

CURRENTS

OF THE NEW YORK CITY CHAPTER

National Association of Social Workers



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SPECIAL ISSUE SOCIAL WORK IN COMMUNITIES OF AFRICAN DESCENT

The December/January edition of Currents advances the mission of NASW-NYC's Center for Social Work Policy and Practice by examining social work in communities of African descent. African American social workers and those of other African ethnicities shared their experiences and perspectives in articles, a focus group, and an Open Letter to the social work community (see page 4).

It is helpful to recognize that "communities of African descent" comprises a very diverse group. In addition to native born African Americans, this term denotes immigrants from multiple African nations and Caribbean countries. In New York City the 2000 Census documented 8,008,278 people in total with 1,962,154 people of African descent. According to the data provided by the New York City Planning Department, 25% of those of African descent are from the Caribbean and 5% are African born.

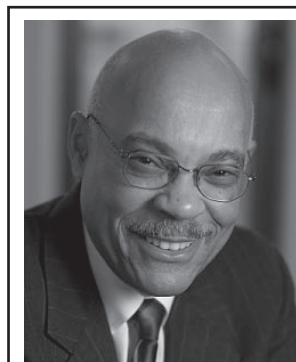
Brooklyn has more people of African descent than any other borough in New York City. And, although the number of people of African descent living in Manhattan decreased by more than 10%, the number of people of African descent living on Staten Island (smaller than that of any other borough) almost quadrupled from 1990 to 2000.

This edition of Currents is intended to stimulate thoughtful discussion and a greater understanding of the complexities of the issues that ALL social workers need to think about as they work, live and interact with people every day.

African American and Black Communities in New York City Great Strengths - Great Challenges

Peter Vaughan, Ph.D., Dean, Fordham University Graduate School of Social Service

The 2000 United States Census reported that New York City has the largest number of persons who define themselves as African American or Black living here than in any city in the United States. Also existing in New York City is one of the nation's largest populations of Black immigrants and descendants of immigrants from the Caribbean and sub-Saharan Africa. Substantial numbers of Black New Yorkers come from Jamaica,



Peter Vaughan

Trinidad and Tobago, Barbados, Guyana, the Bahamas, and Haiti. A New York Times article (April 3, 2006) stated that for the first time since the Civil War, New York's African American population was declining as the birth rate for African Americans fell and African Americans moved to other regions of the country. In the same time span the number of

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Focus Group with Social Workers of African Descent Lessons from Serving Black Communities in NYC

A social worker of African descent talked about his program, which is geared toward preventing entry into the criminal justice system. The program serves young men, the majority of whom are Black. He characterized his clients as alienated from their families while burdened by "excess levels of material impoverishment". Coupled with this, he said, is a range of fears and anxieties, including fear of the police and fear of one's parents.

This social worker shared that these young men are contending with rage and frustration, but are still able to experience

humor and joy. He used the term "hedonistic" to describe the lifestyle that many of these young men pursue.

He said that his clients have difficulty verbalizing their emotional states, but they run the risk of facing repercussions if they do open up, given that they are likely to be harboring "loaded issues". As an example of what he meant, he shared that he witnessed a social worker calling the police after successfully engendering enough trust for one of the young men to actually share something meaningful.

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Message From The Executive Director

Can Social Work Be More Effective with Communities of African Descent?

Utilizing the chapter newsletter, *Currents*, to focus on social work with selected New York City communities provides us with an exceptional opportunity for the members of the profession and allies interested in social work (for example, elected officials, community leaders), to learn a few things that we need to know more about.

Last May we dedicated an issue to social work with the Asian American community, and we are now planning issues on social work with the Latino community and social work with the lesbian, gay, bi-sexual and transgendered communities.

In this issue, looking at social work with communities of African descent, we found that we needed to go beyond presenting information about social works' role in working with Black clients and highlighting the contributions and perspectives of selected social workers. Something else had to be brought out, namely the reality of race and racism in our society.

Spotlight on Race and Racism

We did not think that we could adequately address the theme of the newsletter without putting a spotlight on how race and racism is experienced by communities of African descent. And what better way to do this than by giving voice to our colleagues of African descent, all of whom are a vital part of their own communities while at the same time being an integral part of the social work community, as well.

The Open Letter to the social work community on page four, signed by 231 social workers of African descent, draws out a reality that social workers

of African descent discuss among themselves but not very often with colleagues of different backgrounds. As a White person, and as a social worker, I think that it is essential that all of us who are not of African descent read the letter with an open mind and strongly consider what we can do ourselves to bring about change. The letter offers insight and suggestions.



Robert Schachter

Perhaps the most important thing to take from the letter is that the issue of race and racism is not a problem of the Black community, or for Black social workers. It is a problem of America, and by extension, it is a problem for all of social work. The profession has not yet adequately taken this on, but we are attempting to change things, starting with NASW-NYC.

On page eight is the announcement of the upcoming Undoing Racism workshops, led by the People's Institute for Survival and Beyond. The training is more than exceptional, it is transformative. Without having taken it, chapter leaders, both White and Black, would not have been positioned to begin to address racism and what social workers can do. I couldn't recommend the workshops more highly. As former Chapter President, Dr. Paul Kurzman has often said, the workshop is of "the highest intellectual order".

ABSW President Dies

Before wrapping up, I want to draw attention to the obituary on page nine for an important social work leader, Robert Knox. Bob was the president of the Association of Black Social Workers. As a membership association, ABSW

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New York City Chapter



National Association of Social Workers

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Supporting Black Leadership in NYC Human Services

Stephanie Palmer, President, Black Agency Executives

On November 27, 2006 Currents conducted an interview with Stephanie Palmer, president of Black Agency Executives (BAE), an organization founded in 1976. Ms. Palmer is also the executive director of New York City Mission Society.

What is BAE and why is it needed?

We are an organization made up of individuals of African descent who are either top decision makers or those in a team of top decision makers of 40 human service agencies in New York City.



Stephanie Palmer

BAE is needed because, although there are many Black workers in the field, there are not many Black administrators. It is also important to have a non-traditional network of individuals who can get access to the policy makers or resources needed to run agencies well.

What are BAE's main concerns at this time?

BAE is concerned about two issues. The first is succession planning and identifying emerging leaders. This is challenging because of the aging population and low participation among younger, potential leaders in organizations such as BAE.

The second concern is the need to constantly provide members with exposure to the best thinking in the field through free leadership learning services. This is especially important for executives of small agencies that are under-resourced and, as a result, they don't have the time to get out of the office and build networks.

What would happen if BAE didn't exist?

If BAE did not exist there would be fewer people of African descent in executive positions in not-for-profits than there are now. In fact, my own participation in BAE played a large role in my being offered the position of executive director of Mission Society, New York City's oldest not-for-profit (founded in 1812).

What do you see as the prospects for the future five to ten years down the road? What are you most worried about? What are you hopeful about?

I am most concerned about the fundraising environment. The gap between the haves and have nots has grown. It is discouraging that with so much wealth in New York City, one can live here every day and not see the results of poverty because this is such a segregated city.

Compassionate and caring individuals who continue to view this work as important and want to make a better place is hopeful for me. They are not deterred by the lack of resources and continue to work with enthusiasm.

What role do social workers play in BAE?

The outgoing president of BAE is a social worker, and many of our members are social workers. Social workers play a critical role in helping non-social work executives understand more comprehensively issues as they come up. The perspective of social workers is enlightening to hear and reminds all of us that we are not only dealing with "management by objectives" but that the numbers have faces and the faces have stories. □

For more information about BAE, go to www.blackagencyexecutives.com.

Standing on Their Shoulders

Legacy of African American Social Welfare Leaders

Iris Carlton-LaNey, Ph.D., Professor at University of North Carolina at Chapel Hill School of Social Work

As private social welfare services were developing in the US to serve Whites who were ill, poor, disabled, and dependent young and old during the Progressive Era, a parallel social welfare system was also developing for African Americans. The pioneers who were instrumental in developing programs and services in the African American

community are not well known and are often excluded from the historical legacy of the social work profession. This essay will briefly highlight some of those African Americans whose legacies have been



Iris Carlton-LaNey

relegated to a footnote in social welfare history, but whose work stands as a foundation of social work/welfare development. Several areas will be discussed including the women's club movement, early social work education among African Americans, social settlement houses, institutions for wayward girls and community development initiatives.

Women's Club Movement

The women's club movement, inspired by the activism of the Progressive Era, provided opportunities for African American women and girls to grow and develop and hone their service development and delivery skills. The women's club movement embraced both teaching and social service efforts. These clubs were engaged in a variety of reforms. Membership in

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AN OPEN LETTER TO SOCIAL WORKERS IN NEW YORK CITY

Dear Colleagues:

In light of the New York City Chapter of the National Association of Social Workers dedicating an issue of its newsletter, *Currents*, to social work with communities of African descent, we, as social workers of African descent, are taking this opportunity to convey a critical and essential perspective about the variables of race and racism to our colleagues in the greater social work community. This perspective was recently the focus of several discussions that included three Chapter Presidents and, overall, nine social workers of African descent, most of whom have served in leadership positions within NASW-NYC. The idea for this letter emerged out of these discussions and is intended as an invitation to the overall social work community to enter into an active dialogue about the issues being addressed.

For most of our careers, we have not often been able to openly discuss issues relating to our experiences as social workers of African descent, given the dilemma associated with being misunderstood, turning people off, being isolated, or being seen as racist, ourselves. Despite this possibility, we believe that it is necessary to address this matter. We recognize that some of you may be unable to accept these issues as reality. It is our overriding hope that you will consider the possibility and recognize that our goal is to enhance understanding and better social work practice.

We strongly feel there is a need for this dialogue between social workers of African Descent and other social workers, to enhance our ability to work collaboratively in providing the best possible services to our clients. Issues of race and racism stand as an obstacle for us as social workers of African descent from bringing our full selves to the work. It also makes it very difficult to fully discuss the circumstances of our clients' lives, what it means to live in a white dominant society, and what this tells us about racism.

While we have a great deal to contribute to the understanding of our clients' lives, this is too often not appreciated by social workers who themselves are not Black. Perhaps it is a question of not being cognizant of what one does not know and not having to live with the subtle and not so subtle indignities that one experiences as a person of African descent. Perhaps it is a question of our professional training not adequately focusing on the impact of racism on the lives of people who are Black. Or perhaps it reflects attempts at being color blind. Whatever the cause, it is important to convey that in addition to struggling as a social worker and offering services to clients with multiple problems, we, as social workers of African descent, bear the additional burden that we all carry as a result of racism in America.

Too often, we observe our colleagues, who have honorable intentions, missing critical aspects affecting the lives of their clients of color, whether the dedication of extended family members in helping to raise children even when resources are scarce, misunderstanding what clients mean when being interviewed, or in failing to recognize systemic issues that clients face. This includes the impact of racism itself, which is often integral to the problems clients must contend with. We are clear that no one comes to social work without the desire to help. That is why we often observe things without commenting, out of fear of offending or hurting people, or of being ostracized for being too identified with our clients. What is especially difficult to convey is the painful experience of many social workers of African descent feeling that their insights are not valued or are ignored by their colleagues, even when they are well positioned to bridge the cultural divide that can exist between the agency, its staff, and those being served.

Even prominent social workers of African descent, recognized leaders in the field, feel frustration at not being able to authentically discuss these issues. There is always the anticipation that colleagues will respond by saying "there she (or he) goes again", or that she (or he) is too sensitive and always looking for racism behind every issue. When leaders experience this, what does this say about more junior staff of African descent?

These experiences undermine hope and work against our entire profession from offering the best that we can to the people we serve. What is promising is that more social workers have recently been engaging in honest dialogue about these issues, within work settings, schools of social work, and within professional associations such as NASW. That many social workers have sought out training in how to address and respond to racism has been helpful in this development.

We strongly hope this letter can bring other social workers to this awareness. What we ask of our colleagues is this: listen to what we have to share with you, be open to hearing us, and be willing to initiate discussions about racism yourself. Coupled with this is the idea of your joining us in this dialogue. When we are left to initiate these discussions ourselves, we face the risk of being criticized, not knowing where we stand, or worse. Through authentic dialogue, we can, together, actualize each other. Isn't this part of the mission of social work? We believe this prospect is hopeful and creates new opportunities for how we work together. It also means providing more meaningful services to all of the communities we serve.

We invite you to share your thoughts about this letter by emailing us at openletter@naswnyc.org or writing to Open Letter c/o NASW-NYC, 50 Broadway, Suite 1001, New York, NY 10004.

Names of co-signers are listed on page 5 of the newsletter.

231 social workers of African descent, listed below, are co-signers of the Open Letter appearing on the previous page. This list is still in formation, and new names will be added and published along with the Open Letter on our website, www.naswnyc.org.

Shawna Marie Aarons Sayidah Abdul-Mumin Joan M. Adams Portia Adams Martha Adams Sullivan David Alexander Sonia T. Allen Lisa Allison Maria Almonte-Weston Melvin B. Alston Jacqueline Anderson John Anderson Thian Anderson Jean Aniebona Catherine Arline Jimmy Arnold Georgia L. Arnold Joanne A. Bailey Tricia Baird Velma D. Banks Rosevald Beauvil Wendy Benson Kathleen Boatswain Valerie Borum Cynthia Bowser Keneca O. Boyce Liesl Browne-Hancock Sadie Bryan-Johnson Patricia Burkett Constance Stafford Burrus April Butler Gwen Butler Justine Butler Melba Butler Dkarn Carlor Fatimaah Carmichael Cristina Caroli Gary Carter Eric A. Carver Rose Chaney Flora L. Cherot Marlienne Christian Charlie Clark Jeffrey Clarke Altamease Middleton Clay Akosua Cobb Carmen Collado Keisha Cox John Crepsac LaVerne Crumpler Jennifer Crumpley Esther Curenton Frances M. Curtis George Daniels Ellen R. Davis Janet E. Davis Deborah Dee Brayton Patricia Dempsey	Andrea Dixon Ed Dowd Winslow Drummond Mario Drummonds Taji Duncombe Minette Duran A. Maryse Duvalsaint Natane Eaddy Michael J. Ealy Florian Edwards Helen Esanbor Camille L. Evans Anne L. Everette Danielle Fairbairn Latatche Farley Alicia Felming Paula Y. Fendall Kathleen Ferdinand Cecilia Forrest Cherie S. Foster Aquila Frederick Luisa A. Fuentes Rachel Gabriel Joe Garner Janet A. Geller Sheena Gethers Tracey Grant-Houston Gary Graves Monte Gray Madeline Green Denise Greene Kenneth Griffin Ismay Griffith Jamal Griffith Marlene Guy Tessa I. Hackett-Vieira Victor Hainsworth Eva Haldane Melinda Harrell Ella Harris Eda F. Harris-Hastick Zeokea Henderson Porsche Holcomb Doris Holiday Cheryl L. Howard Longinus Ike Rosemary Irving Alicia Jackson Vanessa Jackson Gena Jefferson Johanna B. Jenson Martha Johns Frances Johnson Claudette Jordan Desiree Jordan Lydia Kelly Diane Key Wendell Knight	Claudette E. LaMelle Anne Langhorne Geraldine Latimer Sharlene Legendre-Valmon Damond Lindsay Louise Loadholt Eleanor Lowe Sandra Stacey Lucas Midge Lunsford Otis Mack Jr. Jayne Mahboubi Gabrielle Marcelin-Cappelli Lynette Marie-Miller Keith Martin Rene Martinez Judy Mason Vanessa McAdams-Mahmoud Donna McCoy-Rainford Ray McGill Chisa McIlwain Sophia McKenzie Megan McLaughlin Yvonne R. McNeil Cherrel Miller-Dyce Amanda Mills Janet Mitchell Valerie Moore Michael Morgan Sharon L. Morrison Onaje Muid Linda Lee Murrell Marilynn Myles Natasha Nalls Nigel Nathaniel Tanya Odums Yejide Ojo Carmen Ortiz Hendricks MonaLisa Ortiz-Rosa Damita Owens Lorna Palacio Morgan Johnny E. Parham Eunice Paul Ranardo Pearsall Mary Pender Greene George Perez Griselle Phillips Monica Pierrepoinde Warren Price Laura Quiros Elaine Reid Wanda Richardson Nicolette Roach Dorothea L. Roberts Thomas N. Roberts Bernadette C. Robinson Emma Lee Robinson Danielle Rock Selena Rodgers	Cicely A. Rodway Judy Rogers Pier Rogers Beverly Rohlehr Winston A. Ross Kingsley Arthur Rowe Olevia S. Smith John Samuel Michael Santiago Rudene Scipio Gloria J. Scott Roslyn R. Scott JoVon M. Seymore Katiana Simon Kristin Simpson Mary A. Singleton LaShawn E. Smith Francine Smith-Dowdy Diane Solomon-Glover Tonia Spence Lorraine Stevens Steve Stitt Valerie Strachan-Chisolm Sioux Taylor Patricia Telfort Jasmine Thomas Pamela L. Thomas Lionel Thompson Erin Thuston Viviana Tillman M. Delores Thrower Rhona Triggs Miatta Tucker Ruby Valdez Peter B. Vaughan Kenneth Vedell Yvonne Walker Deborah H. Warden Rommell Washington Crystal Welch Michael Wernham Darrell Wheeler Judith C. White Lisa White Edward J. Williams Jacquelyn Williams-Walsh LaTisha Williams Tonisia Williams Carole A. Winston Barbara Woodlon Bertha B. Woods Guare X Social Worker X* Edmundo Yearwood Beatrice Yonly Wanda Young Stacey Youngue
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Comments in response to the Open Letter are invited and can be sent to openletter@naswnyc.org. Go to www.naswnyc.org to read responses to the open letter.

*** Social Worker X identifies those workers who did not feel safe enough to attach their names to the Open Letter.**

60 Years of Supporting Mental Health and Educational Needs of Harlem

Northside Center, The Clarks, and the Role of Social Work

Adrienne Williams-Myers, LCSW, Chief of Preventive Services at Northside Center for Child Development, Inc.

Northside Center for Child Development (NCCD) is a Harlem based mental health and educational agency that combines therapeutic services with education and remediation to meet the needs of children and families who experience emotional, behavioral, educational and developmental problems. Founded in 1946, NCCD was established as the first private child guidance clinic in Harlem by visionaries Mamie Phipps Clark and Kenneth B. Clark.



Adrienne Williams-Myers

The Clarks' groundbreaking Doll Study, which was used in the Brown vs. Board of Education Supreme Court decision, supported their hypothesis that the damaging effects of racial segregation resulted in low expectations and low self-esteem in children. Based on this, the Clarks pioneered mental health and therapeutic approaches to enhance the learning and emotional growth of African-American children, and also Latino children, whose needs were often neglected by virtue of the child's racial and socioeconomic circumstances.

Families Served

Northside's client base reflects the demographics of the neighborhoods it serves. Almost exclusively African

American and Hispanic, all clients are drawn from some of the poorest communities in the borough of Manhattan, where neighborhood, academic and economic conditions can negatively affect children's cognitive and emotional development. Of the children who come to Northside Center, many live well below the poverty line, have been

physically or sexually abused, have family members who are substance users or are being raised by a single parent, guardian or foster care family. A recent report by the Citizen's Committee for Children of New York indicated that the areas served by Northside Center – East and Central Harlem – ranked first and second in Manhattan among communities most likely to pose severe risks to a child's well-being.

Philosophy

Based on the Clarks' understanding of the struggle of every day living for children in Harlem and the damage to the children's self esteem from racism and poverty, the Clarks developed a community based clinic to counteract some of the problems experienced by children and families and to undergird their self esteem. In order to achieve this goal the Clarks gradually

built a multi-faceted community agency providing an array of comprehensive holistic services with a strength based perspective.

In its inception, this approach differed from that of the then popular therapeutic deficit model focusing on diagnosis and an emphasis on problems. The Clarks sought a setting where children and families would feel enhanced, supported and respected. Due to this spirit and vision for children, NCCD provides a discrete service for some children while for others it is a second home. With the addition of its second more adult-focused site, the same can be said for those beyond childhood.

Programs Developed and the Intervention of Social Work

In order to address the needs of children and families in Harlem, the agency was structured to combine mental health, educational and recreational services building a supportive world for children and parents. The agency began in an apartment in Harlem offering therapy to children and families and educational support. It grew with the voluntary support of many Harlem professionals.

Social workers at Northside Center for Child Development, Inc. designed

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Call the office for your password

As they say, membership has its benefits...and your membership in NASW-NYC is valuable.

To log on visit www.naswnyc.org and click on the members only icon.



Providing Unique Assistance to Caribbean American Social Workers

Commitment To Community

Ismay Griffith, LCSW, President and Co-Founder of Caribbean American Social Work Association, Inc.

The Caribbean American Social Workers Association, Inc. (CASWA) is a professional organization incorporated on November 21, 2003.

Membership consists of professionals drawn from the public and private sectors who are committed to enhancing the social functioning of Caribbean Americans and improving the social status of the Caribbean American community and the Caribbean region.

The major thrust of CASWA is to promote the professional advancement of the fast growing number of Caribbean American social workers, other social service providers and those who serve the Caribbean people. We strive to address the social needs of the Caribbean American community and the Caribbean region.

As we pursue these goals, we recognize the importance of understanding the challenges of immigrants in general.



Ismay Griffith

CASWA emerged in response to the realization of the need to share the fulfillment of serving our diverse ethnic communities. Owing to its proximity to the United States, the Caribbean region is often referred to as the third border. People from the Caribbean migrate to the US for a better way of life. Not unlike other

immigrants, they are in search of the American dream. Caribbean migration has transformed New York's geographic, demographic, political, linguistic, socio-economic and cultural landscape. As helping professionals we are cognizant of adjustment problems as well as their

contributions to the development of their adopted home.

Today's sophisticated technological advancements such as the internet and cell phones have strengthened the communication between the Caribbean communities at home and abroad. The transnational status of many of these immigrants presents both risks and opportunities. Better understanding of the impact of the migration process on social well-being is crucial. In this context, CASWA serves to make significant contributions in addressing the myriad socio-economic, public health and culture-related problems confronted by the Caribbean-American community.

While many Caribbean immigrants come to the US as a family unit, there are those who come as individuals, often separated from their parents, children, spouses or significant others. The impact

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What's Wrong With This Picture?

The Saliency of What Being White Means

Darrell P. Wheeler, Ph.D., M.P.H., Associate Professor, Hunter College School of Social Work

At a recent meeting of social workers, one of the African American women asked her colleagues, "Why is it that year after year when it comes to diversity or cultural training, I'm inevitably asked to spear-head the effort?" After some hesitation one of her White colleagues responded, "It's because you know so much about the issue and have so many valuable experiences." To this the first social worker quickly recanted, "My professional training is in social work, not in diversity or cultural competency training."

This scenario is not uncommon in social work settings throughout New York City and across the country. Far too often social workers of color, in this instance African American, are asked to be experts not on the content of their academic preparedness

or their practice experience, but rather on something phenotypically determined.

Not that being African American, or Latino, or Asian or Pacific Islander, or Russian does not lend something unique to the experience; but rather, how is it that race and ethnic identities so easily and repeatedly trip up otherwise unflappable professionals? The question quickly surfaces for the astute observer: "What's wrong with this picture?"

What's wrong has as much to do with what is not being said and done as it does with what is being said and done. In the

hypothetical case used to open this piece, one of the many unspoken elephants in the



Darrell Wheeler

room is the absence of the word "White." American culture, American norms, American values as we know them today are predicated on assumptions of what is normal, right and "good." Underlying, or more precisely, intertwined with these ideals are the unspoken assumptions of whiteness. The words I write here are not just words reflecting my

perspective. These views represent a substantial and growing body of literature

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Undoing Racism Workshops

Anti-Racism Training for Social Work Practitioners and Educators

Are You Challenged by How to Deal with Race Issues in Your Practice or in the Classroom?

Are You Concerned about the Impact of Racism in our City?

February 15-16

Thursday, 9:00 am - 7:00 pm
Friday, 9:00 am - 6:00 pm

March 17-18

Saturday, 9:00 am - 7:00 pm
Sunday, 9:00 am - 6:00 pm

Location

National Association of
Social Workers, NYC
50 Broadway, Suite 1001
New York, NY 10004

Cost is \$250, which includes tuition and light breakfast.

Make check payable to The People's Institute; please write Undoing Racism and the dates of the workshop on the check.

Mail to Sandy Bernabei,
c/o AntiRacist Alliance, Inc.
351 W. 53rd St. #4E
New York, NY 10019

For more information, call
(914) 723-3222 or visit
our website at
www.naswnyc.org

Peter Vaughan

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Caribbean and African immigrants has also decreased. (Wikipedia.org)

According to the 2000 Census the largest number of African Americans and other Blacks lived in Brooklyn (36.44%) followed by the Bronx (35.64%), Queens (20.01%), Manhattan (17.39%) and the smallest number lived in Staten Island (9.7%). A significant concern in the City is the existing and growing disparity between affluent and poor New Yorkers. The figures for 2000 indicate that non-Hispanic Black poverty rates averaged 2.5 times that of non-Hispanic Whites and that the current unemployment rate for Blacks is double that of White New Yorkers. The prospects for improvement in the near future

seem bleak. Affordable housing continues to separate the haves and the have nots, with Blacks being disproportionately represented among the ranks of the homeless with children becoming the largest and fastest growing segment of the homeless community. Similarly, the disproportionality of Black children in the foster care system plagues their families and communities.

While there has been a decline in infant mortality among Blacks and Whites in recent years in New York City, there is still a disproportionate number of Blacks who are uninsured for health care. This means that from a family health perspective many African American and Black families lack the means to benefit from preventive health interventions and to combat illness. They seek treatment for illnesses later than do Whites and frequently have less than optimal outcomes as a result of episodic and emergency care. This phenomenon is reflected in the lower rates of screening and early detection of cancer among Blacks when compared to Whites, the growing rates of Type II diabetes associated with obesity among African Americans and other Blacks, and the

high incidence of hypertension and heart disease in Black communities.

HIV/AIDS continues to plague Black communities as does high usage of alcohol and other drugs. Health education and prevention programs appear to do very little to prevent these conditions and the behaviors that lead to them in Black communities. Many of the behaviors leading to these conditions are no doubt responses to oppressive conditions under which people live and discrimination born of racism which are a part of the daily lives of African American and other Black communities in New York City.

A good education was once seen as the pathway for many Blacks out of poverty and into the middle class. This

was true no doubt when there were more resources put into public education. The New York City schools are challenged in providing a solid education to so many of our children. That is not to say there have not been some school improvements throughout the New York City public school system. However, far too many Blacks are relegated to special education classes and attend low performing schools. The school dropout rates for African American children in New York City are disgraceful, and the number of Black youngsters selected to attend the three most prestigious high schools has declined in recent years. It is no secret that poverty, lack of education and a lack of job skills give rise to disruptive youth in our neighborhoods, youth detention and ultimately incarceration of youth. It is so frequently quoted that there are more Black men in prison than in college, but solutions do not seem to be forthcoming in the absence of young men who have good basic educations, good health, and job skills.

As America ages so do African Americans and other Blacks though their life expectancy is less than that of

Focus Group

Continued From Cover

This social worker shared his experiences as part of a focus group of social workers working with communities of African descent that was convened by NASW-NYC on October 17, 2006. The purpose of the group was to learn about what social workers are experiencing and their perceptions of professional practice. The group included 10 social workers who are African American as well as recent immigrants from the Caribbean and Africa. Line workers, supervisors, and administrators were represented among the men and women who participated, and represented four of the five the boroughs in New York City.

The discussion and stories that emerged in the group illustrated complex processes and themes at work in the relationships between clients, workers, and agencies. It was evident that the services provided by these social workers were both special and essential, and their stories and comments also hold lessons for the entire profession.

It was agreed that the identity of the focus group participants would be kept anonymous in order to assure that they would feel free to express their experiences and opinions.

Sharing a Common Background

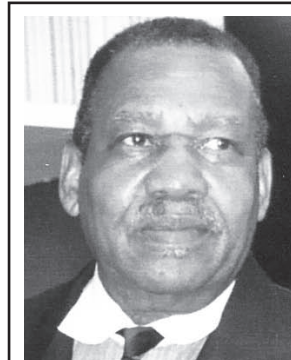
The social worker in criminal justice prevention said that a major goal of his program is to inspire hope to help people who live in a state of "confinement and confusion", unable to see their way clear of the limiting circumstances of their lives.

In addition to providing individual counseling, the unique part of the program, he said, is the participation in large groups of 15 to 20 young men. The social worker said that the group experience offers the opportunity for opening up discussions that would not be able to happen through individual sessions, alone.

He said that a number of clinicians, all of whom are themselves Black, run the group, and in significant ways share a common background with the young men. He said that what is important is that the clinicians are encouraged to feel and be who they are, which allows all of the participants to express their own humanity. This creates a communal atmosphere and, he said, helps

In Memoriam

Robert Wilson Knox, LCSW, a graduate of New York University, served for 40 years as an administrator in the New York City Department of Social Services. He was President of the NYC Chapter of the Association of Black Social Workers (ABSW) for 21 years (1985-2006) and co-founded the national organization in 1968. A passionate advocate in the Harlem community, through his association with ABSW he contributed to the development of day care centers, adoption programs,



*Robert Wilson Knox
September 2006*

and senior citizen centers in Brooklyn as well as Harlem. He was a major architect of the Association of Black Social Workers Housing Association, which owns four buildings that provide quality housing for Harlem residents.

Since the age of 13, he was also a member of the Metropolitan Community United Methodist Church in Harlem. He served as a choir member, president of the board of trustees and in several other capacities to enhance the church and the community.

Norretta Ray, Ph.D., MSW, was a trained clinician, a Black historian, and a member of ABSW, NASW, and the ABSW clinical counseling committee. She was employed by the New York State Department of Mental Health for many years and retired as the Director of Social Services at Creedmoor Psychiatric Center.



*Norretta Ray
July 2006*

Dr. Ray obtained her bachelor's degree in Sociology from St. Augustine's College in Raleigh, North Carolina. After working for one year she enrolled

at Atlanta University School of Social Work and completed a master's degree. She earned her Ph.D. at Columbia University in New York City.

A mentor for many Black social workers, Dr. Ray was involved in promoting justice in the Black community through political campaigning for Al Sharpton.

In an obituary, Dr. Ray's family wrote that, "she was a woman of purpose and promise who embraced and invested her academic skills and abilities into the lives of the people she loved and cared for."

the program participants talk from a deep place within themselves.

The program director summed up the benefits of the program's approach by saying that there are a number of outcomes that can be observed that are not likely to be achieved by a one-to-one approach alone. This includes going to school and parents saying that things are going better at home.

Another focus group participant who was familiar with this program, said that the design of the program has been criticized because of how the clinicians participate in the group, and questions have been raised about whether they are crossing professional boundaries. It was pointed out that the form of engagement being used sends the message to the participants of "let's be real". He said

that the group is less structured than in a more traditional approach and might create a concern about safety for social workers who are not comfortable with such an open approach. He added that the approach to the group that was discussed reflects a non-traditional form of psychodynamic therapy.

This second social worker, who also works with adolescents, shared that a client's rage will often be expressed when he feels that he is not being heard. He said that he has experienced social workers becoming upset and afraid when their clients express their anger, but the actual message is that the worker is not listening.

Another social worker who runs a school based mental health program shared one

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Iris Carlton-LaNey

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them was desirable and conferred a certain level of social standing in the community (Lerner, 1974). Sometimes criticized for being elitist, these women, nonetheless, saw themselves as helping to model appropriate behavior and to provide the impetus for accessing and utilizing societal resources. The women's clubs included organizations such as the Women's Loyal Union of New York and Brooklyn established in 1892, the Women's Era Club of Boston, and in Chicago, the Ida B. Wells Club established in 1893, and the Phillis Wheatley Club, founded in 1896. The motto of the national organization of women's clubs was "Lifting as We Climb" (Hine, 1993; Bent-Goodley, 2001).

Lower class women were also active in clubs and formed organizations in an effort to serve themselves and the needy in their communities. For example, the Grand United Order of Tents established an Old Folks Home in Hampton in 1897. The home was to care for both orphaned children and disabled sisters of the Tents (Carlton-LaNey, 1989).

Early Social Work Education

African American reformers were not content to provide just local services, but engaged in an array of efforts. Educating and training professional social workers was seen as a way to reach a larger portion of those in need as well as a way to ensure that the highest quality of services was being provided. The National Urban League (NUL) under Dr. George Edmund Haynes' directorship stands as a pioneer in social work education among African Americans. In 1911, the NUL established a social work certificate program and a fellowship training program. Essentially, securing and training African American social workers to work with their people was seen as an imperative by the national organization. Through courses in economics, sociology, African American history, playground and recreation and

Hunter Names Jacqueline B. Mondros New Dean

Jacqueline B. Mondros, DSW, was appointed the new Dean of Hunter College School of Social Work. Dr. Mondros previously served as the Vice Dean of the University of Southern California's School of Social Work and as Assistant Dean of Columbia University School of Social Work.

In addition to her background as a teacher and an administrator, Dr. Mondros has also written extensively on community social services, development and organizing. Her co-authored book, *Organizing for Power and Empowerment*, has been an important text in social work classrooms.

statistics and methods of social research, the program trained young college men and women for the social work profession. The fellowship program, which developed parallel to the training program, secured potential students via rigorous training and observation and followed up with financial support as they enrolled in prominent social work programs across the country. E. Kinckle Jones, the League's second executive director, vigorously supported the training program. He believed that professionally trained African American social workers would raise the intelligence and add physical vigor to the community (Carlton-LaNey, 1999).

Other training programs included the Bishop Tuttle School in Raleigh, NC, which provided a two-year course of study in social work classroom preparation and a 12-week field experience during the second year (Gary & Gary, 1994). Training social workers also took the form of institutes. For example, Lugenia Burns Hope established a training institute in Atlanta in 1919 that formed the basis for the Atlanta School of Social Work which opened the next year. In 1926, Lawrence Oxley established the North Carolina Public Welfare Institutes for Negroes. It was designed to supplement training and provide staff development for African American workers in the state (Burwell, 1994).

Settlement Houses

In addition to training and educating social workers, African American women were instrumental in starting settlement houses in many communities. Some of the most prominent houses include Hampton, Virginia's Locust Street Settlement, started by Janie Porter Barrett. Sarah Collins Fernandis established the Colored Social Settlement in Washington, DC in 1902. The settlement was opened in an area in Washington called "Bloodfield," so named because of its reputation for violence. Birdye Henrietta Haynes, a professionally trained social worker and the first African American to graduate from the Chicago School of Civics and Philanthropy, served as settlement house matron in two prominent settlements, Chicago's Wendell Phillips Settlement and the Lincoln House in New York.

Community Development

In addition to settlement houses as a mechanism to strengthen communities, African American social welfare pioneers also engaged in community development. Marcus Garvey was a pioneer in this respect. Through his Universal Negro Improvement Association (UNIA), Garvey engaged in community building that Martin and Martin (1995) contended used "social work-type community organization and group work and social

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Darrell Wheeler

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on the meaning of whiteness and the ways in which it is understood and manifests in personal and professional domains (Fine, Weis, Powell & Wong, 1997; Miller, 2000; Basham, 2004; Gordon, 2005; Leuwerke, 2005). This literature and experiences that are reflected in these works are important contributions to a profession vying to stake its claim on issues of social justice and social inclusion. To ignore the saliency of what being White means in a racially conflicted society is tantamount to ignoring gender in gynecological observations. It cannot be done successfully.

Creating space for ourselves and our colleagues to explore these very sensitive matters must occur frequently, and from my perspective, more meaningfully. The work cannot be done in one or two sessions a year, but rather has to be part

of on-going dialogues between and within racially and ethnically diverse groups of professionals.

This work has to be punctuated with critical examinations of the assumptions we hold about ourselves, as well as those we hold about our clients and colleagues. The critical self reflection, as we know from our own cultural competence guidance, is a necessary step in the pathway to becoming a culturally competent social worker. The work will not always be easy. We tell our clients and students frequently to continue searching to identify deeper sources of the conflicts and barriers to success and then to work toward overcoming them.

The social worker in our opening example typifies a mistake we frequently make in our profession. We take the easy

way to reach a very complex goal. This is not an indictment, but a critique meant to challenge and stimulate professionals who believe in the professional code and seek to produce positive and permanent changes for our clients, our profession and ourselves.

Social workers in New York City are remarkably advantaged in having such a rich and diverse environment from which our clients come and which informs our on-going practice learning. One of the dilemmas of having this advantage is that we have to develop flexible and responsive means of engaging with so many diverse populations. This includes our professional colleagues and ourselves. □

For references see page 14.

Ismay Griffith

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of separation and loss experienced by immigrants and their loved ones when they have to relinquish important connections is astronomical, invariably causing serious mental health and economic difficulties. The difficulties of adjusting to a new way of life are sometimes manifested in the incidence of neglect and abuse of children and seniors, domestic violence, human trafficking and other problems. Some problems, such as gang involvement, arise out of a need to compensate for deficiencies and develop a sense of belonging

The organization provides opportunities for professionals to deliver culturally competent services in the community to address health and general welfare needs. We provide forums for our membership, other organizations and the public that facilitate sharing of information and the development of expertise to address major health and mental health needs of the community. Since its inception CASWA has conducted cultural sensitivity

trainings and workshops. Areas of focus include education on child abuse; the new immigration laws addressing issues of illegal immigrants; domestic violence; HIV/AIDS; depression and spirituality; cancer awareness; sickle cell anemia and childhood obesity with concerns about the dietary practices that result in high incidence of hypertension and heart diseases. CASWA also coordinated a workshop for social workers on the new legislation on social work licensure.

Our members engage in research in order to support the development and implementation of culturally sensitive intervention strategies to address identified issues. CASWA has initiated and maintains professional alliances to promote collaborative activities among private and public entities to enhance the organization's capacity to implement its mission.

On the international front, the organization has responded to a number

of crises that have emerged in the Caribbean over the past five years. Members of CASWA collaborated with other organizations to conduct trainings on various social and health topics in the Caribbean. The countries of Guyana and Grenada have particularly benefited from crisis intervention provided by CASWA's response to the critical social, economic and mental health issues that resulted from hurricane and flood disasters. CASWA was represented in these countries by teams of New York based professionals. □

CASWA hosts an annual fundraiser on the first Saturday in December which serves as a major networking session for the Caribbean-American community. For more information, please contact:

President: Ismay Griffith, LCSW
(718) 346-3585

Vice President: Elaine Reid, LCSW
(347) 432-9368

CASWA: (718) 922-0193
675 East 92nd Street
Brooklyn, NY 11236

Peter Vaughan

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Whites. African American grandparents are raising their grandchildren in increasing numbers, and at the same time many also must assume care giving responsibilities for the aging generation ahead of them. Concerns about health care, adequate income, transportation and absence of time for leisure and recreational activities are ever pressing concerns for members of this age group. Unfortunately for many they are unable to access systems of care for their grandchildren because of legal issues regarding their guardianship making this kinship care more difficult.

There are no easy answers in addressing the depressing facts as they relate to the African American and Black communities in New York. Private agencies that continue to exist that have sought to relate to the problems of these communities are finding themselves under

resourced. With the shifting response to many of society's problems away from the public service

sector to the private service sector it is not always clear to service consumers their entitlements, if any, and how the arrangement for services work.

When public funds are a major portion of the operating budgets of private sector services, they may face mission diminution or revision in order to satisfy the contractual terms of their funders. The problems that service providers face are numerous as are the problems that are presented to them by their clients. The work is difficult and all too often the staff composition of agencies and services lend themselves to the establishment of waiting lists and social work interventions that may not exactly fit the need of the individual clients, groups or communities which they are mandated to serve.

The challenges are great in serving the African American and Black communities of New York City, yet these communities possess great strengths as well. For many kinship relationships are intact and strong and can be counted on to provide social support and care as well as material

assistance on occasion. Religion and spirituality are central to many of the residents of these communities, and it is from these sources that their strength is derived and the will to survive and thrive are kept alive.

Social work service providers and educators must keep in mind that Black New Yorkers come from many different places and have different histories. In order to bridge the chasm between culturally competent professionals and the Black communities requiring services is the need to have more professionally educated African American and Black social workers working in these communities, recognizing that more may never be enough. All social work students should be taught to understand institutional racism in all of its manifestations, and they should be

"All social work students should be taught to understand institutional racism in all its manifestations."

provided with opportunities in their undergraduate and graduate education to learn well and fully

embrace culturally sensitive social work practice so that they can be culturally competent practitioners.

Social work practice as carried out in traditional social agencies will continue to be valued and used; however, assessment of clients receiving services from those agencies should be expanded and strengthened. Providers of service must be prepared to redefine units and dimensions of service. Types of services essential to the well being of clients from those communities should be tested to ensure that services rendered are effectively meeting the communities' needs. And, new practice modalities will have to be developed to address the problems that individuals, families, groups and communities are presenting to providers of service. Finally, professional social workers working in the aforementioned communities of color must become more skilled at being becoming active brokers and advocates for these client groups. Moreover, they should appreciate these roles as being an essential part of their professional social work practice. □

Executive Director

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works differently than NASW, and under Bob's leadership has developed programming in Harlem and other Black communities, including the development of housing and senior and adoption services.

ABSW, more than any other social work membership organization, has served the Black community and has served as a community, itself, for Black social workers. I want to invite social workers who are not familiar with ABSW, or its national organization, NABSW, to take a close look at its website at www.nabsw.org.

ABSW has been critical of NASW, especially in its opposition to requirements for social work licensing. What I believe is essential, however, is not so much holding different perspectives, but striving to understand the values that give rise to these perspectives.

A few years ago representatives of ABSW met with members of the State Board for Social Work and other social work leaders to discuss their point of view. I thought that instead of attempting to understand ABSW's perspective our colleagues engaged in a debate. Nothing was learned. I am hopeful that this newsletter and the Undoing Racism training can move us closer to understanding, not just an organization such as ABSW, but the entire Black community.

Fundamentally, it is a matter of being open. □

Focus Group

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experience of being called to look into a situation where a child, whose family recently came to the United States from Nigeria, was acting out and getting into fights with his classmates. The teacher, who the social worker said had been trained to be culturally sensitive, nevertheless, wanted the child to be removed from the class and believed that he had a serious behavioral problem and needed mental health services.

The social worker, who himself was from Africa, assessed the family situation as well as the child's relationships with classmates. The social worker identified that the boy lived with his grandmother, who did not speak English nor read or write. His separation from his parents and the experiences related to coming to a new country were determined to be key factors underlying his behavior in school.

Another finding that had not originally been identified was that the boy's classmates were making fun of the boy's African name, which had a special meaning. The social worker's intervention logically addressed the significance of this, with both the teacher and the class, and sought to help the child make a more complete adjustment to living in a new environment.

Ingredients of Cultural Competence

This same social worker also talked about the challenge he faced in encountering an angry and confrontational mother of a child in the school who he felt was making an inappropriate demand on him. In addition to the way that he was approached by the mother, he said that he was extremely busy and involved in writing a grant. When he told the mother, who was from the Caribbean, that he was not able to help her, she derisively commented that someone from Africa would not care about her situation because Africans had sold her people into slavery.

The social worker shared that through self reflection, he was able to put his own annoyance at this woman aside, and to rethink how he responded despite the woman's confrontational manner. When he subsequently met with her, he came to appreciate the woman's situation, including the fact that one of her children had stabbed

her at an earlier point, and the woman was feeling desperate for help.

This social worker said that he felt that it was essential to "look at ourselves" and continue to have passion. He said that, for himself, it is sometimes a matter of setting aside his own ego, and putting the clients' needs first, something that is not always easy. He said that otherwise we cannot do our jobs.

Another focus group participant said that there is a dilemma for clients of African descent in seeing social workers for service. She said that social workers often expect their clients to express their feelings, yet, given the experience of racism in people's lives, many clients are likely to suppress their feelings. As a result they can be identified as being resistant and angry. She said that she even finds social workers of African descent doing this to their clients.

This social worker talked about working with Haitian clients, who she said have lived under a dictatorship for most of their lives. She said that families were the ones who took care of the needs of their members. Living in meager circumstances, families survived by tending to each other. She said that, given their history and experience, they generally mistrust social service providers and often feel that government services are suspect.

She said that she was concerned that being "culturally sensitive" was problematic, that she was not "a fan of this". Her concern focused on coming to see people of African descent in some "monolithic" way, that knowing something about a people's background could be as dehumanizing as not understanding their background at all. She said that better than taking classes in culture, social workers need to sit with their clients and get to know them as human beings, and not assume that they know anything at all.

A focus group participant who is employed in a government agency with responsibility for oversight of programs run by community agencies said that 85% of the clients in each program she visits are people of color, yet, typically, there is only a small number of social workers of color. She said that it is common for these social workers to be given the "angry" clients. Another focus

group participant who has worked in several hospital settings said that she has experienced this, as well. The government-based social worker said that she asks herself why this is happening, and shared that she believed that many social workers are simply not culturally competent to deal with clients who are difficult.

Benefit to the Community

A social work administrator in a child welfare program raised concerns that there are not a sufficient number of clinical social workers of African descent. She said that many of her staff who are Black do not have social work degrees but are very dedicated to their work, are more likely than other social workers to make themselves available after hours for parents to come in, and are more willing and comfortable to make home visits.

She said that overall, she sees staff of African descent, whether with the degree or not, as more likely to "take chances" in order to make a difference. She said that this dedication and commitment is a benefit to the community. She expressed frustration that many of the staff who do not have degrees in social work see the cost of obtaining an education as a barrier. She said that they need help in understanding that taking out loans is an investment in one's future.

Challenges and Accountability

In addressing challenges to providing services to clients of African descent, some of the social workers said that the problems of racism, poverty, and lack of resources are so widespread that it is hard to know how to help people.

One social worker said that he was "shocked" by how difficult it often is to get the proper level of service for clients, even when in desperate need. He also said that to get agency administrators to look at problems, such as a building's deplorable conditions, it took the intervention of a White administrator to have any attention paid to the problem.

This social worker said that commitment to serving the community is what enables the staff to stay involved, despite enormous barriers to providing effective services. Their accountability, he said, is to the community, their clients, and to themselves. □

Adrienne Williams-Myers

Continued From Page 6

innovative community out-reach programs as well as consumer advocacy groups based on the strengths and self determination of its clients. These out-reach efforts were originated by the commitment and dedication of Victor Carter, Chief of the Social Work Department for over 30 Years. He mentored two Harlem high school dropouts who became employed as mental health aides and co-facilitators of the We Care-Northside Center Self-Help program. As a social worker with clinical training "Victor" as he was affectionately known and addressed, knew he had to "start where the client is."

The Parents' Council was another service initiative which also clearly demonstrated Northside Center's willingness to think out-of-the-box in service delivery. Again, under the leadership of Victor Carter, this program began as a group of parents of children served by Northside Center. The founders of the Parents' Council wanted to "give back" and Northside Center understood how this would empower the parents and could also be used as a vehicle to empower other parents. The group formed an internal self-help and support group and began to sponsor community forums on such vital topics such as special education, housing, and voting rights.

The Clarks and NCCD have recognized the benefit of early intervention for children by creating the Therapeutic Early Childhood Center's (TECC) in 1974. TECC provides educational and clinical services to children 18 months to 8 years of age by focusing on children with language impairment, learning disabilities, mild neurological impairments and behavioral difficulties. Initially NCCD was a psychological testing site, then a small clinic was incorporated in 1946. It grew from a modest clinic located in a small private school to a clinic and school for children with developmental delays.

By 2000 it developed into two mental health clinic sites providing individual, family and group therapy to children, families and adults and, under the umbrella of the Educational Services Department, there is now a Homework Help Program,

a year-round after school and summer recreational program, remedial reading tutoring and a computer Lab.

Northside's Project SAFE (Safety Awareness is Fundamental to Empowerment and Education) is a Preventive Service Program begun in 1986. This program serves over 200 children and their families. Project SAFE is a specialized component of the Clinic that provides comprehensive services to families presenting with problems of child sexual abuse, domestic violence, physical abuse and/or neglect. The model combines preventive services and mental health interventions.

In 1995, a Home-Based Crisis Intervention Program was added. It is designed to offer intensive therapeutic and support services to children identified as being at risk for psychiatric hospitalization. It is a further expansion of the Clarks' vision of building a place and programs to support children's strengths.

To further extend Northside's assistance to very young children, in 2005, NCCD launched the Susan Patricof Head Start Center. This program provides early education and parenting services to more than 200 children, their families, and to pregnant women.

A Family Support program, based at 135th street, has services and activities to assist families in treatment. The program offers assistance with housing, benefits, legal, school and employment issues.

Commitment to Founders' Vision

For over 60 years, NCCD has honored the foresight, commitment and cultural awareness of its founders, Dr. Mamie Phipps Clark and Dr. Kenneth Clark. This commitment is apparent in the areas into which the agency has expanded and in the dedication and skill of professional staff who make a difference every day in the lives of who call Harlem their home and who may be the next generation of Mamie and Kenneth B. Clark's visionaries. □

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Announcement from the NASW Insurance Trust

SOCIAL WORKERS' LIABILITY AND RISK ADVISOR HOTLINE

Sponsored by the NASW Insurance Trust and The American Professional Agency, a liability and risk advisor hotline has been established. This valuable service is for members who hold a malpractice insurance policy through the NASW Insurance Trust and the American Professional Agency (APA).

Eric Marine, Vice President of the Claims Department and a nationally-recognized risk management expert in the mental health field, is available at (800) 421-6694 to assist social workers who are responding to circumstances of actual or alleged malpractice. Although Mr. Marine and his staff are not attorneys, they have a thorough understanding of the legal and claim processes for a social work malpractice lawsuit. They combine this knowledge and expertise to provide solid risk management and risk reduction advice. While no actual legal opinion or legal advice can be provided, the guidance can be extremely important at critical junctures during a malpractice suit, especially during the time leading up to the actual malpractice claim. When necessary and appropriate, the APA claims staff can recommend and identify a local attorney experienced in professional liability cases. Members must identify themselves as NASW members with social work professional liability insurance through the Trust when contacting the APA claims advisor's office, since this is a member benefit service.

Iris Carlton-LaNey

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action techniques to recruit a huge following" (p. 148). To Garvey's credit, the UNIA was a mechanism for improving the goodness-of-fit between needs and resources in the African American community and among African people throughout the Diaspora (Carlton-LaNey, 2001).

Lugenia Burns Hope, through her Atlanta Neighborhood Union, which she founded and led for twenty-five years, provided an international model of community building and race/gender activism. Operating under the aegis and motto of "Thy Neighbor as Thyself," the Atlanta Neighborhood Union provided an array of services and programs that met some of the immediate survival needs of the community and helped citizens to understand the importance of being organized to address social problems (Rouse, 1989).

Hope was an activist extraordinaire who developed citizenship schools that consisted of six-week classes on voting, democracy, and the Constitution. Taught by professors at Atlanta University, the classes in the citizenship schools were so effective as to become part of the preparation for many for the civil rights activists in the South through the

Highlander School/Center in Monteagle, Tennessee (Rouse, 1989).

Hope, Garvey and others sought to develop the African American community while simultaneously developing individuals within the community. A number of efforts that invested in human capital included orphanages, schools, old folks' homes, and training schools. The Virginia Industrial School for Colored Girls, established in 1916, was an example of a program that invested in human capital. Through the Virginia School, Janie Porter Barrett, its founder, established a model for serving wayward girls who had often been abandoned by their communities and left to languish in the correctional system of adult offenders.

The Virginia School was established to help these girls to develop self-control, learn job skills and learn home-life skills so they could live independently as contributing citizens. The Virginia Industrial School for Colored Girls became a model for North Carolina's Efland Home, which was a training school for wayward girls established through private efforts in 1926. Efland Home gave the inmates a better social environment, industrial training and character building activities. The club women who founded the

school, under Charlotte Hawkins Brown's leadership, sought to give the inmates industrial training that would prepare them to make a living to care for themselves and their families. Furthermore, they wanted to model appropriate behavior for the girls (Brice, 2005).

As noted previously, the influence of the African American club women can not be underestimated. These women were vigilant and tenacious in their work to improve their communities and the lives of individuals who inhabited them. Furthermore, the reformers of the early 1900s, both male and female, initiated racially sensitive programs while modeling behavior that was deemed appropriate for upward mobility. They taught suitable and sustainable life skills, while simultaneously advising people to seek wholesome recreation, to join benevolent societies, to value education and to work and be thrifty.

Guided by a sense of race pride, adherence to the tradition of mutual aid and faithfulness to the deep-rooted meaning of social debt, these pioneers established services and programs that provide a legacy for contemporary social workers to emulate. □

For references see page 14.

Currents Advertising Schedule Rates and Policies

Issue	Deadline	Receipt by Members
October	August 20 th	4 th week in September
November	September 20 th	4 th week in October
December/January	November 10 th	2 nd week in December
February/March	January 10 th	2 nd week in February
April	February 20 th	4 th week in March
May	March 20 th	4 th week in April
June	April 20 th	4 th week in May
July	May 20 th	4 th week in June

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CALENDAR OF EVENTS JANUARY - FEBRUARY 2007

(All meetings held at the Chapter Office unless otherwise specified)

Friday, January 5th, 2007

Private Practitioners Group
Tax Preparation Q&A
with Dennis Sheridan Esq, CPA, MBA
12:00 PM - 1:30 PM

Wednesday, January 10th, 2007

P.A.C.E. Committee Meeting
6:30 PM - 8:00 PM

Monday, January 22nd, 2007

Lesbian Gay Bisexual and Transgender Committee
LGBT Community Center, 208 W. 13th St
6:30 PM - 8:00 PM

Wednesday, January 24th, 2007

Addictions Committee
Open Clinical Discussion - Current Practice Issues
9:15 AM - 11:15 AM

Wednesday, January 24th, 2007

Gerontological Social Work Committee
ReServe: Active Involvement After Retirement
Breakfast meeting at The Lighthouse International
111 East 59th Street (\$5 for breakfast)
8:30 AM - 10:30 AM

Friday, January 26th, 2007

Disaster Trauma Working Group
When Disaster Interfaces with Earlier Trauma and Loss:
Considering the Complexities of Our Work
9:00 AM - 11:00 AM

Wednesday, January 31st, 2007

Board of Directors
5:30 PM - 7:30 PM

Friday, February 2nd, 2007

Private Practitioners Group
Marketing Support Group with Lynne Spevack LCSW
12:00 PM - 1:30 PM

Wednesday, February 14th, 2007

P.A.C.E. Committee Meeting
6:30 PM - 8:00 PM

Monday, February 26th, 2007

Lesbian Gay Bisexual and Transgender Committee
LGBT Community Center, 208 W. 13th St
6:30 PM - 8:00 PM

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JAN. 16. 5:30-6:30 • FEB. 13. 1-2
MAR. 13. 5:30-6:30 • APR. 10. 1-2
MAY 8. 5:30-6:30 • JUNE 5. 1-2



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Eating Disorder Awareness Week Presentation

Friday March 2, 2007 1-3pm

Friday Evening Talks @ CSAB 7-9PM

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Fall/Winter Calendar

December

- **Impact of Cultural Differences on Mixed Couples**
Wednesday, December 5, 9am-11:00 am, Judith Kellner, LCSW

January

- **Adult Forensic Mental Health**
Monday, January 29 – Thursday, February 1, 9:00am – 4:30pm

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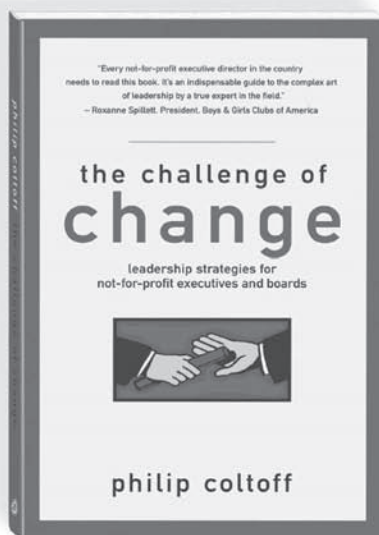
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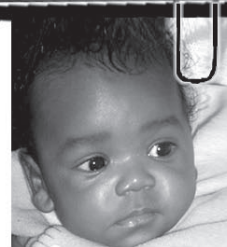
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36th Street at Fashion Avenue - Two furnished offices in 3-office suite. Residential-professional building, 24/7 concierge. Waiting room and bathroom within suite. One office available Tuesday, Thursday, Friday-Sunday; the other on Friday-Monday, or any combination thereof (both offices). Very reasonable rates. Call (212) 736-7552

East 37th Street (Park Ave. & Lexington Ave.) - Tree lined street; private entrance on ground floor of brick townhouse; suite of 3 therapy offices; part-time availability. Call (212) 687-5335

38th St. btwn 8th Ave. / 9th Ave. - Beautiful midtown office. High ceilings, great light, fully furnished, small waiting room. Phone/voicemail system. Transportation accessible. \$300/day mid-week and weekends. Please contact Sheri Heller, LCSW (212) 594-9801 or sheri@sheritherapist.com

5th Avenue at 39th St. - Beautiful 2 office suite, luxury building, doorman/concierge, waiting room, bath and kitchen. Perfect for individual & group therapy. Reasonable and available: Mon, Wed, Fri. Call (212) 889-7013

Upscale 5th Ave. Address - Psychotherapy offices for rent full days, half days, blocks of hours and full time. Secure 24/7 bldg, A/C, waiting room, private intercoms, fully furnished. Near N,R,Q,W,F,4,5, and 6 trains. Call Valerie (212) 627-2947

40th Street and Madison Avenue Grand Central - Several attractive psychotherapy offices available; Various sizes and reasonably priced. High ceilings, tastefully decorated, shared waiting areas. PT/ FT, Hourly. Call (914) 528-2080

Midtown Manhattan - Psychotherapy office available Thurs. & Fri. in 24 hour building. Close to D, F, B, N, R, Q, V, 1, 2, 3, Path and LIR. Large enough to run small group. Share waiting room with attorney and fellow therapist. \$600/month, available Jan. 2007. Call (212) 868-2427

Midtown West -PT M/W/Th or FT Sunny, new constr., clean, well lit, carpeted offices in wellness center. Full modern kitchen/break room. Heavy in-house referrals available. Excellent location, near all transportation. Call (646) 242-4742

Desirable East 49th Street Location - NYC Office Space Available. Spacious, renovated, furnished, P/T psychotherapy office; 2 large windows facing private outdoor patio; doorman; walk to Grand Central. Call Ira Kaufman (212) 688-7099

West 58th Street - Psychotherapy office available in attractive 3 office suite in Columbus Circle area. Spacious and light office, kitchenette, utilities included. Available Monday all day, Tuesday and Thursday until 5:30. (646) 418-7403

West 97th St. - Sunny, state of the art space. Ground floor psychotherapy/ psychoanalytic offices available FT/PT. Soundproofed, internet, phone, video-voice security, A/C, carpeted, reception, full kitchen, waiting room. On express subway stops, major bus lines, parking adjacent. Very competitive pricing - \$1,150 to \$1,400. Contact Ruben (212) 427-7070 ext. #4

Forest Hills, Queens - Affordable fully furnished part-time offices exclusively for mental health professionals. Individual, group, analytical rooms. Ideal for networking. Near LIRR, buses and subway, Queens Blvd. Two hour metered parking. Forest Hills Center for private practice. (718) 263-0779

Little Neck, Queens - Warm, Comfortable, Lots of Light, Newly Built and Elegant Furnished Offices. Triple insulated office walls provide quiet privacy. Free Wireless Internet. Locked Mailboxes. Tenant Listing in the Building's Directory. Rent by the hour/Day/Month. Please contact Igal Levy at (516) 817-8879

Maspeth, Queens/Brooklyn Border - Newly Renovated Psychotherapy office space available in main street location. Close to all major transportations. Part Time/ Full Time and per hour rates. Call Javier Matos, LCSW (718) 386-8527

Brooklyn Heights - Beautiful, windowed ofcs for psychotherapy & groups. P/T, furnished w/ high speed internet access. Intercom system, waiting room, A/C, 24/7 bldg security. 2, 3, 4, 5, A, N & R trains. Contact Michael Spieldenner, LCSW (718) 694-8209

Brooklyn Heights - Part-time furnished office available in attractive psychotherapy suite. Convenient to all subways. Large waiting room. Intercom system. Secure 24 hr. building. Contact Debra (718) 624-3192

SOCIAL WORK SERVICES

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Clinical Supervision for Practitioners and Students - Credit for LCSW. Experience in treating difficult patients: SPMI & Personality Disorders. Eclectic orientation, including both cognitive-behavioral and psychodynamic, interpersonal approaches. 18 yrs experience. Affordable & accessible. Meet at my private practice office - East 70s. Call Emily Klemmer, LCSW (718) 777-8313 or email joem80@juno.com

Low Cost EMDR Supervision - For clinicians seeking certification. Call Karen L. Arthur, LCSW, BCD. (212) 947-7111 ext 364

Coaching For Coaches - Individual coaching/supervisory sessions for new and experienced coaches by LCSW-R in private practice, with 20+ years experience in leadership and management coaching and an MS in Organizational Behavior. Goals for the sessions are developed collaboratively and reflect your specific needs. Possible topics include mastering the coaching process, assessing psychodynamic issues, catalyzing behavior change, and exploring organizational issues impacting the change process. For more information, contact Karen B. Massoni at (212) 875-0641

Low Cost Supervision for Clinicians at PPSC - The Psychoanalytic Psychotherapy Study Center's new low cost Supervision Program offers psychodynamic supervision to all interested Clinicians. A variety of approaches are available. Appropriate for LCSW requirements. Call (212) 633-9162

Supervision/Study group - Explore the meeting of therapy and spirituality. How do we apply the principles of gratitude, responsibility, and compassion in our work? What is the role of the heart? Readings exercises. BiWeekly, Sundays, 6-7:30, starting January 7. Union Square. Contact Barbara Chutroo, LCSW(R) bchutroo@earthlink.net, (212) 721-4284

Are you a Bilingual Latina Mental Health Professional? - Participate in Bilingual Professional Mentorship and Supervision Group. Meet young women like you, get support and clinical supervision that is culturally-relevant, learn about resources and how to navigate systems, network and socialize. Meets once/mo. on SATURDAYS, 10am-noon. \$50 per session. Breakfast provided. Call or email to reserve your place. Space is limited. drperez@westvillagepsychotherapy.com (212) 674-6444

Nurturing, affordable supervision - Supervision is based on what you and your clients need. I have been trained in psychoanalysis, trauma therapy and short term treatment. I have 17 years of experience with a diverse client population. Credit towards L & R. Convenient Upper West Side of Manhattan location. Call Candace Jacobson Gray, LCSW/R at (212) 501-0151

Affordable Supervision - Very experienced clinical social work psychotherapist, institute senior faculty member, and supervisor with psychodynamic orientation offers group or individual supervision for individual, group, couples and family treatment. This supervision can be credited towards the LCSW or LMSW in NY. Lou Levy, LCSW (212) 722-0505

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Market Yourself with Marketing Solutions for the Helping Professional - Create and expand your successful practice and build entrepreneurial skills. Overcome obstacles to practice promotion, develop "niche" markets, learn to create marketing materials. Market yourself with joy and fearlessness!! Contact Karen L. Arthur, LCSW (212) 947-7111 X 364 or info@centerformindfulliving.com

Clinical Supervision that can be Credited Toward the LCSW and "R" in New York - provided by experienced clinician and supervisor, former NYU Asst. Professor. Supportive, psychodynamically oriented individual and group supervision focusing on work with individuals, couples, sexual problems, families and groups. Affordable and accessible, Manhattan's East 20's. Flo Ceravolo, LCSW, ACSW (212) 533-7310

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Supervision - Looking for a warm and supportive yet thought-provoking atmosphere? Ready to launch your private practice but needing some guidance? Feeling stuck or ready to take your clinical work to a deeper level? I am a Tavistock-trained psychodynamic clinician with 25 years experience providing treatment, supervision and consultation. I am also Adjunct Faculty at City College (Clinical Psychology) and Smith College School for Social Work. Call Pamela Raab, LCSW at (212) 242-9620

**The Addictions Committee
of the New York City Chapter of
National Association of Social Workers**

presents

**The 39th Annual
Addictions Institute**

**“From Prevention to Motivation: The Evolving Role
of Social Work Practice in the Addictions”**

The Institute is being held
two months earlier than in the past

**Thursday, March 15, 2007
8:30am – 4:30pm**

**Fordham University
Lincoln Center Campus
113 West 60th Street
At Columbus Avenue
New York, NY**

**Brochures with registration information will be sent to
all members in early February.**

**Notice of
Advertising Rate
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Starting with the February/
March issue, the cost of
advertising in *Currents* will
increase. For the new rates
and deadlines please refer
to page 16.

**Open Letter to
the Social Work
Community**

This special issue of
Currents is highlighted
by an open letter from
231 social workers of
African descent.

See pages 4 to 5

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