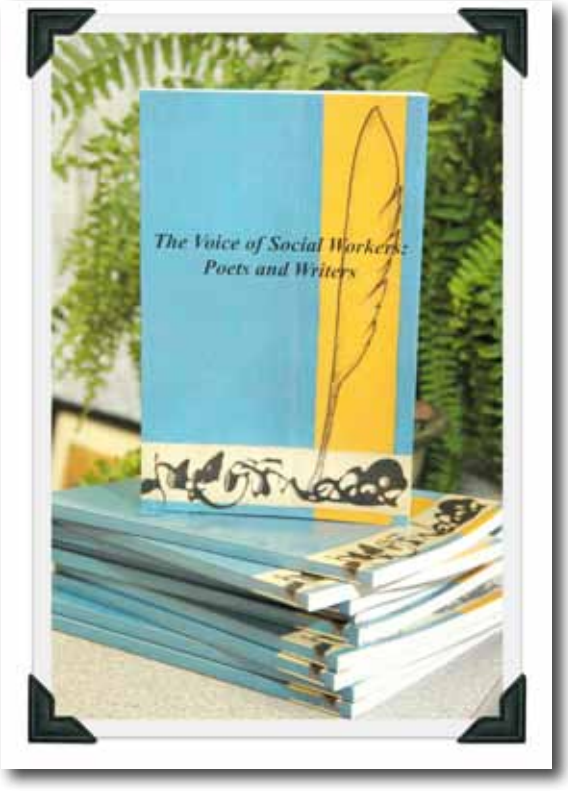
Expressing Social Work Through the Arts

Did you know that your NASW-Michigan Chapter recently published a poetry and short story journal titled *The Voice of Social Workers: Poets and Writers*?



"Writing is therapeutic. It is also a road to the expression of beauty, connection, truth and meaning – a creative art. This inaugural journal is a composite of various writing forms and intentions. It is a tribute to the men and women social workers who listen to their own voices and the voices of those they serve" (from the journal's forward).

Please enjoy this untitled piece by Nicole Frances Williams, MSW:

A step that slows upon approach, on this night, mainlines fear through the fibers of my back to my clenched fists to the tips of my curled, tight toes.

I'm praying now,

To a delusion long

Abandoned

-wishing for a faith

the hard knocks beat down

But

Being caste aside –

it is a magnet for the worst of luck.

Blackout,

the shortcomings and hiccups that have led to the stinging, burning, gut-wrenching American life.

There are hundreds of thousands like me, with a name you'll never care to know.

Babies roaming these streets of Freedom, sleeping in their cars, dealings drugs, on their knees, bending to stigma's sway.

Maybe you've lost someone on these swallowing-up streets?

In this country not built for me or them.

Politics, justice, love, all birthed by the bottom-line,

Our Super Power permeating shame and self-hate through media outlets and product lines; the daily molestation of our babies, our mothers our sisters, our brothers' malleable minds.

Nevermind, all that.

I'm just "them, those. Other than you."

In our perverse definitions of social justice, we're dependent on, and independent

of, all the wrong things

Like spiders without a web

Untouchable, Starved, De-valued, Cut down from out place in things, left to scurry dangerously below.

I'd like to hold The Pen, to stroke the lines of history, to draw the lines of definition, to build the benchmark "we" are judged by and loved by and valued by

(But it's not likely you'll ever hear what I have to say)

For history is made by those allowed to speak.

And while you might never ask to hear my story of desire to know my name, don't be mistaken – the webs we weave are one in the same. ⊠

Nicole is 2012 Graduate of the University of Michigan School of Social Work.

To order your copy of The Voice of Social Workers: Poets and Writers ***call 517-487-1548 or e-mail office@nasw-michigan.org.***

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