

CURRENTS

OF THE NEW YORK CITY CHAPTER

National Association of Social Workers



Fall 2019

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President's Corner

Benjamin R. Sher, MA, LMSW
President of the Board of Directors
NASW-NYC Chapter
Director, Office of Global and Lifelong Learning
NYU, Silver School of Social Work

I welcome you to the Fall issue of *Currents*. In honor of Domestic Violence Awareness Month, we have focused this issue on trauma-informed care and best practices in working with people working with complex trauma histories, including intimate partner violence. I hope you find the issue relevant to your work and helpful in its ideas.

As the leaves begin to change from green to their rich hues of gold, red, and brown, I am reminded of transitions and change. As you know, every two years, NASW-NYC elects a President-Elect who remains in that role for one year, as they prepare to become President of the Board of Directors of NASW-NYC. I am very pleased to welcome Erica Sandoval to this role. Erica became President-Elect in September.

Erica is the Director of Medical, Volunteer, and Community Engagement at Make-A-Wish Metro, and Western New York for the past six years. She is now transitioning to an executive leadership role as Sr. Director Strategic Partnerships for enCourage Kids, a National organization that helps humanize healthcare for children and their families by resourcing impact-driven pediatric programs. She has extensive experience in overseeing programs and development, and her work with children will be immeasurable to the Chapter. Erica is highly competent in leading communities and will continue the work of NASW-NYC in social justice and advocacy for our profession. I will help Erica prepare for her role and will continue to work with her throughout this year.

As I transition as President of the NASW-NYC Board of Directors, I aim to continue my work in engaging our membership and social workers in different disciplines. This year, I will continue to hold Round Table discussions with social workers to better understand their work/life experiences, challenges in caseload and resources, compensation and equity in terms of treatment for social workers of different races, ethnicities, genders, and sexual orientation. I hope to produce a report on these discussions by the end of my term.

So, as the days grow shorter and the trees lose their leaves, I hope we all can re-focus our energies towards the mission and goals of our organization. I am excited to begin my second year as your Board President and happy to continue to address Chapter needs and aims.





Reflections on An Intimate Partner Violence Social Action Project - Connect and Change

Linda Arkin, LCSW

Director

Connect and Change

NASW-NYC Chapter Disaster Trauma Committee, Member

As Director of Connect and Change, a project for women who have left abusive relationships, I'm glad to consider here my experience in this role, what I've learned from the women participating, and the social workers volunteering with this project. As October is National Domestic Violence Awareness Month, it is a meaningful time for reflection.

Begun in 2004, first as a social action project of the Women's Therapy Centre Institute, and later as an independent program, Connect and Change offers women survivors of intimate partner violence, who are unable to afford long-term therapy, the opportunity to receive ongoing psychotherapy support. Each social worker provides pro bono therapy with one woman, and is committed to offering connection, support, and a context for healing and moving toward the experience of greater safety and empowerment. Beyond changing a woman's life, this support can also have a powerful and positive impact on the children within a woman's family, who have lived through such violent relationships.

The women who participate in the project are diverse across nationality, ethnic and racial group, class, and immigrant status, and include being gay, lesbian, and trans. Therapists at Connect and Change not only have experience as seasoned clinicians, working with survivors of trauma, more importantly, they also have a strong social justice commitment, responding to women who feel marginalized, who are dealing with the many social inequities, and are without economic access to long-term support. While social services exist for women in crisis, and who are at shelters and related social services programs, once a woman is on her own, there is no affordable long-term support. I've worked in agencies and have seen the need for therapy able to extend beyond crisis or short-term availability.

At monthly supervision groups, we address the intersection of issues and contexts framing intimate partner violence, considering theoretical and clinical literature, as we discuss our work. We also focus on supporting one another, given the significant impact of such trauma work.

My role includes supervision of therapists, active outreach to engage social service programs and community groups, as well as recruitment and screening of therapists and clients for the program. In addition to the psychodynamic support and psychoeducation offered, we support women in negotiating the numerous medical, housing, legal, and financial realities they face.

Having lived through experiences related to a variety of these issues and having grown up in a family and neighborhood with few resources and little or no access to such dignified services early on, I eventually received important support from social work therapists. I have become an advocate, committed to respond to people who are without services, and to provide services which are respectful. Connect and Change is a way to provide this to others.

My political involvement over the years supports this. From this perspective, the project is a way to give back, to help empower the next person, to offer services that are respectful. My faith, in therapy after abuse, is based on the relational connection, and the experience of someone developing confidence in one's capacities to survive. I have learned a great deal from women in the program, living in our society which blames them and asks why they didn't get out of their relationship sooner. As the women develop a deeper understanding of the bigger picture, of what this abuse is about, they can more deeply consider the many reasons why - from having no resources or supports, and such low self-esteem after experiencing years of violence, to feeling alone, the only one, and that everything must be their fault. When given the opportunity and access for support, the women are ready to engage and open to the experience and its challenges. I have seen so many women grow, become more available to offer nurturing care to their children, to experience remarkable accomplishments in their own lives.

I have learned a great deal from the social workers, supporting the authenticity and openness they bring to their work, and experiencing their growing commitment to future work in support of trauma survivors of intimate partner violence. Through the supervision group, given the vicarious trauma experienced, support is shared as someone may feel a hopelessness mirroring the hopelessness of the woman with whom they so closely engage, or they become nearly as afraid as that woman is. In offering support and context that it's not hopeless, that more help, more time, more psycho-education is possible, and that their support and their relationship can have an impact, we are all able to move forward with hope and trust in survival.

Over these 15 years as Director of Connect and Change, I have been motivated and sustained by the resilience and growth of both the women participating and the therapists working at the project. Given the times we live in, with so few resources for survivors of intimate partner violence, Connect and Change can help in this small way. We hope the project can serve as a model and can engage other social workers to develop new initiatives.

Connect and Change welcomes social workers who wish to volunteer: 212.414.9677 / 212.460.8070.

Intimate Partner Violence Resources:

New York City Anti-Violence Project, 24/7 bilingual English-Spanish hotline: 212.714.1141
For LGBTQ and HIV-affected survivors of all forms of violence, including Intimate Partner Violence

The New York City Domestic Violence Hotline, run by Safe Horizon: 212.621.HOPE





NASW-NYC Social Work in the City Spotlight

Wurzweiler Care Café®: Finding Community, Making Connections, Discovering Hope & Inspiration

Hana Frankl
Director
Wurzweiler Care Café®

Wurzweiler Care Café® is a grant funded program that allows Wurzweiler School of Social Work at Yeshiva University to bring free educational presentations and workshops on mental health topics to all five boroughs of the city. We provide a friendly, comfortable cafe environment, and a light meal to café attendees with the goal of allowing participants to feel supported and nurtured. Our programming is made possible by the generous support of the New York City Council.

Not everybody is ready for, or needs, individual therapy. But, most of us, at one time or another, need information about mental health topics, and need support around difficult and complex life issues. We address topics from a holistic, strengths-based perspective and, intentionally, unite psycho-education with an emotionally supportive, hope-filled, and spiritually encouraging message. Following the talk/workshop, participants are given time for discussion with the speaker and are given the opportunity for individual meetings with social work students, who provide vetted referrals to local, state, and national services.

The idea came to Dean Danielle Wozniak after reading an article about a program in Amsterdam, where neighborhood residents brought their used and broken

appliances to be assessed and repaired by knowledgeable and generous technicians. Not only did these “Repair Cafés” reduce the clutter of landfills and breathe new life into old appliances, the cafés supported a sense of community and a reduction in loneliness among participants. Our aim through Care Café is to provide a “pop up” community around issues that people may be struggling with, or issues they want to know more about. They are aimed to be restorative, provide a space for healing, and, even if it is for a brief time, to accompany participants through their journey.

“When most people are in pain, they want information about the problem they are experiencing, and information about what they can do to feel better or make the situation better. Care Café offers that starting place,” said Dean Wozniak.

Through collaboration with community partners, social service providers, local politicians, veterans’ groups, and community advocates, we match the topic of the Cafés to the needs of the local community. Care Cafés have dealt with topics like, suicide prevention, loss and mourning, infertility, chronic doubt, depression, resiliency, how to raise healthy kids, reintegration assistance for veterans and their families, and addictions. We have also presented on the topic of how to find your life passion, and how to integrate a sense of play into your life. This year, among many other topics, we are looking to provide Cafés topics on the impact of school shootings and gun violence on children, community safety, and how to care for ourselves in a stressful world environment.

Not everybody is ready for, or needs, individual therapy. But, most of us, at one time or another, need information about mental health topics, and need support around difficult and complex life issues.

Wurzweiler School of Social Work students actively participate in the Cafés by greeting participants and by researching referral information prior to the cafés. They attend the cafés so that we can make sure that everyone has someone to sit with.

“When most people are in pain, they want information about the problem they are experiencing, and information about what they can do to feel better or make the situation better. Care Café offers that starting place,” said Dean Wozniak. “Care Café also provide valuable hands-on-training

for our MSW and PhD students in clinical social work, community change, social justice advocacy.”

Care Cafés address pressing needs in the communities we serve. When a young man was murdered by gang members in the Bronx, we were there with our students to help residents deal with the effects of chronic grief, repeated tragedy and loss, trauma, and gang violence.

Care Café has also developed a parent engagement series in Washington Heights community schools, that are presented in Spanish to provide parents with tools and knowledge on topics that directly impact their children's success in school and life. We also aim to provide tools to parents to advocate for themselves, their families and community.

In addition, we know that communities are "normally" designated by neighborhoods, cultures, languages, or ethnic background. But we have learned that community is also a shared life experience that crosses all cultural and socio-economic boundaries. We have more in common than those things that separate us. Care Café builds on that sense of commonality and brings a sense of community, support, and aid based on shared experiences.

We look forward to seeing you at a Care Café near you...

NASW-NYC spotlights Wurzweiler Care Café for its innovative and holistic approach. This is truly how you Social Work in the City





Mental Illness Affects Us All

Matt Kudish, LMSW, MPA
Executive Director
National Alliance on Mental Illness of New York City
(NAMI-NYC)

By now you've probably heard the statistic: one out of five of us lives with a mental health condition. In New York City alone, that's nearly two million people. But if one out of five of us is living with mental illness, it stands to reason the other four are our family, friends, neighbors, colleagues.... It's rare to meet a person who does not know someone who struggles with mental health. In other words, mental illness affects us all.

If this is the case, why then do the vast majority of interventions focus solely on the individual? It is, of course, critical that those who are struggling have access to and receive the necessary resources and supports to live their best life and maintain their wellbeing. Just as important, however, is that those who care about and care for these individuals be given the same access to information, education, and support. Family and friends need knowledge and skills to inform the way they interact with the person in their life with mental illness, and they also deserve support for themselves to ensure their own self-care and wellness.

The National Alliance on Mental Illness of New York City (NAMI-NYC) offers an array of programs and services for both family and friends, as well as individuals living with mental illness, all available free of charge to anyone who needs them.

From depression and anxiety to bipolar disorder and schizophrenia, and everything in between, when we develop a mental health condition, it can feel as if our world has been turned upside down. Our traditional ways of processing information and communicating, of coping and engaging with the world, often change in dramatic and drastic ways. These changes can impact our perceptions of ourselves, as well as our relationships with others. These same changes also affect family and friends. We aren't born knowing how to navigate this new world. Unsure how to react or respond, family and friends often say or do things that, despite best intentions, can add stress and strain, and potentially damage relationships.

Family and friends need knowledge and skills to inform the way they interact with the person in their life with mental illness, and they also deserve support for themselves to ensure their own self-care and wellness.

One of the best sources of support comes from listening with an open mind and a connection to others who have "been there." NAMI-NYC was founded nearly forty years ago on the premise that sharing our personal stories and experiences – peer support – is both validating and empowering. The peer movement has gained considerable traction in the last many years. Most often, the term is used to describe individuals living with mental illness. At NAMI-NYC we expand the peer model and have, since our inception, included family and friends as well.

NAMI-NYC trains graduates of our programs and services to deliver these same programs to new audiences, paying it forward. And our incredibly dedicated and committed volunteers are the heartbeat of our support services. Family members and friends of persons with mental illness, as well as individuals living in recovery themselves, respond to calls on our Helpline, lead our evidence-based education classes, facilitate our support groups, offer presentations throughout New York City, and participate in our advocacy efforts. Last year we served over 19,000 New Yorkers.

NAMI-NYC provides education about mental illness ranging from information about different diagnoses, to the ways in which they manifest and develop, and the treatment options. Our programs encourage honest sharing about the emotional experience dealing with mental illness, from the perspective of the individual with the condition, as well as from the family and caretaker perspective.

Participants also learn how to communicate more effectively – what to say and when to say it, and, just as importantly, what not to say – how to avoid or manage a crisis, and how to develop the confidence and stamina to provide support with compassion and empathy.

For individuals with mental illness, seeing others with a mental health diagnosis who are thriving, returning to a routine, enjoying activities, and participating in society can inspire hope. Our classes normalize talking openly about what it's like to live with a mental illness, teach participants to better manage their condition, and support their own wellness and recovery. And when you're struggling with your mental health, hope for recovery is essential and can often be the beacon of light in an otherwise dark and uncertain world.

For the family and friends of those living with mental illness, learning to see the individual you're supporting as separate from his or her diagnosis is critical. Connecting with other families and caregivers who support someone can provide an impactful and deep understanding of the challenges and difficulties that surround the person you care about, as they, in turn, learn to better support themselves. If the systems we rely on to support those in need are riddled with holes, who are we counting on to catch people as they fall through? Family and friends know these individuals best and care about them most. If we don't invest in their ability to actively and meaningfully support the recovery of the person with the illness in their lives, while also encouraging their own self-care and preservation, we are setting everyone up to fail.

NAMI-NYC's programs and services address the bio-psychosocial needs of both individuals with mental illness, as well as family and friends. And we are proud to be the only organization in New York City with a nearly forty-year track record of offering evidence-based peer support to family and friends of adults living with mental illness. Our education classes provide participants with the knowledge and skills needed to better understand and support mental illness recovery, and our 30 monthly support groups offer emotional and social support to continue down this often-difficult road.

Research shows that when family and friends of individuals with mental illness are more educated about the condition, develop the skills to enhance communication and manage crises, and have a network of people they can turn to who truly "get it," the recovery journey of the person they care for is exponentially improved. This approach creates a win-win scenario for everyone.

NAMI-NYC creates opportunities for its community to come together to share our stories and utilize concrete resources and practical approaches. I can think of nothing more powerful than talking with your peers about your own experiences and feelings, and knowing you are seen and you are heard because the person sitting with you, or on the other end of the phone, truly understands where you've been. With the right information, education, and support, we can improve the quality of our interactions and very likely, the quality of life for all involved.

As one of the largest NAMI affiliates in the nation, NAMI-NYC helps families and individuals build better lives through education, support, and advocacy. Serving more than 19,000 New Yorkers annually, NAMI-NYC works to educate the public, advocate for legislation, improve the mental health system, and reduce stigma. For more information, please visit www.naminyc.org or connect with our Helpline at **212-684-3264** or helpline@naminyc.org.

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A Network of Support for Homebound Jewish Holocaust Survivors

Elisheva Lock, MPA, LCSW
 Director/ Educational Coordinator
 Connect2 Friendly Visiting for Holocaust Survivors
 NASW-NYC Board Member-at-Large

When I started working at the Jewish Community Council of Greater Coney Island (JCCGCI), I was surprised to learn that there are still thousands of Holocaust survivors living in the New York area alone. The Holocaust, as most of us know, took place over 70 years ago, but many of the members of our programs were children during this genocide and somehow managed to survive. Now in their later years, is when the survivors need more emotional, physical, and sometimes monetary support. Our agency is grateful to the Conference on Material claims against Germany, who negotiated with the German government for these needed social services, such as homecare, transportation, friendly visiting, reparations assistance, and other socialization programs. The Germans agreed to pay as a form of reparations for the pain and suffering they imposed on these survivors, and sadly for their families murdered in this genocide, simply because they were Jews.

I am honored to administer the Connect2 program, with the help of a fantastic assistant director, community volunteers, and social work interns who get involved by making home visits, and/ or participate in one-time program initiatives or social events with the survivors. Connect2 is funded primarily for the purposes of homebound visitation and socialization of the survivors.

However, we work extremely closely with all the Holocaust funded programs, since, as we know, a holistic approach to social work requires us to constantly examine, evaluate, and re-evaluate the needs of our clients on all fronts of their lives, rather than just focusing on one issue.

“no one deserves to die alone.”

In many instances in helping people and at times ourselves, “laughter is the best medicine,” is more than just a catch phrase. Zev Harel talks about the important practice implications for work with older survivors of the Holocaust in his article, *Serving Holocaust Survivors and Survivor Families*. He states that “programs which will enhance and strengthen the social network may be as clinically significant as implementing a medical procedure (Harel, 1995).”

We tailored Connect2’s mission, with the above directives in mind.

Our mission reads:

Connect2 offers vital companionship and support to Holocaust survivors living throughout the Brooklyn and Manhattan areas of NYC, as well as parts of Queens. Connect2 offers a multi-faceted network of support for Holocaust survivors, including home visits, telephone re-assurance calls, social events, support groups, and intergenerational programs.

In order to avoid mission creep, I make the conscious effort to put person-centered as well as trauma-informed care at the forefront of how I deal with each member I build a relationship with. Each client/survivor needs to feel listened to, heard, because trust needs to be there in order for them to open up and share their present day challenges of health, money, need for services, or of course past traumas. These approaches when delivered with care help the survivors to feel that the support given to them is in fact genuine in nature.

One particular fear for volunteers and/or students is getting involved on a long-term basis with elderly people thinking why should I invest my time and emotions when someone will die on me? However, we know that end-of-life is still an important part of life, and our clients deserve and need this support in this stage of life. An encapsulating statement made by one social work school professor was that, “no one deserves to die alone.” None the less, the fear of loss is real when one is involved with this population, and therefore this work or volunteer opportunity is not for everyone.

Empathy and trauma-informed approaches are also taught and re-iterated with the social work interns who work in our program. They must be aware to make the effort to tune-in, and meet the client where the client is at (as we say in social work). In order to do this, you actually have to make the effort to get to know these people, otherwise genuineness, which we know is an important social work principle, is not truly possible.

These are clients who have been in labor and concentration (death) camps or have been hidden and fought for their lives in the woods as resistance fighters, hidden as children in monasteries, or shipped off to other countries, or persecuted as slaves or peasants in the former Soviet Union during WWII, only because of their Jewish identity. In fact, many may not know that the Nazi ideology proclaimed the need to exterminate the Jews and other “degenerate group,” including homosexuals, communists, gypsies, blacks, Witnesses (Jehova), the physically and mentally disabled, and political opponents, as the only moral thing to do to preserve the German nation (Miller, 2013, p.89).

Finally, once survivors were miraculously liberated at the end of the war, they managed to move on to build lives for themselves and their families. This was a far cry from an immigration scenario of simply moving from one part of the world to America for a better life, which of course there are challenges and demands of relocation. However, survivors of the Holocaust had a triple challenge, since along with relocation, they also had to learn to cope with their own traumatic experiences, and the third, and most devastating challenge, was to attempt to come to terms with the losses of family members and friends. Studies show that the majority of survivors did take on the challenges and opportunities in their new environments after a period of adjustment. They were able to use effective coping strategies to adjust to their new lives, which allowed them to build a new world for themselves (Harel, 1995).

I’ve observed that their “stories” of survival, each one unique in their own right, are their greatest coping skills and strengths they reach for when they have troubles. These strengths get them through their struggles in all aspects of life, as they know they are survivors. They know that they somehow managed to survive unimaginable horrors that six million of their fellow Jews did not.

On the flip side, however, being survivors is now their biggest challenge later in life. As with any trauma, we tend to push it to the back of our minds in order to cope and move on with life, which is a protective factor, as well as a vital coping strategy. However, now that the survivors are growing older and have slowed down physically, have all the time on their hands, are suffering from illnesses, and are more isolated, as many seniors are, the trauma of this nightmarish genocide is at the forefront of their brains, and for many, at times, it can feel like the weight of a Mack truck on their chest. Data indicates that these regular hardships associated with aging are more difficult to cope with for survivors of extreme stress (Baider & Sarell, 1984; Wilson et al., 1988). One of the reasons this statement is cited to be valid is since on top of all the regular challenges of aging, survivor of extreme stress (be it the Holocaust or other forms of PTSD), continue to have to deal with intrusive imageries, mental health, and/or psychosocial problems that can stem from their traumatic wartime experiences. One man I know describes it as “his movie that plays in his head every day.”

Again, as with any trauma, we must take a person-centered approach with the interventions we utilize. Some who have experienced trauma like to “get it out,” which is more of an active coping strategy. Others find talking about it forces them to relive the trauma and so diversions and distractions are the best and healthiest thing for them. This form of coping with extreme stress is referred to as avoidant tactics and can reduce pain and anxiety in some cases (Suls & Fletcher, 1985). Personally, I have found distractions are good for all of us from time to time, and especially for clients suffering from trauma or depression. A distraction can be anything from a home visit where a client enjoys interesting conversation, to a social or luncheon they attend if they are well enough to do so, or even a warm phone call can avert a client from negative thoughts they may be ruminating in.

As mentioned, not every trauma survivor likes to share or speak about their traumatic experience. For example, not every veteran who suffered from PTSD can share his/her experience, but when they can do so, it can be incredibly therapeutic and empowering for them, as well as inspiring for others!

One such example of how sharing experiences of trauma are empowering to both the survivor and volunteer is Connect2’s partnership with the NYU Holocaust service learning class. This program is close to my heart, as it highlights NASW-NYC’s RDI (Race, Diversity, Intersectionality) approach to social work practice. Some students come from a variety of countries such as Bangladesh, Sri Lanka, or various and diverse places in American and/or New York City. These unlikely matches of Holocaust survivors and NYU millennials have a surprisingly amazing social impact on each other. These bonds usually last way beyond the semester they are required to.

To end on a challenging yet realistic note, as we often have to do in our work, we must be aware that challenges are arising for this Holocaust survivor population, as Anti-Semitism is on the rise in New York City, and around the country for that matter. These discriminatory incidents are triggers for trauma for our dear Holocaust survivors, because they are reminiscent of the Anti-Semitism that led up to the genocide of the Holocaust. Their worst nightmare is that the slogan that they pledged as a group, namely, "NEVER AGAIN!" will now possibly not remain true.

Recently one Holocaust survivor commented that, "People seem to have short memories and forget the huge tragedies that Anti-Semitism and hate can cause." Another woman who survived the infamous Auschwitz death camp desperately commented, "Maybe I should just kill myself," and then she explained how she truly believes that Anti-Semitism can never be stopped, just like it could not be before the Holocaust, and so feels completely helpless.

As a social worker, along with my social work interns I attempt to re-assure these clients that the world today is not perfect, but we are working towards greater social justice and equality for all humans. The Nazis of Germany in the Holocaust era thought some humans were better than others, and Jews, gypsies, and homosexuals were inhuman. Thankfully, today, we understand and work to spread diversity and awareness that there is NO ONE race, religion, or gender identification that is better or ideal.

As my social work ethics Professor Dr. Norman Linzer of Wurzweiler School of social work always stressed, "ethics is values in action" (Levy, 1979, p.9). The preference is the value; the action upon the preference is the ethics" (Linzer, 1999, p.35).

He often referred us back to the following social work value:

- Dignity and Worth of the Person
- Ethical Principle:

"Social workers respect the inherent dignity and worth of the person. Social workers treat each person in a caring and respectful fashion, mindful of individual differences and cultural and ethnic diversity..." (NASW code of Ethics).

This is our work as social workers!

With gratitude & hope for a brighter tomorrow



Connect2 Home Visit in Progress

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Resources for more info & to get involved:

The Jewish Community Council of Greater Coney Island (JCCGCI) & Connect2 : www.jccgci.org, www.Connect2ny.org
 Americans Against Anti-Semitism (AAA): www.Americansaa.org



What Samaritans Suicide Prevention Center Has Learned Responding to People in Crisis

Daron Marino, M.A.
Associate Director of Public Education
Samaritans Suicide Prevention Center

Responding to someone who is depressed, in crisis, or suicidal can be challenging and scary, even for people with years of experience working in the mental health field. This can be seen in the responses Samaritans, the oldest and largest suicide prevention network in the world, hears from those who attend our professional development and public education suicide prevention programs, who often state, they are afraid of saying the wrong thing, they will make matters worse, and if something goes wrong, it will be their fault.

While these fears and anxieties may be understandable, the road to being effective when responding to a person who is suicidal is paved with an awareness of what help and support actually look like. This is the work of Samaritans, which created the world's first suicide prevention hotline in 1952. It now has over 25,000 volunteers working in 400 centers in 42 countries and is the non-profit community-based agency operating New York City's confidential 24-hour suicide prevention hotline.

"You don't solve other people's problems for them, it's hard enough to handle your own. You don't save another person's life. You help him or her get through a moment, this moment, now!" (Samaritans, personal communication). This is presented on the first day of every Samaritans hotline training class.

Understanding suicide as a public health problem also provides additional perspective when addressing our own fears and concerns about responding to people in distress.

This philosophy is at the heart of Samaritans' mission, which is to help people in distress, prevent suicide, and save lives. Samaritans does this by: offering immediate and ongoing support to those in

crisis, providing solace and support to those who have been touched by suicide, teaching caregivers and mental health providers the most effective ways to identify and respond to those at-risk for suicide, making the public more aware of the extent of the current suicide as a public health concern, and recognizing suicide is a problem that can impact anyone.

Samaritans' services are available 24/7 to people of every age, race, culture, socioeconomic standing, religious ideology and sexual and gender identity. Our crisis response services provide support to people dealing with everything from a bad day or a broken heart to mental illnesses, chronic or life-threatening diseases, trauma and personal loss.

What Samaritans has learned, in its over 60-plus years providing emotional support to those in distress, is the importance of connecting with the person where they are, in the present moment. But, before responding to a person in emotional distress, at Samaritans, we find it is helpful to first look inward and examine what scares us about suicide. These fears can often get in the way of connecting with people who are in emotional distress or thinking about suicide.

Some of these fears are tied to age-old beliefs that talking about suicide may put that idea in someone's mind or might actually encourage them to act on their suicidal thoughts. Both research and over 60 years of Samaritans talking to tens of millions of people in distress throughout the world have taught us that talking to someone about their suicidal thoughts actually provides a sense of relief, and inquiring about suicidal thoughts can acknowledge and validate a person's distress. Another attitude that may enhance stigma is those who express thoughts of suicide only do so to gain attention. Through our work, Samaritans has learned that if someone is saying they feel suicidal, it's not that they want attention, it's that they need it.

Understanding suicide as a public health problem also provides additional perspective when addressing our own fears and concerns about responding to people in distress. NIMH (2019) tells us that suicide is the 10th leading cause of death in the U.S., the 2nd leading cause of death for people ages 10-34, the 4th leading cause of death for people ages 35-54, and, in

2017, over 47,000 people died from suicide in the United States. While these statistics are cause for concern, more people died from the flu in the United States during the 2017-2018 flu season than from suicide in 2017 (CDC, 2019).

We, at Samaritans, have learned that how we perceive an individual who is suicidal has great impact on how we respond to them. When someone gets the flu, do we identify them as having some sort of character flaw or blame them for being ill? At Samaritans, we ask participants in our public education programs and hotline trainings what made them regret seeking help and support when they were depressed and in crisis. Almost every one of them admits they hated being given advice about what they should do or being told how other people had it worse. Basically, they disliked having the focus taken off themselves and placed on the person who was supposed to be helping. People are multidimensional and not problems to be solved.

When responding to someone who is suicidal, Samaritans refers to what we call the Five Cs: Contact, Care, Communication, Community, and Catharsis.

We emphasize the importance of contact or connection in hotline training. Remember, asking a person directly if they are having thoughts of suicide does not make them suicidal. Care involves asking a person in crisis about their thoughts and feelings without us expressing an immediate opinion. Keeping the focus on the person and their feelings creates a trusting environment and establishes rapport. Samaritans has also learned that while we may be well-intentioned and caring, communicating effectively is essential when responding to a person in crisis, which utilizes asking open-ended questions, remaining nonjudgmental, acknowledging and validating feelings, demonstrating you are listening by paraphrasing, keeping the focus on the person you are talking to by avoiding the use of the first person, and understanding the value of silence.

At Samaritans, we say silence is meant to be shared, not filled.

Community emphasizes the importance of simply being present. Remaining supportive and present is a protective factor within itself. When a person feels heard, acknowledged, and validated, the result is often some reduction of risk, and alleviation or catharsis. Improvement may not always be the result of support, but it can reduce the likelihood of suicide.

In addition to following the five Cs in our hotline work, Safe Place, Samaritans' support group for survivors of suicide, creates a supportive environment for those trying to cope with losing someone they love or were close to. Samaritans of New York also continues to be an important source of prevention, education, and training for New York City and surrounding areas. For over 25 years, we have provided workshops, presentations, seminars, technical support, and conferences to thousands of people ranging from medical and mental health professionals to other types of caregivers.

Samaritans outreach and advocacy efforts continue to shape public policy aimed at addressing suicide as a public health problem. This includes, as members of the National Council for Suicide Prevention, collaborating with past U.S. Surgeon General, David Satcher, to develop the U.S.'s first National Strategy for Suicide Prevention (published in 2001; revised and updated in 2013).

Lastly, Samaritans provides a free "NYC Guide to Suicide Prevention, Services, and Resources," <https://samaritansnyc.org/wp-content/uploads/2013/02/Resource-Guide-2017-color-online-active-links.pdf>, which caregivers can access as a toolkit when responding to someone who is suicidal. To learn more about Samaritans and how to get involved, please visit our website, www.samaritansnyc.org.

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NASW-NYC Disaster Trauma Committee: 9/11 Anniversary Reflection and Remembrance Meeting

Madelyn Miller, PhD, LCSW

NASW-NYC Chapter Disaster Trauma Committee, Chair

Psychotherapist, Private Practice

Adj. Assoc. Professor, NYU Silver School of Social Work

Each September, the Disaster Trauma Committee holds a 9/11 anniversary Reflection and Remembrance Meeting. Through our social work practices, and as New Yorkers, all of us at the meetings over the years have been deeply affected by the magnitude of the loss and trauma of 9/11. Many of us were also immersed in direct disaster response across the city during that immediate and long-term context. The anniversary meeting, then, is always a moving and powerful experience. It is an opportunity to recognize the passage of time since 9/11, our work then, its enduring impact, and our resourcefulness, as we extend support to one another, as a community of colleagues. Importantly, it is a chance to situate those experiences in the context of the present moment, and the intervening years, as we continue to consider the collective trauma and loss realities of disaster unfolding before our eyes, the complex impact of these realities on individuals and communities, as well as on us, and, in response, the refinement and expansion of our work and community engagement, informed by our commitments to social justice and human rights, and our initiatives to address our own experience.

The meeting began by acknowledging recent disasters, from devastation in the Bahamas; humanitarian crises in Yemen and Kashmir, Syria and Myanmar; and mass shooting, hate crime, and domestic terrorism in El Paso, Dayton, and Gilmore; to the surrounding political climate of racism, Islamophobia, anti-Semitism, xenophobia, misogyny, homophobia, violence, and dehumanizing of the other, translating to cumulative assaults on the most basic human rights and protections, and on our most fundamental principles of social justice. Following this, a wide span of profoundly powerful anniversaries of collective trauma and loss at this time of year, in summer and fall months, were identified, in historical, political, and cultural context. From the natural disaster anniversaries of Maria, Sandy, Katrina and Rita; as well as the atomic bombing catastrophe in Hiroshima and Nagasaki, decades before; and the genocide in Rwanda; to the white nationalist rally and killing in Charlottesville; the Orlando Pulse Nightclub Latinx night hate crime and mass shooting; the Tree of Life synagogue hate crime, mass shooting of a congregation working with refugees and those seeking asylum; the white supremacist shooting at the historic Mother Emanuel AME Church in Charleston; and decades earlier, the killing of 4 girls by the KKK at a Birmingham, Alabama Church. Anniversaries of the killing of Alton Sterling, Philandro Castille, Eric Gardner, and Michael Brown during these months and across recent years, were identified, each collective loss and trauma reaching across communities, informing response, action, and activism. We mentioned too, activism in Puerto Rico and Hong Kong, the Parkland students' initiatives, and international students' Climate Strike, each offering us hope for the future amidst such tragedy.

Broadly, we discussed collective support and social justice work as necessary for us in response, the significance of mourning and memorializing individually and collectively after such tragedy, and in its absence the transgenerational transmission of trauma and loss. And, of course, we acknowledged the essential need to take care of ourselves and each other, through ongoing collegial support, sustaining connections, active social engagement, social justice work, activism, advocacy, a sense of agency, and purpose, and a recognition that the meaning of our efforts and commitments can be a resource for us, and can offer us hope.

Common at all committee meetings, we identify the foundational principles of relationship and community following the disrupted attachments and bonds of collective loss and trauma, and the importance of social support and belonging, social cohesion and collective engagement in the wake of such experience. Supporting a community's cultural continuity, especially when experiencing the collective fear of being a targeted group, the significance of cultural and social networks, and the collective efficacy and collective initiatives of meaning are underlined. And we discuss the frame of both the vicarious trauma and the vicarious resilience of our work, its challenging impact and the deep resourcefulness gained from the exchange we have with survivors and their communities whose resilience in the face of near despair, whose perseverance to face the future, and determination to move forward are brilliant expressions of human survival.

The NASW-NYC Chapter's Disaster Trauma Committee holds meetings bimonthly to recognize social workers' interest and experience in the diversity of disaster work, providing continuing learning and collegial support. Presentations focus on disasters within a global context, related collective trauma and loss issues as they intersect with resourcefulness and resiliency, and attention to the inevitable impact on social workers of immediate and long-term disaster work. All social workers are welcome to join. Madelyn Miller, mgmiller96@aol.com.

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Looking Back: A Model Community-Based Program for Abused Women

Cheryl Pearlman, LCSW
Psychotherapist, Private Practice
NASW-NYC Chapter Disaster Trauma Committee, Member

Since Domestic Violence Month began, I've been reflecting on my early work with women who were abused by their partners. In the mid-1970's, I had the privilege and honor, as a social worker, to work in one of the first domestic violence programs in NYC.

The community-based Park Slope Safe Homes Project, affiliated with the Sisters of the Good Shepherd, was innovative, responsive, and creative in meeting the immediate and longer-term needs of abused women. For 9 years, I worked closely with women from all walks of life and from diverse backgrounds, seeking essential safety, support, and resources.

We had a 7-day per week hotline that was staffed by volunteers and staff. For women and their children needing immediate protection, we offered "safe homes." These were the actual homes of volunteers in the community who provided shelter and care, for up to three days. Individual counseling was available seven days a week, in response to crisis and ongoing issues. In addition, the groups offered were based on an empowerment model. Advocacy included escorting women to court for Orders of Protection, as well as Child Custody issues. We accompanied women to welfare offices, abused women's shelters, and other social services.

While working with the program, my office was located in a neighborhood police precinct. My role as a social worker included offering the Safe Homes Project, as a resource for police, and being available to support women who entered the precinct in immediate need of protection.

Some of the women who used our services went on to become volunteers. One Middle Eastern woman who used our services created her own grassroots network, specifically geared to Arab women who were marginalized and underserved, often not knowing about or feeling safe approaching social service agencies.

And, we were able to help women "escape" out of their neighborhood, borough, city, or state, if needed. Training and education were offered to police precincts and to a wide range of agencies. This training, informed by the lived experiences of these women, aimed to dispel widely held mis-beliefs and distortions about abused women's lives, while focusing on the complexities of their survival.

This early program developed in response to the urgent realities of these women's lives. By listening to and learning from each person, we were able to offer life-preserving services, as we witnessed their remarkable strength and courage.



Building Trauma-Sensitive Organizations: The Tools of the Trade

Benjamin R. Sher, MA, LMSW
President of the Board of Directors
NASW-NYC Chapter
Director, Office of Global and Lifelong Learning
NYU, Silver School of Social Work

With the publication of the Adverse Childhood Experiences (ACES, 1995), health and behavioral healthcare agencies examined the impact of trauma on the experiences of the people they served. The study ushered in a clearer determination of how complex trauma impacted people's health and mental health concerns. No longer did we ask, "What's wrong with you?" Instead, "What happened to you?" was the most effective question to assess and support treatment.

This was the beginning of trauma-informed care. Given the experiences of people served in trauma-informed organizations, it soon became clear that the agency itself had to become trauma-sensitive, to best care for people who had been traumatized. This has led to the work in trauma sensitive organizations, the focus of this article.

One statistic reports that 45% of direct care professionals in health and behavioral healthcare settings have their own trauma experience (SAMHSA, 2014). Staff, serving traumatized people, manage stretched resources, high caseload demand and inequities in salary and compensation, as compared to administrative leaders in the agency. The experience of their own trauma, coupled with the stress of working in a scarce resource environment, places a heavy burden on the work that these staff do. Therefore, a trauma-sensitive organization is a key way to mitigate vicarious trauma and burnout.

Not-for-profit organizations serving people with trauma histories need to engage in trauma-informed supervision. This model understands how the experiences and capacities that staff themselves have been through will impact their service to clients. Trauma-informed supervision takes a strengths-based approach and builds on the resources that staff bring to their jobs. It recognizes the personal experiences of staff and strives to form a supportive bond between supervisor and supervisee. This model creates an environment that values and embraces care and concern for employees; the promotion of healthy boundaries and transparency at all levels.

Trauma-informed supervision relies on using active listening skills, honest communication, and strengths-based language and attitudes. It enables an elicit-provide-elicited approach to supervision. Here the supervisor elicits from the supervisee what they already know about the issue being discussed. It then asks for permission to provide feedback to the supervisee about the topic. Finally, it elicits from the supervisee their impressions of the feedback. This model honors the supervision experience, as a journey together between supervisee and supervisor, and recognizes the inherent resources all of us bring to our work in trauma-informed care.

Trauma-sensitive organizations are constantly assessing the work environment to understand the morale and engagement of employees. As the Sanctuary Model (Bloom, 2005) stipulates, this trauma-informed intervention places a priority on a coaching/teaching of staff, encouraging self-trust, self-regulation, self-compassion and limit-setting. Sanctuary teaches us to advocate for our own needs as staff while appreciating the world around us and engaging in accurate perceptions of others. Trauma-sensitive organizations recognize that the best work with traumatized people come from showing care and compassion to the entire community, including staff.

One way organizations can engage in being trauma sensitive is through a safety tool. This assessment asks everyone (including staff) to identify the things they are good at, the things that make them happy and what helps them to feel part of a community. Next, it asks what makes the person upset and how other people will notice this. The safety tool describes specific ways the person filling it out would like to be helped when upset, and what works for them and what does not. With the expectation that everyone completes this safety tool comes the normalization of feelings, and the fact that everyone has experienced upset at some point in their life. It takes a strengths-based approach by capitalizing on the resources and skills all people have to handle an upset, while acknowledging that at times we all need support. Safety tools are but one way agencies can strive to be trauma-sensitive.

Becoming trauma informed can be experienced by understanding such information as the ACES study and by learning about how trauma impacts development and people's worldview. In order for an organization to become trauma sensitive, work must be done on all levels. Trauma-sensitive organizations flatten hierarchies, grasp that advocacy and empowerment involves everyone in that agency's community, and recognizes its own coercive and punitive policies, that may be repeating trauma for not only clients but staff as well. Just as social work is grounded in ethics and a strengths-based approach, becoming a trauma sensitive organization builds on the capacities of all and aims to create a milieu where everyone is cared for and treated with dignity and respect. If statistics about direct care professionals are true, then trauma sensitive organizations must become the norm for agencies in the health and behavioral healthcare field.

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UPCOMING WORKSHOPS

Thursday, November 7, 2019 - 10:00 AM - 5:00 PM - 6 SW CE Contact Hours

Adoption Search and Reunion: A Clinical Perspective

Marie Dolfi, LCSW

Thursday, November 14, 2019 - 10:00 AM - 1:00 PM - 3 SW CE Contact Hours

Understanding the Experience of Justice-Involved Individuals

Christie Cunningham, JD, LMSW

Thursday, December 5, 2019 - 9:00 AM - 4:00 PM - 6 SW/LMFT CE Contact Hours

Dialectical Behavior Therapy: SOS for Emotions

Reji Mathew, PhD, LCSW

Tuesday, December 10, 2019 - 10:00 AM - 5:00 PM - 6 SW CE Contact Hours

Mindfulness in Social Work: Research, Practice and Applications

Lucia McBee, LCSW, MPH

Tuesday, December 17, 2019 - 2:00 PM - 5:00 PM - 3 SW CE Contact Hours

Anger Triggers: A Self-Soothing, De-escalation and Assertiveness Model

Carole Spivack, LCSW-R, CISM, MBA

*Workshops will be open for registration on our website www.naswnyc.org.
approximately 30 calendar days before the workshop date*



NASW-NYC 2019 Annual Meeting Addresses: What's at Stake?

Olanike Oyeyemi, LMSW
Associate Director
NASW-NYC Chapter

The NASW-NYC Chapter hosted its Annual Meeting on October 16, 2019 at the ACS Children's Center. As the state of social work address, the annual meeting typically highlights cutting edge developments in social work, social needs impacting our communities, the impact of policies on the profession and communities served, and ways we can collectively raise our voices, advocate, collaborate, and deepen our knowledge and skills sets.

With the thought-provoking keynote/moderator Dr. Lena Green and the group of diverse panelists ranging in lived and professional experiences, attendees this year were challenged to dive deeper into the role of social work, civil rights, voting, advocacy and policy while contemplating, what's at stake. With all the reoccurring chaos and trauma communities are experiencing in NYC and around the country, such as deportation and detainment of immigrants, police brutality, gun violence, mass incarceration, voter disenfranchisement and suppression, attacks on LGBTQ+ rights, reproductive justice, religious freedoms, and people being killed for their ethnic origin and/or skin color, NASW-NYC felt it was critical to highlight the role and importance of civic engagement. As per NASW-NYC's Executive Director, Dr. Claire Green-Forde, "voting was, and remains, a civil rights issue with so many people who are disenfranchised and silenced in the process."

The main message of this year's theme *Voting is Social Work and Social Work is Civil Rights: What's at Stake?* essentially is to call on the social work profession to reflect on NASW-NYC's rich history and role in civil rights, as well as the association's focus on social justice equity, and to collectively fight and raise our voices against any injustices facing the communities we live or work in, whether the issue is regarding equal access to mental health treatment, substance abuse treatment or domestic violence services.



Benjamin Sher; Susan Moritz, Dr. James R. Dumpson Chapter Service Award Recipient; Shawnee Benton Gibson, S.P.I.R.I.T of Social Work Award Recipient; Dr. Lena Green, Social Work I.M.P.A.C.T Award Recipient; Dr. Claire Green-Forde



Dr. Claire Green-Forde; Panelists: Brian Romero, Jamila T. Davis, Dr. Lena Green, Derrick Perkinson, Fatima Mabrouk, and Nick Encalada-Malinowski

The event also offered a networking and reception section, in which attendees, and guests had the opportunity to network and learn how to become civically engaged. Organizations such as the Charter Commission, U.S. Census, NALEO Education Fund and NASW-NYC Political Action for Candidate Election Committee (PACE) were present to provide attendees with relevant and concrete information on voting, the charter and the census which was directly connected to the theme of the night.

Finally, the event concluded with celebration of honored and selected awardees for their impact, spirit, service, and political advocacy in the social work sphere. Dr. Lena Green was awarded the Social Work I.M.P.A.C.T Award, Shawnee Benton Gibson the S.P.I.R.I.T of Social Work

Award, Susan Moritz received the Dr. James R. Dumpson Chapter Service Award, and Honorable Manhattan Borough President Gale Brewer, the Public Official of the Year Award.

To learn more about our panelists, please visit our website at www.naswnyc.org