Professional Boundaries in a Virtually Boundary-less E-environment

By Kathryn B. Chernack, DSW, LCSW

Boundaries provide the framework for the social work relationship. The blurring of boundaries can create confusion and misconceptions for the client about our roles and the expectations for the services we provide. The widespread use of technology and its social networking websites, such as Facebook, LinkedIn, Twitter, and You Tube, create new avenues for potential boundary violations in social work practice. In the electronic environment, intentional and unintentional virtual contacts between social workers and clients are always possible. As Reamer cautions, “Technology can lead organizations and individual professionals into situations where they cross ethical boundaries or... engage in questionable behavior.” (In Reardon, 2009, p.12).

What are the ethical boundaries with respect to competent social work practice and the use of technology? What ethical principles and standards guide us as we navigate social networking sites in the electronic environment?

The ethical principle pertaining to competence is stated in the NASW Code of Ethics as follows: “Social workers practice within their areas of competence and develop and enhance their professional expertise” (NASW, 2008, p. 4). This requirement regarding competence extends to technical competence. It is further articulated in the NASW and Association of Social Work Board’s Standards for Technology and Social Work Practice. Standard 4 states: “Social workers shall be responsible for becoming proficient in the technological skills and tools required for competent and ethical practice and for seeking training continued on page 27...
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Executive Director’s Corner
Ray Cardona, MSSW, LCSW

In the news this past year we have seen a multitude of questions regarding professional ethics. Our Governor has been scrutinized for possibly interfering with a criminal investigation and two United States Congress members have been investigated for possibly using the power and influence of their position for personal gain. While we as social workers do not often examine our relationship with clients within a power paradigm, it is important for us to remain mindful of the influential nature of our professional-client relationship.

People often seek help from professionals when they are most vulnerable. Social work being a helping profession serves many people around a myriad of issue in an effort to enable clients to work through difficult times in their lives or to move through many of life’s transitions. The work that we do takes us into close intimate contact with clients’ lives and circumstances. In an effort to help, it can be quite easy to blur the boundaries between a professional and a personal stance. We must always be vigilant in maintaining the highest level of professionalism and ethical behavior.

This special continuing education issue of Update will information and insightful commentary on the maintenance of professional and ethical boundaries in a variety of practice settings. These are some thorny issues to which there may not be clear cut answers. Never-the-less, we must work through these issues in order to maintain the utmost level of professional and ethical practice.

In Remembrance of
Karen A. Carozza, LCSW-R

It is with great sadness that the NASW-NYS Chapter is sharing with our Southern Tier members that former Division Director Karen A. Carozza passed away on June 29, 2010 at age 62. Karen and husband John Carozza enjoyed a loving life together with their three children Stephen, Mark and Anne Marie. After raising a family, Karen went back to school to earn her Bachelor of Science in Social Work from Cornell University in 1995, and graduated from Syracuse University in 1996 with her Masters in Social Work.

She worked as a Social worker for the Elmira City School District and maintained a private practice as a Clinical Social Worker. Karen was a communicant of St. Mary’s of the Lake Church of Watkins Glen, and a Eucharistic Minister. She served on the Board of Directors of Catholic Charities of Chemung County, on the Advisory Board of Catholic Charities of Schuyler County, and as a past Director of the Southern Tier Division of the National Association of Social Workers-NYS Chapter. Karen was always giving of herself and her time, as a volunteer with Hospice of the Southern Tier, and many other community service organizations.

Karen encouraged social workers to share their knowledge and experiences by working collaboratively with other organizations to take leadership roles in their communities. Over the years Karen held many leadership roles within NASW-NYS. She took great pride in representing social workers of the Southern Tier community and remained dedicated to fulfilling these responsibilities while battling illness. Her advocacy and leadership will truly be missed.
ELECTION 2010

Cuomo Endorsed by NASW Chapters in New York Governor’s Race

On July 22, 2010 the Political Action Committees of the New York State and New York City Chapters of the National Association of Social Workers made a joint endorsement of Andrew Cuomo in his 2010 Gubernatorial bid.

The two Chapters recognize Cuomo as an advocate for human rights and social justice as he has had an extensive career in public welfare programs. In the 1980’s, in response to an increase in homelessness, Cuomo established the Housing Enterprise for the Less Privileged (HELP), which has been replicated throughout the nation: becoming one of the largest builders and operators of transitional and low income permanent housing. In addition, HELP has provided job training, education, substance abuse treatment, mental health services, and emergency housing services to thousands of New Yorker’s. In 1992, Cuomo was offered a position in then President, Bill Clinton’s Transition Committee and was asked to serve as Assistant Secretary of Community Planning and Development at the Department of Housing and Urban Development (HUD). He was later promoted to HUD Secretary. He was since credited with improving HUD’s management, policy, and programs, expanding low-cost housing opportunities, and lifting the organization out of significant debt.

These and countless other examples highlight Cuomo’s continuum of knowledge regarding human needs, service delivery systems that affect individuals and groups, and the effects of public policy. Cuomo has aligned himself with many of the core principals of the social work profession, and remains outspoken on many NASW policy issues such as the right to choose, marriage equality, anti-discrimination laws, and the abolishment of the death penalty.

In addition, Cuomo is a supporter of workforce training initiatives which transfer skills and knowledge to professions in high demand. In his plan of action for reinventing New York, Cuomo claims that under his administration there would be undergraduate and graduate scholarship programs in mission critical fields which are underserved including the social work profession.

With such a high degree of congruency with NASW’s advocacy agenda, both Chapters look forward to working with a Cuomo administration on behalf of the social work profession and the needs of those who are served by the social work profession in New York.
Beginning my first year as President of the NASW-NYS Chapter is exciting and I am so thankful to have the opportunity to serve my Chapter’s membership in this capacity. In this column, I will briefly discuss just a few subjects: our mission and strategic planning, Division Directors, and title protection.

However, first I want to be sure to express my deepest thanks to past President Ruth Negron Gaines for all of her work over the past two years. Regardless of the circumstances, she keeps a calm and collected manner and leads with authenticity and integrity. I hope to keep learning from her as I continue to grow as a leader. At the same time that Ruth concluded her term as President, so too did Bonita Sanchez in her role as Vice President. Bonita leaves her office in excellent condition, and ready to assume leadership as Vice President is Bernadette Marson, a most accomplished professional and leader. Fortunately, both Mrs. Negron Gaines and Mrs. Sanchez will continue to participate in our Chapter’s work.

I am reassured to be working with such a committed and informed Board of Directors; Executive Director, Ray Cardona and Chapter staff. Over the next year, we will be working on a variety of important matters including a new strategic plan. Our Chapter’s mission is to “…promote and advocate for: 1) the strength, unity, and status of the social work profession; 2) the enhancement of social work practice; and 3) policies, services and programs that promote social justice. We are committed to keeping the NASW-NYS Chapter efforts relevant to the work to which our members are committed.

We can’t do that without your input because although it is our Board’s job to develop and implement the strategic plan, we represent all of you, therefore it is imperative for us to hear from you on what matters most to you as a member of NASW-NYS. Your Division Directors are the elected representatives for your region of the state. Each Division has a steering committee, led by the Division Director, which is made up of interested Division members and other elected or appointed committee representatives. All are committed to making your Division’s activities relevant to social work professionals and the profession. Division Directors in turn communicate their Division’s work, and professional and social justice concerns with the rest of the Board of Directors, Ray Cardona, and staff.

I am hoping that each one of you will consider talking with your Division Director about your hopes and dreams for our Chapter. Although it is very difficult to find the time to actively participate in all of the Chapter and Division activities and events, if you are able to attend your Division’s meetings, your participation will be greatly appreciated. If communicating your ideas via e-mail is the best means of communication for you then please feel free to e-mail your Division Director (see pg. 2 for division email addresses). Of course, all members are encouraged to use the services of our Chapter office and that use includes sending us your ideas, concerns, and comments. Your input is valued and much needed if we are to maintain our relevance and if we are to continue to fulfill our mission.

One issue of specific importance to me is the topic of title protection for the profession of social work. Currently, the title of social work is not protected and anyone can legally call him or herself a social worker in New York State. People who do not have a BSW or MSW degree are often hired to work in positions titled as social work positions. It is my belief that such a practice places our clients at risk for unprofessional services and for services they may assume are being provided by a qualified social worker. Licensure does not fully protect our profession’s name. As a first step in examining this issue, I would like to hear from our members on the subject; information that I will then share with the Board and Staff in order to discuss potential solutions.

I look forward to the coming program year and all of the exciting work that we will be doing and to having an ongoing dialogue with you.
Our primary legislative focus during the 2010 legislative session revolved around issues relating to social work licensure. NASW-NYS dedicated a considerable amount of time and resources in advocating for the creation and passage of legislation to resolve the corporate practice of social work, the expansion and revamping during the 2010 session and was eventually passed from the legislature in 2009, the bill underwent considerable fierce pushback from the legislature in 2009, the bill underwent considerable revamping during the 2010 session and was eventually passed (albeit with a number of objections) and was then amended through a process known as a chapter amendment and enacted immediately thereafter in late June. The final product was a statutory authority to SED to create and maintain a registry for currently unauthorized entities providing licensed professional services. This legal prohibition spawned huge workforce and service delivery disruptions. In response, NASW-NYS, along with the Social Work Licensure Alliance worked closely throughout the legislative session with the State Education Department (SED), legislature and Governor’s office to look at potential tweaks to a bill we had previously attempted to advance during the 2009 session which would have, if enacted, granted statutory authority to SED to create and maintain a registry for currently unauthorized entities providing licensed social work services. After receiving some pushback from the legislature in 2009, the bill underwent considerable revamping during the 2010 session and was eventually passed (albeit with a number of objections) and was then amended through a process known as a chapter amendment and enacted immediately thereafter in late June. The final product was a statute that created an exemption for licensed master social workers, licensed clinical social workers, licensed mental health counselors, licensed marriage and family therapists, licensed creative arts therapists, licensed psychoanalysts, and licensed psychologists from corporate practice prohibitions in not-for-profit corporations and education corporations that provide professional services provided these entities obtain a waiver from the State Education Department by July 1, 2012.

The Department will develop regulations and forms to implement the waiver provisions included in the statute. NASW-NYS will keep members apprised of this process as it unfolds.

Also resolved in the statute was an extension and expansion of the exemption previously afforded to the “O” state agencies. The exemption from licensure compliance now encompasses entities operated, regulated, funded, or approved by the Department of Mental Hygiene (which encompasses the Office of Mental Health, Office of Alcoholism and Substance Abuse Services, Office for People with Developmental Disabilities…formerly OMRDD), the Office of Children and Family Services, the Department of Correctional Services, the State Office for the Aging, the Department of Health, and local governmental units until July 1, 2013. During this timeframe, the exempt state agencies must provide workforce data to the Commissioner of Education by October 1, 2010. Such data will be reviewed by a stakeholder workgroup of which NASW-NYS hopes to be an active participant. The group will then provide recommendations and guidance regarding tasks and activities that can only be performed by a licensed individual. This workforce assessment must be complete by January 1, 2011. Exempt entities must submit a personnel utilization report and a plan of action, on or before July 1, 2011, detailing their expected course of action which will lead to compliance with the licensing statute by July 1, 2013. Upon completion of the above noted reports, the Commissioner of Education will submit, to key legislative leaders, any recommendations for statutory or regulatory changes necessary to fully implement the social work licensure statute by July 1, 2013. NASW-NYS will remain actively engaged in this process to ensure the involved agencies are taking the needed steps to come into compliance with the licensing law and provide updates on their progress to relevant members of the legislature.

NASW-NYS has also been engaged with the State Education Department on a number of regulatory changes proposed through an emergency rule making process enacted on June 29th and pending final approval from the Board of Regents in mid September. The broad brushstrokes of the regulatory changes include provisions for a reduction of client contact hours required for the LCSW, a reduction of the number of required supervisory hours, creation of an optional prospective review process for candidates seeking the LCSW and a clarification of acceptable settings. In addition, the regulatory amendments seek to make clarifications regarding the R privilege, LMSW and LCSW permits and the endorsement of out of state applicants. You can review the emergency regulations and read our comments on the regulations by going to our website. www.naswnys.org/regcomments.html

Should you have any questions regarding the pending licensure changes, you can contact me at 518-463-4741/800-724-6279 ext 16 or E-mail: KarinMoran@naswnys.org
Imagine the following scenario taking place at a local university. While fictitious, elements of this scenario exist in most (if not all) social work programs.

Dr. Merry Giving is a popular social work faculty member who takes her role as a social work educator seriously. She is in the office late evenings, has extensive office hours, meets with students (whether in her classes or not) regularly and often, and invites students to her home for dinner. Dr. Giving does not believe in giving grades that are less than a B—they will get the content eventually, or they come from an impoverished background or they need at least a B to stay in the social work program, or they work two jobs and are often exhausted, they are a single parent raising children, but do come to every class, so shouldn’t that count? If you are a student who needs therapy, please come and see Dr. Merry Giving as she will be very willing to provide the counseling you need. Do you need a doctoral committee chair or need employment as a research assistant? Please come and see Dr. Merry Giving (or Merry as she likes to be called) as she will be more than willing to help. At the end of the day, however, she is exhausted and has crossed numerous boundaries but is unaware of the significance of these boundary crossings, their impact on her students, the social work profession, and the potential for exploitation of her students. The dean of her social work department does not believe in providing guidelines to faculty regarding boundary issues; after all, they should know this stuff.

Why should social work educators and practitioners recognize the importance of clear boundaries in all aspects of social work education including classroom and field? Boundaries are, by definition, “the limits that allow for the safe connection based on the client’s needs. When these limits are altered, what is allowed in the relationship becomes ambiguous. Such ambiguity is often experienced as an intrusion into the sphere of safety” (Peterson, 1992, p.74). The term ‘sphere of safety’ is critical as boundary violations have detrimental effects on students, faculty, and certainly on clients. Professional social work boundaries are modeled (appropriately or inappropriately) by both social work educators and field instructors. Social work educators in the classroom and in practice settings must act in the best interest of the student and the profession. When discussing dual relationships with faculty and students there is disagreement and misunderstanding regarding appropriate boundaries with the different roles that social work educators may have in their professional relationships with students. While seemingly innocuous, there is the danger of exploitation when these relationships are not appropriately managed.

Ambiguity regarding the social work educator’s knowledge of and compliance with the NASW Code of Ethics has to do with several questions: are social work educators social workers who function as educators? Does the NASW Code of Ethics apply to social work educators in their interactions with students? There are no clear answers as social work educators are divided with respect to this. The statement of purpose at the beginning of the NASW Code clearly states that “The code is relevant to all social workers and social work students regardless of their professional functions, the settings in which they work or the populations they serve” (NASW, 2008, p.2). Many standards of the NASW Code implicitly suggest that they are applicable for social work educators and some “would argue that, in spirit, such standards do apply to interactions with students, and that social workers who are educators are not exempt from the Code simply on the basis of their work setting” (Strom-Gottfried & D’Aprix, 2006, p.227).

Another area of ambiguity results from lack of knowledge regarding the Code. In a study by Munson in 2002, the author “examined social work field instructors’ and students’ familiarity with the Code of Ethics. Fifty-nine percent of supervisors could identify Code items accurately. The mean score for students was 71.1 demonstrating that the supervisees (students) actually had more knowledge about the code than field instructors” (Dewane, 2007, p.35).
The Slippery Slope of Boundaries in Academia, continued

While the purpose of this article is to address standards related to boundaries and dual relationships in social work practice, of which the authors believe are applicable for all social work educators, the discussion regarding social work educators’ compliance with the Code is a critical one that demands further exploration. Unfortunately, as Congress indicated, “dual relationships in social work education have been minimally studied and the position of social work educators has not been clearly delineated” (1996, p. 332). In addition, Congress found there continues to be variance, lack of clarity as to how social work educators regard dual relationships in academia, and few policies to assist faculty and students (2002).

There are several standards in the NASW Code of Ethics that relate to the different roles social work educators and field instructors may have with students throughout their professional education. These standards pertain to sexual relationships, evaluation, dual relationships, and acknowledging credit. The following vignettes illustrate specific examples.

**Vignette 1: Sexual Relationships: NASW Code 2.07 (a)**

“Social workers who function as supervisors or educators should not engage in sexual activities or contact with supervisees, students, trainees, or other colleagues over whom they exercise professional authority” (NASW, p.17).

Joe E. is an undergraduate social work student placed in a Continuing Day Treatment Program in a rural mental health center for his senior field placement. Joe’s assigned field instructor, Nathan, graduated from the same program 10 years ago. Due to the small size of the agency, the staff often takes lunch and breaks together. During these occasions, Joe and Nathan have found that they have many outside interests in common; skiing, snowboarding, and hiking.

Joe and Nathan are both openly gay. One week, Nathan invited Joe to attend a local gay fundraiser with him scheduled for the following weekend. After this event, they started meeting for coffee before work, taking their breaks together outside the lunch room and phoning each on the days Joe is not in field. In the office, supervision began to take on a more casual, less formal, friendly tone. Before the end of the semester, Nathan pursued other social contact with Joe outside work hours. Nathan finally invited Joe to his home with the relationship eventually evolving into a romantic and sexual intimacy.

Have Joe and Nathan violated the Code of Ethics? Is the responsibility solely Nathan’s as field instructor? The Code is clear that he should avoid sexual contact because of the potential for exploitation particularly with a student whom he supervises and evaluates and may provide recommendations for employment. Does Joe bear any responsibility for the apparent violation of the Code? Does the school bear any responsibility if they were aware of this situation? Or bear any responsibility if they did not apprise students and field instructors of the Code of Ethics? Would the situation be different if the relationship started after the field placement ended?

**Vignette #2 Evaluation: NASW Code 3.02 (b)**

“Social workers who function as educators or field instructors for students should evaluate students’ performance in a manner that is fair and respectful” (NASW, p.19).

Sara R. is a second year graduate student in field placement. Her field instructor, new to the supervisory experience, enjoys the opportunity to provide field instruction and is encouraging Sara to use their supervisory time to disclose personal issues. Initially reluctant to do so, Sara has shared her past and current drug use. As the field placement progresses Sara has increasingly either missed days in field or arrived late. She has also missed appointments with clients and staff meetings. When her field instructor confronted Sara about her accountability, she became defensive. Her field instructor does not push the issue nor share any of the behaviors with the school verbally during the field liaison visit or in the written evaluation.

Field instructors are concerned with issues regarding students’ struggles to obtain an education and often inflate grades and/or field instructor evaluations, minimize concerns presented in field education or fail to discuss concerns with the school. Schools may also inadvertently give the message that as long as there are no major problems, they are not interested nor have time to listen to and/or troubleshoot regarding the concerns. Sara’s field instructor, new to field instruction, began the slippery slope once she asked her supervisee to disclose personal issues in their weekly supervisory sessions. The field instructor’s inability to seek consultation from her supervisor regarding the issues presented in Sara’s field placement was a disservice to Sara and to the profession.

In the opening vignette, the professor, Dr. Merry Giving, does not believe in giving grades that are less than a B for a variety of reasons: students will get the content eventually,
need a B to stay in the program, et cetera. However, faculty who do not hold students to the same consistent guidelines in the classroom often do a disservice to all students giving the subtle message that some students are to be treated differently. Faculty who routinely allow for assignment extensions (without penalty) may disadvantage those students who adhere to the course and assignment requirements. It also becomes difficult in class to discuss the assignments and give feedback to students (over and above individual feedback) when a student has not yet turned in the assignment.

Faculty and field instructors who do not hold students accountable also do a disservice to students and their eventual clients. Not being held accountable may make it more difficult to hold clients accountable when it is a necessary part of treatment. There are, however, always exceptions and the discerning faculty member, or field instructor, needs to weigh the necessity of an exception.

Faculty on pre-tenure track lines may worry that negative student evaluations will directly impact their ability to receive tenure and promotion. Student dissatisfaction may occur because faculty worry that students need to have a positive experience in education and they do not want students to be upset or dislike them as faculty. When faculty begin to teach to the evaluation, they abandon their critical role as evaluators or assessors, and the ‘devaluation’ of the evaluative process at all levels occurs. Clarity from chairs/deans/directors regarding the school of social work’s position as to faculty-student relationships would help support new faculty as they navigate the tenure and promotion requirements in a particular institution and in their development as academicians.

Ultimately, as Peters (2008) pointed out, “pursuing education is a choice, and barring emergent situations, it is the students’ responsibility to be prepared for class and to learn” (p. 195). Faculty and field instructors must work in concert to ensure that the highest standards of academic excellence are being upheld and that students are held accountable for their actions and decisions.

Vignette #3 dual relationships: NASW Code 3.02(d)

“Social workers who function as educators or field instructors for students should not engage in any dual or multiple relationships with students in which there is a risk of exploitation or potential harm to the student. Social work educators and field instructors are responsible for setting clear, appropriate, and culturally sensitive boundaries” (NASW, p.19).

Dr. Merry Giving, in the opening example, has engaged in several dual relationships with her students: employer, therapist, and friend. Wanting to be liked and believing that only she can truly understand the student, she has engaged in numerous boundary crossings.

Employing students as research assistants or work-study students is seen as common practice and yet little caution is exhibited when employing students related to the Code’s explicit statement that dual relationships with current students should be avoided when there is the potential for exploitation (Congress, 2001).

Recognizing that a student may have mental health issues is an important component of professional education. In such instances students are to be referred to the appropriate services on or off campus for mental health treatment.

Faculty, whose children enroll in the social work program in which they are employed and take courses from the faculty member/parent, engage in a dual relationship that can certainly be problematic. Or when close friends of faculty enter into their social work program and take classes from the faculty member, objectivity may be compromised. Students are also highly aware when faculty are friends with current students especially when this is played out in the classroom and comment on this directly or indirectly. As Congress (1996) pointed out “developing a friendship with one student that does not extend to others may also create a sibling rivalry in the classroom” (p.334). Dual relationship with a student, in the long run, disadvantages that student and sets a poor example for other students. Sensitivity to the possibility of exploitation and loss of objectivity through self-reflection, on the part of the faculty member, should be explored in situations discussed above.

Vignette 4: Acknowledging Credit: NASW Code 4.08

(a) “Social workers should take responsibility and credit, including authorship credit, only for work they have actually performed and to which they have contributed.”

(b) “Social workers should honestly acknowledge the work of and the contributions made by others” (NASW, p.24).

Dr. R. is a junior social work faculty member at a large, research–focused university where publications and grants are expected. This year, Dr. R. is teaching 3 classes per semester, chairing two committees, advising and providing field liaison functions, in addition to preparing for the tenure process this spring.

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Ethics and the Business of Private Practice

Lynne Spevack LCSW

There are some who would argue that the private practice of social work is an inherently unethical endeavor. How can a social worker, presumably committed to attending to “the needs and empowerment of people who are vulnerable, oppressed, and living in poverty”, earn a living providing services to clients who must, by definition, have sufficient means to pay for those services?

But I’m proud to say that we can. And we do.

In my opinion, earning a good living as a social worker is not inherently in conflict with the ethical principles of the profession. Of course, there are potential pitfalls one must be alert to. The NASW Code of Ethics reminds us that:

“Social workers should not take unfair advantage of any professional relationship or exploit others to further their personal, religious, political, or business interests.”

Private practitioners who have adequate marketing skills are better situated to avoid exploiting their clients. At first glance, this may seem like an odd idea, but bear with me. A private practitioner who is feeling desperate to build her practice may feel tempted to overlook the client’s needs and interests and to make inappropriate and self-serving decisions – for example, accepting a client whose problems exceed the clinician’s expertise or who requires a higher level of care than can be provided in a private practice setting, or pressing a client to continue to participate in unnecessary or ineffective services. On the other hand, a private practitioner whose marketing skills afford her a stable income may feel less tempted to forsake her client’s needs in order to attend to her own.

“When setting fees, social workers should ensure that the fees are fair, reasonable, and commensurate with the services performed. Consideration should be given to clients’ ability to pay.”

NASW Code of Ethics

Many people assume that only a wealthy clientele could afford to pay private practice fees. However, practice building consultants and savvy private practitioners have found that middle class clients can afford to pay a moderate fee for counseling – a fee that often matches or exceed the average fee of $60 to $75 per session paid by Medicare and many managed care companies. When we think about the many things that middle class people choose to pay for – vacations, lottery tickets, liquor, cosmetic surgery, gym memberships and smartphones, for example – we see that while clients may prefer to pay less for counseling, they can, in fact, afford to pay more. (If you’re curious about why clients should pay more, read Dana Ackley’s book “Breaking Free of Managed Care.”)

When treating a largely middle class clientele, a private practitioner who practices outside of the managed care system and who sets her fees in accordance with the client’s ability to pay can earn a good living. While occasionally a client who is not using his managed care plan may require a low fee, most clients can afford to pay as much or more than managed care rates, and on average, the independent practitioner (i.e., one who is not participating in managed care plans) will earn more than the managed care participating provider. If that caseload includes some more affluent clients, then that private practitioner may be able to afford to offer some low fee or pro bono services as well, while still maintaining an adequate income and a reasonable caseload. However, it’s important to carefully think through taking on clients with few financial resources: consider that the client’s ability to secure necessary ancillary services may be limited by their financial circumstance. So, for example, consider how such a client would obtain necessary psychiatric or other medical evaluations, if needed. In some situations these cases can be adequately and creatively managed in a private practice setting – but not always.

Practice building consultant Dana Ackley takes it further:

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Building Constructive Boundaries: Religion and Spirituality in Your Practice

Milagros Dueño, LCSW-R and Pat Maxon, LMSW

Introduction

Ethical issues concerning boundaries and dual relationships are among the most intricate and complicated aspects of social work practice. This article seeks to raise awareness of ethical dilemmas related to religion and spirituality that can lead to ethical violations.

“God grant me the Serenity to accept the things I cannot change; Courage to change the things I can; and Wisdom to know the difference.”

Have you seen this quote in a professional setting? Which spiritual outlook does it reflect? What feelings does it evoke in you? Would you find it a constructive posting in the office where you work?

Spirituality provides many people with a way to understand a purpose for their life. Religious traditions provide guidance, shared ritual and communities with which to pursue a calling. Ninety-six percent of Americans say they believe in God and Forty percent attend religious services on a weekly basis or more (Gallup & Lindsay, 1999). A 2008 survey found that seventy-nine percent of respondents in New York identified themselves with formal religious groups, seventy-one percent of whom were Christian (Keysar, 2009).

In a 2006 study Meghan Dwyer notes a wide spectrum of practices considered to be spiritually oriented interventions. Dwyer and others have found a range in the degree of acceptance of them among NASW members. Ninety-two percent of workers in her sample were comfortable with use of a spiritual assessment; sixty-four percent approved the development of a ritual with a client; fifty-six percent agreed with praying privately for a client, while forty-one percent would pray with a client. Smaller percentages (20% and 6% respectively) thought use of healing touch or exorcism by social workers was appropriate. Notably, thirty-three percent of the social workers in this sample felt it appropriate to disclose one’s own religion or spirituality.

Social workers have been challenged professionally and personally to consider the ways their clients find meaning and connectedness in life through spirituality while also developing an awareness of the way their own beliefs and expressions of spirit shape their work (Canda, 1998; Weinstein-Moser, 2008; Sheridan, 2001). It is important that practitioners be able to use this awareness and integrate their clients’ beliefs into the process of helping.

As social workers are confronted with having to answer the question “How can we address spirituality, not only from particular sectarian belief systems but also from a perspective that honors and embraces spiritual diversity?” (Canda 1998, p 105) NASW’s professional Code of Ethics can serve as the touchstone for sound practice.

Commitment to Clients (1.01) and Conflicts of Interest (1.06)

“Clients interests are primary.” The very first standard in NASW’s Code reminds us that however deeply held our personal political, religious or spiritual beliefs might be, when acting in our professional capacity NASW members have subscribed to this overarching professional ethical principle. Our interaction with potential clients is predicated on pursuit of their interests and an understanding of their beliefs, priorities and goals --however much or little they may correspond to ours. It is imperative that social workers are aware of their own biases when thinking about matters of religion and spirituality.

Self-disclosure of spiritual/religious information by a social worker should be as strictly guided by this principle, as it would be when discussing political affiliation or personal history. The Code of Ethics cautions, “Social workers should not take unfair advantage of any professional relationship…to further their personal, religious, political or business interests.” [1.06 (b)]

The conflict of interest or dual relationship exists when a person serves in the capacity of both social worker and at least one other role with the same client. Should social workers find themselves in a dual relationship for example- as clinician and a member of a client’s religious congregation, it is the responsibility of the social worker to “establish clear, appropriate, and culturally sensitive boundaries” [1.06 (c)].

A social worker who plays the role of spiritual advisor or is a member of the clergy bears the ethical burden of making clear which role and relationship they will have with each client and upholding the distinct legal and ethical obligations of that designated role.

Informed Consent (1.03), Self-Determination (1.02)

Clients should understand from the outset that services provided under specific religious auspices may come with particular assumptions/limitations. If adherence to a particular spiritual belief is central to an agency or practitioner’s work, the client must be made aware. It is the social worker’s responsibility to make these issues explicit, insuring that the client is giving informed consent for this aspect of their work together and is provided information about alternatives for service before proceeding.

Cultural Competence and Social Diversity (1.05)

Tapping into the richness of spirituality in our practice requires professional education. Clients’ spiritual beliefs may follow highly codified religious dictates; may spring from deep cultural connections or may be highly individualized guiding

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Religion and Spirituality in Your Practice, continued

Philosophies. In keeping with NASW’s Code of Ethics (1996) and Indicators for Achievement of the NASW Standards for Cultural Competence (2007) professional social workers are charged with developing awareness about the beliefs of others, knowledge of particular cultures of clients with whom they work and skills to practice in a culturally sensitive manner.

Competence (1.04) and Referral for Services (2.06)

Consultation with cultural experts may provide guidance to the social worker in developing interventions that best incorporate client spirituality to solve problems or improve functioning. However, when a client’s primary need is for guidance in religious matters or she/he is seeking spiritual direction, referral to a member of the clergy or spiritual advisor is indicated. Ethical standard 2.06 requires such action “when the other professionals’ specialized knowledge or expertise is needed to serve clients fully” (NASW, 1996).

In addition to the benefits of socialization and social support experienced by those who take part in group religious activities, research has begun to demonstrate the effectiveness and health benefits of therapeutic interventions that incorporate spiritual practices. Among these are the mental and physical health benefits of meditation (Shapiro and Walsh, 2007), reduction of stress and better coping as a result of prayer (Masters, 2007) and reduced mortality in those who undertake charitable works (Oman and Thoresen, 2003). While studies such as these are encouraging, when incorporating new methods into your practice, social workers must “represent themselves as competent only within the boundaries of their education, training, license, certification, consultation received, supervised experience or other relevant professional experience.” (NASW, 1996. 1.04)

Final Thoughts

Ethically sound practice is not developed in isolation. No responsible professional will try to resolve the dilemma of “how much” work with spiritual issues is “enough” or “too much” alone.

Our ability to serve clients increases as we educate ourselves about the many possibilities for spiritual expression and develop skill and comfort in exploring them. Contact with professional colleagues who hold differing views allows us to explore new ways of working. Responsible supervisors can aide us in identifying boundary issues as they arise and systematically arriving at solutions for them through models for ethical decision-making.

The publications and staff of the National Association of Social Workers provide indispensable references and consultation when trying to understand and resolve ethical dilemmas. Calling upon the resources available to us can help shape a practice that is responsive to client needs, protects the integrity social work and upholds its values.

Think back to the familiar quote with which we opened this piece. What message about spiritually-aware practice would you want to “post” for your clients?

References


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Pat Maxon, LMSW is the manager of the Family Support Network at United Way of the Greater Capital Region and a member of the Chapter Ethics Committee.
Managing Organizational and Professional Value Conflicts in Managed Care Settings

By Cassandra Bransford, PhD, Assistant Professor, Binghamton University-Division of Social Work

Social workers in managed mental health care settings are facing increased challenges. These challenges include conflicts between professional values and organizational values (Furman, 2003; Scheid, 2003; Shapiro, 1995), intrusions into ideological and technical autonomy (Hugman, 1996), unequal power differentials between providers and reviewers (Callister & Wall, 2001), compromises to client privacy and confidentiality (Rock & Congress, 1999), and concerns about providing quality services to vulnerable populations (LaRoche & Turner, 2002; Miller, 1996; Rothbaum, Bernstein, Haller, Phelps & Kohout, 1998). The creation of microcosm groups in managed mental health care contexts may be one way that line-social workers and administrators may work together to grapple with the complex issues faced in contemporary managed mental health care organizations.

Creating Inter-Dependent Authority Environment in Managed Care Settings

Inter-dependent authority relations have been defined by Kahn and Kram (1994) as characterized by “interdependencies among people occupying various hierarchical roles, acknowledging both persons and role dimensions” (p. 27). Through their research, Kahn and Kram contended that the quality of work and relationships between and among workers and management are enhanced by interdependent authority relationships.

In interdependent authority relations, both workers and managers acknowledge their mutual dependence on one another. Kahn and Kram suggested that when workers and management deny their mutual dependence on one another, they are likely to enact dependent or counter-dependent authority relations. Dependent authority relations are characterized by superior/subordinate hierarchical relationships that are governed by the rules of formal organizations, while counter-dependent authority relations are characterized by undermining or dismissing hierarchical roles of superior and subordinate authority relations. Arguably, many managed mental health care organizations enact either dependent or counter-dependent authority relations.

By recognizing that both management and workers in managed mental health care contexts are mutually dependent upon each other for survival, social work administrators might consider including line-workers in the process of thinking through the myriad of complex issues that are now facing contemporary organizations.

For example, managed care organizations are under increasing threats of corporate takeovers and mergers. Often times, social workers in these organizations are unaware of the precariousness of their organization’s survival or even of their own jobs within these organizations. The anxiety of managers and administrators may be communicated in staff meetings under the guise of tightened productivity controls and autocratically conveyed policy and program changes. While experiencing the contagion of management’s anxiety, line-workers are often not advised of the true scope of issues confronting the organization, nor included in grappling with their resolution.

Social workers in managed care settings may provide a very useful resource to managers who are contending with the anxiety and uncertainty of outside forces that threaten the very existence of their organizations. Indeed, social workers are experts at navigating systems at all levels and may be ideally suited to provide valuable and largely untapped sources of support, experience, and expertise to managers and administrators. Moreover, social workers have much to offer administrators in ways of devising cost-effective and quality services to clients in managed care settings.

The Use of Microcosm Groups in Organizations

The use of microcosm groups in organizations may provide particular opportunities for social workers and administrators to construct inter-dependent authority relations in managed care organizations. In a microcosm group, representative members of the organization come together to address a specific issue or concern that the organization-as-a-whole is facing. The purpose of a microcosm group is to have a “structure that will allow observation of particular inter-group relationships within or among organizations” (Alderfer and Smith, 1982, p. 40).

Thus, for example, if a microcosm group is established for the purpose of establishing inter-dependent authority relations in a managed mental health care organization, then it would be necessary that the membership of the group include representatives from groups at various levels in the organizational hierarchy. While the representatives should generally be in balanced proportion to the organization as a whole, more members from less powerful groups may be included to minimize the suppression of inter-group data by members of more dominant groups.

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Aldefer and Smith (1982) contended that because the theory of inter-group relations in organizations presupposes the interdependence of group boundaries, power differences, affective patterns, cognitive formations, and leadership behavior, the existence of a microcosm group changes the boundaries of the parent organization. Such an endeavor may offer social workers the possibility of deconstructing prevailing authority relations, such as counter-dependent or dependent authority relations, and provide for the construction of new, interdependent or horizontal authority relations (Kahn & Kram, 1994). Presupposing the permeability of group boundaries, these new authority relations may be exported into the organization as a whole.

Establishing a Microcosm Group: A Case Example

One of the experiences that I had as a social worker in a managed mental health care organization where I was employed for many years was to form a microcosm group with other organization members for the purpose of developing a group program at our center. At one point, we decided to invite our associate director to join us with the avowed purpose of deconstructing prevailing authority relations in the center. Our goal was to develop more inter-dependent authority relations within the microcosm group and in the center-as-a-whole.

After institution of our plan to deconstruct the autocratic style of our management, we began to notice ways that our local management was more becoming more active in challenging policies that were emanating from corporate management, rather than simply conveying them to us in staff meetings. For example, the manager from our microcosm group drafted a memo to upper management regarding ways to expand existing coverage limitations to include individuals who suffered from chronic conditions but who didn’t otherwise meet the criteria of immediate risk of hospitalization. Moreover, the manager stated that she was enormously aided and authorized by having had a supportive organizational context – the microcosm group – where she could openly speak and be heard about the issues she confronted in her administrative role.

Conclusion

Administrators and line social workers might consider ways to create inter-dependent authority relationships in managed mental health care contexts through the use of microcosm groups. In my experience, the microcosm group created a space for both workers and managers to engage in meaningful dialogue where we were able to mutually forge more inter-dependent authority relations and bring our collective focus to examining and thinking through issues faced by our organization.

References


Managing Organizational and Professional Value Conflicts, continued

Cassandra Bransford is an assistant professor of social work at Binghamton University. She obtained her PhD in social work from Columbia University in 2004 after having worked for 20 years as a clinical social worker in New York City. In 2008, she authored a book on casework. Her current research interests involve developing a relational home-based mental health protocol for seniors with depression and cognitive impairment. She has been a member of the NASW Committee on Ethics since 2004.
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Announcement of 2010 NASW-NYS Chapter Election Results

The Secretary of the NASW-NYS Board of Directors Judith Azzato is pleased to announce the results of our 2010 chapter election. The successfully elected candidates are listed below with their respective offices. All terms became effective on July 1, 2010. Please join us in welcoming our newly elected members and thanking the Chapter Committee on Nominations and Leadership Identification for all their time and work on our behalf.

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Amy Ghi o

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No Candidates

Nassau
Joan Phillips

Southern Tier
No Candidates

Suffolk
Michelle Cavalieri

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Denise Krause

Members in the News

Recent MSW Graduate Co-Founder of Multi-Million Dollar Fundraising Event for ALS (Lou Gehrig’s Disease)

The charitable event, MDA’s Wings Over Wall Street® which is celebrating its tenth year, was cofounded by Warren Schiffer with his late wife Toni Diamond following her diagnosis with ALS to support research for a cure. Wings Over Wall Street® has grown to become one of MDA’s largest fundraising events and has raised nearly nine million dollars since its inception ten years ago.

Schiffer is a recent MSW graduate of Fordham University and member of the Nassau division of NASW-NYS whose fundraising initiative and personal journey was recently featured in an article published in Inside Fordham. To read Warren’s story go to: www.fordham.edu/campus_resources/enewsroom/inside_fordham and click on the May 22, 2010 issue, and the link to the Faces in the Class of 2010 page.

While Warren is looking forward to his new career in social work he remains passionate and committed to continuing the fundraising efforts he began with his beloved wife to fight and fund research for ALS. This year’s event will take place on September 30, 2010 in New York City. For more information log onto: www.wingsoverwallstreet.org

Mohawk Valley Social Worker Selected to Write for North American Licensing Exams

Virginia Whitford-Anken, LMSW has been selected to serve in the North American network of subject matter experts who write test questions for the social work licensing examinations used in the United States and Canada. Ms. Whitford-Anken is Clinical Supervisor for Kids Oneida, Inc., of Utica.

Ms. Whitford-Anken will be writing questions designed to be used on the examinations administered by the Association of Social Work Boards (ASWB). She was chosen from applicants across the United States and Canada, and participated in a writer training session held in Arlington, Virginia in June.

The ASWB examinations are designed to measure entry-to-practice competency of social workers. A passing score on an ASWB is a requirement for licensure at one or more levels of practice in 49 states, the U.S. Virgin Islands, and the District of Columbia. Two Canadian provinces—Alberta and British Columbia—use the ASWB examinations to certify clinical social workers. About 31,000 ASWB examinations are given each year.
Social Workers and Conscience Clauses

Originally published by NASW LDF as part of the Legal Issue of the Month Series

Introduction
Various jurisdictions have passed or are considering legislation or regulations that address conflicts that occur when licensed health care professionals find that, for reasons of conscience, they are unable to provide certain types of services to clients. The areas that these laws have primarily targeted include services related to reproductive rights, end-of-life care and services to gay, lesbian and transgender persons. The reach of “conscience clause” laws is troubling and has the potential to be much broader and encompass a wide range of social work services and personal values. This raises significant and compelling questions about the nature of a profession and the duty of social workers to the public when personal conflicts arise. This Legal Issue of the Month article will address the topic of conscience clauses that may be applicable to professional social workers and reviews the ethical and legal implications.

Background
“Conscience clauses” represent part of a larger national discourse about access to various forms of health care and which health care services should be legally available. Although the discourse has often unfolded along partisan lines, a broader view of the issues reveals conflicts between health professionals’ rights and obligations and patients’ rights to treatment that are not intrinsically linked to the conservative/liberal political dichotomy (see Gold, 2010). Conscience clauses have many variations and the details have significant implications. Among the variables for consideration are the following:

- If an individual health care practitioner’s right to refuse treatment is recognized, should it be expanded to include an organization’s or institution’s right to deny treatment?
- If a right to refuse treatment is recognized, should it be limited to religious grounds or broadly applied to personal values or conscience or expanded to include any reason of the practitioner’s choosing?
- If a right to refuse treatment is permitted, should it apply to the right not to refer clients to other professionals or facilities that will provide the treatment?
- If a right to refuse treatment is permitted, should it apply to the right not to inform clients about aspects of their condition that may lead them towards a decision with which the practitioner disagrees or finds morally objectionable?
- How can health care practitioners and institutions fulfill the patients’ right to informed consent when a conscience clause is exercised?
- If a right to refuse treatment is permitted, how should it be applied in the context of requirements not to discriminate against clients?

State and Federal Statutes
Forty-six (46) states permit certain health care practitioners to refuse to provide contraceptives and most of these also permit health care institutions to refuse to provide those services (Guttmacher Institute, 2010). Thirteen (13) states permit certain health care practitioners to refuse to provide contraceptive-related services and 17 states permit refusal to provide sterilization services (Guttmacher, 2010).

At the federal level, in 2004 Congress enacted the Federal Refusal Clause, also known as the Weldon Amendment (Consolidated Appropriations Act, 2008, Pub. L. 110–161, § 508(d), 121 Stat. 1844, 2209), which permits individuals and institutions to refuse to “provide, pay for, provide coverage of, or refer for abortions.” Bush Administration regulations (45 CFR 88, 2004) raised questions as to whether the refusal clause would also extend to permit refusal to provide contraceptives; however, the Obama administration has published an intent to rescind the measure in its entirety in a 2009 Notice of Proposed Rulemaking (74 Fed.Reg. 10207 (2009)).

The patient’s right to informed consent is a well-established professional standard and legal protection, supported by state and federal law. The informed consent standard creates an apparent conflict with provider refusal laws as it requires that clients have a right to a full range of treatment options and to be informed of the risks and benefits of each alternative. These rights are protected by the U.S. Constitution’s 14th Amendment’s rights to liberty and privacy (see NWLC, 2009). The Medicare statute has a long-established patient right to informed consent for hospitals receiving federal funds:

(2) The patient or his or her representative (as allowed under State law) has the right to make informed decisions regarding his or her care. The patient’s rights include being informed of his or her health status, being involved in care planning and treatment, and being able to request or refuse treatment. This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate (Centers for Medicare & Medicaid Services, 42 CFR Part 482.13).

The reach of conscience clauses and how they are to be interpreted in light of patient rights is an area of continuing legal controversy that is unfolding in state health professionals’ licensure boards and courtrooms across the country.

Court Decisions
Pharmacists and state pharmacists’ licensure boards have been at the forefront of the legal skirmishes regarding conscience clauses, with a primary focus on prescriptions for women’s contraceptives and the “morning after” pill. In Wisconsin, the state pharmacists’ conscience clause permitted a pharmacist to refuse to fill a prescription, but required that the pharmacist transfer the prescription to a pharmacy that would dispense the medication in order to protect the needs and rights of the patient. In Noesen v. State Dept. of Regulation and Licensing, Pharmacy Examining Board (311 Wis.2d 237, 751 N.W.2d 385, (2008)), a pharmacist, Noesen, refused to fill a prescription for oral contraceptives and then refused to provide the information necessary to transfer the prescription to another pharmacy resulting in disciplinary action by the Wisconsin pharmacist licensure board for unprofessional conduct. The Court of Appeals of Wisconsin held that the board properly exercised its discretion in finding that Noesen failed to meet the standard of care when he disregarded the harm to the patient by his refusal to transfer the prescription to another pharmacy. The court stated:

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Social Workers and Conscience Clauses, continued...

In short, Noesen abandoned even the steps necessary to perform in a “minimally competent” manner under any standard of care. He prevented all efforts [the patient] made to obtain her medication elsewhere when he refused to complete the transfer and gave her no options for obtaining her legally prescribed medication elsewhere. The Board could therefore properly conclude he violated a standard of care applicable to pharmacists: it does not matter which standard, because Noesen’s behavior “substantially departs” from all of them. **391-392.

Another relevant pharmacy board case originated in Washington State, Stormans, Inc. v. Selecky (586 F.3d 1109 (2009)). In Stormans, the state pharmacy board passed a regulation requiring pharmacists to dispense legally-prescribed medications to patients and barred discrimination against patients. Both individual and organizational pharmacists challenged the law as a violation of their right to exercise their religious beliefs, initially obtaining an injunction in federal district court against the law’s implementation. The U.S. Court of Appeals for the Ninth Circuit reversed the injunction as being overly broad. The appeals court found that the licensure board’s rules were neutral and were laws of general applicability (not aimed at specific religious beliefs or practices) and therefore they should be reviewed under a “rational basis” standard which upholds the validity of a law in the presence of a “rational basis” for its establishment. Most laws meet this minimal standard, thus the court’s ruling represents a finding in favor of the Washington Board of Pharmacy’s regulations.

More recently, the Nebraska Board of Mental Health Practice has considered proposed conscience clause regulations that would apply directly to licensed social workers in that state (172 Neb. Admin. Code 94-015.02, 2009). As drafted in 2009, the new language would have permitted licensees to refuse to provide services and referrals due to religious or moral convictions and would require that clients receive advance notice of a practitioner’s refusal of services and referrals. Yet the proposed regulations also ban discrimination against clients and require that services meet professional standards. In a compromise effort, some provisions of the proposed regulation were withdrawn and revised in 2010 (172 Neb. Admin. Code 94-015.02, 2010) and additional public comments were accepted until May 8, 2010. The Nebraska regulations have not been finalized.

Social Work Ethical and Practice Standards

Conflicts of interest are not a new phenomenon within the health care professions. It is to be expected that the ideals of the profession at times may conflict with the personal values or perspective of the individual social worker. Not all social workers are equally comfortable or effective with all clients. It is the social worker’s responsibility to be aware of factors that may impede the professional helping relationship, such as insufficient training or expertise for a particular type of case, or a personal values conflict that is of a level that it creates an insurmountable barrier to establishing or maintaining a professional helping relationship with the client. When conflicts arise, professional social workers are expected to be guided in their conduct by ethical principles and practice standards.

Social work standards are rooted in the ethical principles and values that are foundational to the profession of social work. NASW’s policies are likewise based on the NASW Code of Ethics and professional standards of practice. Several ethical provisions from the NASW Code of Ethics are applicable to the conscience clause provisions, including the following expectations:

- Maintaining clients’ interests as primary (Section 1.01)
- Promoting clients’ socially responsible self-determination (Section 1.02)
- Avoiding conflicts of interest and handling conflicts in a manner that makes the clients’ interests primary and in the event termination of the professional relationship is required, making proper referrals (Section 1.06)
- Referring clients to other professionals when the social worker is not effective or making reasonable progress or when other expertise is needed to serve the clients’ needs fully (Section 2.06)
- Refraining from discrimination based on race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, or mental or physical disability (Section 4.02).

NASW’s policy statement, Family Planning and Reproductive Choice, clearly supports the expectation that social workers who in good conscience choose not to provide certain services to clients may make that decision consistent with professional standards. However, those standards require that when a social worker denies services due to their personal conscience, rather than on the needs of the client, the social worker is obligated to make an appropriate referral for comprehensive services elsewhere (NASW, Social Work Speaks (8th ed., 2009), p. 127, 130).

Likewise, the NASW policy statement, End-of-Life Care, clearly states the position that social workers are expected to “Refer the client or family to another social worker if your own value system conflicts with your client’s decisions [and] prevent abandonment by care providers of the client or family facing an end-of-life situation” (NASW, Social Work Speaks (8th ed. 2009), p. 114, 119).

NASW promulgates and publishes national practice standards for various aspects of professional social work practice. All of NASW’s practice standards that relate to direct practice include an expectation that social workers provide appropriate referrals, linkages to community resources and/or resource counseling.

Analysis and Conclusions

Regardless of political or religious beliefs or affiliation, all professionals have some personal values that may impact their effectiveness with clients from time to time. The established values and ethics of the health care professions, including social work, have always emphasized the primacy of the clients’ interests when resolving client – practitioner conflicts as a matter of protecting the public and supporting the public’s trust in the helping professions. Conscience clauses create deep controversy as certain provisions open the door to erode the expectation that clients’ needs are primary. Conscience clauses may be invoked to deny services to clients on a wide range of bases, therefore, it is imperative that the public be adequately served and protected through careful drafting of regulatory or legal language to avoid provisions that weaken the boundary between the professionals’ individual interests and the
needs of clients. NASW supports the recognition that individual social workers may refuse to participate in service or treatment to clients that violates their consciences; however, legal or regulatory provisions that allow professionals to refuse to make appropriate, client-centered referrals conflict with professional social work standards of care and endanger the public.

Advance notice to clients regarding refusals to refer for services is insufficient to protect the public. Clients who seek social work services may be vulnerable, uninformed, and in emotional distress, unable to determine at the initiation of services what may be the impact of the social worker’s refusal to refer them appropriately for services elsewhere and unable to effectively access services from an alternative provider without assistance.

Patient access to care is intrinsically linked with practitioners’ availability. In rural or medically under-served areas, an individual or institution’s refusal to provide services may amount to a complete denial of care for the patient or client. Although this may present a moral victory for those who oppose abortion or other services, it is a bar to medically necessary and legal health care services that may violate patients’ rights. Courts and state licensure boards for health care professionals are likely to continue grappling with how to accommodate employee’s religious practices and beliefs while ensuring patient’s rights to access the full range of legal health care options.

References


Noesen v. State Dept. of Regulation and Licensing, Pharmacy Examining Board, 311 Wis.2d 237, 751 N.W.2d 385 (2010).

Stormans, Inc. v. Selecky, 586 F.3d 1109 (2009)
Continuing Education Test - 2.0 CEU's
Social Work Ethics and Professional Boundaries

1. According to David and Moffitt, all dual relationships in academia are harmful.
   a. True
   b. False

2. The NASW Code of Ethics:
   a. Does not provide guidance on how to manage boundary issues when using technology because it was written before social networking was developed
   b. Contains standards that apply to maintaining professional boundaries when using technology and social networking sites
   c. Is available on-line
   d. Both B & C

3. According to Congress, dual relationships in social work education have been minimally studied and not clearly defined.
   a. True
   b. False

4. Which of these ethical provisions from the NASW Code of Ethics is not noted as applicable to conscience clause provisions?
   a. Refraining from discrimination based on race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, or mental or physical disability (Section 4.02)
   b. Avoiding conflicts of interest and handling conflicts in a manner that makes the clients’ interests primary and in the event termination of the professional relationship is required, making proper referrals (Section 1.06)
   c. Social workers should not permit their private conduct to interfere with their ability to fulfill their professional responsibilities (4.03)
   d. Maintaining clients’ interests as primary (Section 1.01)

5. Which is not a recommendation of David and Moffitt for addressing the issue of dual relationships between faculty and students in schools of social work?
   a. Education by social work faculty administration regarding non-sexual dual relationships
   b. Review of policies & syllabi
   c. Providing opportunities for ongoing discussion & consultation
   d. Instituting a policy prohibiting field instructors from self-disclosing in the supervisor-supervisee relationship

6. A social worker should respond to a client’s request to friend him/her on Facebook by:
   a. Accepting the request and making sure that his/her privacy settings prevent the client from viewing personal information
   b. Avoiding the situation entirely by not being on Facebook.
   c. Declining the request in the same manner he or she would decline any invitation that could create a dual relationship
   d. Accepting the request in order not to appear rejecting of the client.

7. In order to avoid boundary violations when using social networking sites, a social worker should:
   a. Use the highest privacy settings and periodically search for information about him/her on-line
   b. Declare him/herself a Luddite and never use any form of technology
   c. Use his/her avatar in all communication on-line
   d. Inform clients never to contact him/her using any form of electronic communication.

8. Ethical pitfalls to avoid when operating a private practice are:
   a. Treating a client whose problems exceed one’s expertise
   b. Continuing treatment longer than clinically necessary
   c. Accepting a client in need of more intensive services than can be provided in a private practice setting
   d. All of the above
9. Based on the work of Barretta-Herman & Garrett, social work students who believed they had been exploited by a faculty member took which of the following actions?  
   a. Spoke with the faculty member in question  
   b. Consulted with their academic advisor  
   c. Reviewed the appropriate policy in the social work student handbook  
   d. All the above  
   e. None of the above

10. Which of the following can serve as evidence of the development of professional competencies?  
   a. Certification  
   b. Documentation of consultation  
   c. Supervised experience  
   d. All of the above

11. In which of the following situations would a social worker have an ethical obligation to refer a client to another professional?  
   a. When other specialized knowledge is needed to fully meet a client’s need  
   b. When the client has a different spiritual belief system from the social worker  
   c. When the client is a member of the clergy  
   d. All of the above

12. Dual relationship refers to an ethical risk in the practice area described by which ethical standard?  
   a. Privacy and Confidentiality  
   b. Self-determination  
   c. Conflict of Interest  
   d. Interdisciplinary Collaboration

13. A social worker who sees a client for counseling and is a member of the client’s religious congregation has an ethical responsibility to:  
   a. Inform the client he/she cannot continue to counsel the client because of a dual relationship  
   b. Join another religious congregation in order to avoid a dual relationship  
   c. Establish boundaries with the client that are clear, appropriate and culturally sensitive  
   d. Not acknowledge the client during congregation-sponsored events in order to maintain client confidentiality

14. Which of these practices as identified by Spevack is not a practice that erodes the integrity of the client-clinician relationship?  
   a. Submitting fraudulent insurance claims  
   b. Not declaring cash payments on income taxes  
   c. Charging middle class clients a private pay fee  
   d. Failing to keep adequate clinical records

15. Spiritual beliefs of clients may be based on:  
   a. Religious dictates that are highly codified  
   b. An individualized guiding philosophy  
   c. Cultural connections  
   d. All of the above

16. Providing advanced notice to clients regarding a provider’s refusal to refer for services they deem objectionable is sufficient action to protect the public.  
   a. True  
   b. False

17. Bransford proposes that line social workers and administrators take what action to address the complex issues that arise in managed mental health care organizations?  
   a. Limit their clients to those with Medicare and Medicaid  
   b. Create microcosm groups within the organization  
   c. Lobby for health care reform  
   d. Accept the fact that administrators establish agency policies and procedures and social workers must comply with them

18. Spevack asserts that it is unethical to engage in private clinical practice and make a profit  
   a. True  
   b. False

19. If a social work educator is licensed to provide clinical social work services it is ethically appropriate for them to provide counseling services to their students.  
   a. True  
   b. False

20. NASW policy clearly supports the expectation that social workers who in good conscience choose not to provide certain services to clients may make that decision consistent with professional standards. However, it also states:  
   a. The social worker is to have no further contact with the client.  
   b. The social worker should consider working in another practice setting.  
   c. The social worker is obligated to make an appropriate referral for comprehensive services elsewhere.  
   d. The social worker is to be reported to the state licensing board.
Deadline for Submission: January 15, 2011

This answer sheet must be filled out completely and submitted to NASW-NYS along with a $20 processing fee for NASW-NYS Members/ $30 Fee for Non-NASW-NYS Members (checks should be made payable to NASW-NYS) by the submission deadline: January 15, 2011.

You must answer at least 15 questions correctly to receive 2.0 Category I CEUs from NASW-NYS.

Name ____________________________________________________________

Mailing Address ________________________________________________________

Phone number ______________________________ Email ________________________

NASW Membership ID# __________________________________________________

Please circle your answers

1. A B
2. A B C D
3. A B
4. A B C D
5. A B C D
6. A B C D
7. A B C D
8. A B C D
9. A B C D E
10. A B C D
11. A B C D
12. A B C D
13. A B C D
14. A B C D
15. A B C D
16. A B
17. A B C D
18. A B
19. A B
20. A B C D

Submit Answer Sheet and Payment by January 15, 2011 to:
NASW-NYS Chapter- ATTN: James Koonce, 188 Washington Avenue, Albany, NY 12210

Individuals receiving a passing score on the test (at least 15 correct answers) will receive a certificate of completion documenting the 2.0 CEU’s earned.
### Approved Continuing Education Programs/NASW CERP

The following programs have been accredited for the listed number of Category I contact hours by the NASW-NYS Chapter Continuing Education Recognition Program (CERP). The CERP both accredits programs for continuing education credits and provides NASW members with an opportunity to have their credits recorded. Members who accumulate 90 contact hours of credit in a three-year period are eligible for a continuing education certificate.

Program providers who wish to have their programs accredited should submit an application form, the program schedule, the resumes/vitae of all the presenters and the review fee. The fees for providers are: $100 per program, $150 for midday events, $350 for five programs in a 12-month period or $900 for unlimited programs in a 12-month period. NASW members wishing to participate in the CERP must register with the program. The service is free for NYS Chapter members; for all others, there is a $60 fee, for one three-year registration period. For additional information, or to obtain application or registration forms, please contact the NYS Chapter office at (800) 724-6279 ext. 17, (518) 463-4741, or e-mail at james_koonce@naswnys.org. For information on a particular program, please call the contact number found in the listing.

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<th>Date(s)</th>
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<th>Provider</th>
<th>Contact(s)</th>
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<td>1 October, 2010</td>
<td>Suicide and Trauma: Meeting the Challenge to Assess and Respond to Risk</td>
<td>University at Buffalo Amherst, NY</td>
<td>(716) 829-3939</td>
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<td>1 October, 2010</td>
<td>Demystifying Asperger’s Syndrome for Success</td>
<td>Health Ed Burlington, VT</td>
<td>(715) 552-9517</td>
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<td>1 October, 2010</td>
<td>Integrated Therapy for Multiply Traumatized Adolescents</td>
<td>New York City</td>
<td>(516) 877-4343</td>
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<td>2 October, 2010</td>
<td>Wounded Minds, Courageous Hearts: Healing Transgenerational Trauma</td>
<td>National Institute for the Psychotherapies New York City</td>
<td>(212) 582-1566</td>
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<td>5, 6, 7 October, 2010</td>
<td>Comprehensive Child Therapy: Practical Approaches and Interventions</td>
<td>Cross Country Education Buffalo, Syracuse, Rochester</td>
<td>(615) 331-4422</td>
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<td>6 October, 2010</td>
<td>How Art Therapy Plays a Vital Role in Psychiatric and Dementia Care</td>
<td>Mental Health Association of New York City New York City</td>
<td>(212) 614-6313</td>
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<td>6 October, 2010 thru 15 December, 2010</td>
<td>Integrative Trauma Treatment Techniques</td>
<td>National Institute for the Psychotherapies New York City</td>
<td>(212) 582-1566</td>
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<td>6, 8 October, 2010</td>
<td>Bridging the Gap: Theory and Practical Strategies for Children with Sensory Dysfunction</td>
<td>Cross Country Education Buffalo, Syracuse, Rochester</td>
<td>(615) 331-4422</td>
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<td>7 October, 2010</td>
<td>Interactional Supervision: Dynamics</td>
<td>Univeristy at Buffalo Amherst, NY</td>
<td>(716) 829-3939</td>
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<td>8 October, 2010</td>
<td>Pathways to Change: Collaborative Strengths Based Brief Therapy with Challenging Children and Adolescents</td>
<td>Univeristy at Buffalo Amherst, NY</td>
<td>(716) 829-3939</td>
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<td>9, 10 October, 2010</td>
<td>Compassion and Presence</td>
<td>Berne, NY</td>
<td>(720) 413-2969</td>
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<td>15 October, 2010</td>
<td>Helping Clients Transform their Life Narratives</td>
<td>NASW NYS Chapter Hudson Valley Division Hudson Valley</td>
<td>8457428730</td>
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<td>15 October, 2010</td>
<td>Online Overview of the Nature and Treatment of Trauma</td>
<td>Univeristy at Buffalo Amherst, NY</td>
<td>(716) 829-3939</td>
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<td>15, 16 October, 2010</td>
<td>Psychopharmacology in Plain English</td>
<td>Cross Country Education Albany, White Plains</td>
<td>(615) 331-4422</td>
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<td>15-18 October, 2010</td>
<td>Compassion and Presence</td>
<td>Rigpa’s Spiritual Care Education Program Berne, NY</td>
<td>(720) 413-2969</td>
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<td>17, 18, 19 October, 2010</td>
<td>Undoing Racism Workshop</td>
<td>NASW NYS Westchester Division Westchester</td>
<td>(914) 493-7102</td>
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<td>21 October, 2010</td>
<td>Meeting the Needs of Autism Spectrum Difference</td>
<td>Ohel Childrens Home Brooklyn, NY</td>
<td>(718) 686-3325</td>
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<td>21, 22 October, 2010</td>
<td>Effective Treatment for Working with Therapy Clients with Autism Spectrum Disorders</td>
<td>MEDS/PDN Hamden, Ct</td>
<td>(715) 836-9900</td>
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<td>22 October, 2010</td>
<td>Trauma Through the Eyes of a Young Child: Understanding and Helping Families</td>
<td>Adelphi University New York City</td>
<td>(516) 877-4343</td>
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<td>Self-Care in Trauma Work</td>
<td>Univeristy at Buffalo Amherst, NY</td>
<td>(716) 829-3939</td>
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<td>29 October, 2010</td>
<td>Learning to Use the Adolescent Coping with Stress and Depression Program</td>
<td>Adelphi University New York City</td>
<td>(516) 877-4343</td>
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<td>29 October, 2010</td>
<td>Learning to Use the CBT for Childhood Depression Groupwork Program</td>
<td>Adelphi University New York City</td>
<td>(516) 877-4343</td>
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<td>1 November, 2010 thru 15 December, 2010</td>
<td>Online Evidence-based Methods for Trauma Treatment</td>
<td>Univeristy at Buffalo Amherst, NY</td>
<td>(716) 829-3939</td>
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3 November, 2010  
**My Neighbor is Poisoning Me: Working with the Dillusional Client with Co-occurring Housing Concerns**  
Mental Health Association of New York City  
New York City (212) 614-6313  
2. CEUs

4 November, 2010  
**Empowering Clients to Improve their Relationship with Money**  
University at Buffalo Amherst, NY (716) 829-3939  
6. CEUs

5 November, 2010  
**Child and Adolescent Psychopharmacology: Demystifying the Language and Practice of Medicating Young People**  
Adelphi University  
New York City (516) 877-4343  
6. CEUs

5 November, 2010  
**Anxiety Disorders in Children and Adolescents**  
MEDS/PDN  
Staten Island (715) 836-9900  
6. CEUs

6 November, 2010  
**Good Enough Ending: Endings, Beginnings and Post Terminations**  
National Institute for the Psychotherapies  
New York City (212) 582-1566  
4. CEUs

11 November, 2010  
**Adoption Home Study: New and Improved Interview**  
Jewish Child Care Association  
New York City (212) 558-9949  
3. CEUs

11-13 November, 2010  
**Integrative Oncology: Informing the Debate in Practice, Research and Public Policy**  
Columbia University College of Physicians & Surgeons  
New York City 2123059003  
16. CEUs

12 November, 2010  
**Ethics Surrounding Palliative Care**  
Valley Health Services, Inc.  
Herkimer, NY (315) 866-3330  
6. CEUs

12 November, 2010  
**Creating Systems of Trauma Informed Care**  
University at Buffalo Amherst, NY (716) 829-3939  
6. CEUs

12 November, 2010  
**Ethics Surrounding Palliative Care**  
Valley Health Services, Inc.  
Herkimer, NY (315) 866-3330  
6. CEUs

18 November, 2010  
**Mental Health Legal Issues with Geriatrics**  
Mental Health Association of New York City  
New York City (212) 614-6313  
1.5 CEUs

29 November, 2010  
**Enhancing Engagement with the Mandated or Resistant Client**  
University at Buffalo Amherst, NY (716) 829-3939  
6. CEUs

2 December, 2010  
**Group Approaches to Trauma Treatment**  
University at Buffalo Amherst, NY (716) 829-3939  
6. CEUs

3 December, 2010  
**Narrative and Collaborative Approaches for Working with Couples and Families in Conflict**  
Adelphi University  
New York City (516) 877-4343  
6. CEUs

4 December, 2010  
**Addiction: Body and Soul**  
National Institute for the Psychotherapies  
New York City (212) 582-1566  
4. CEUs

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**Due to the fact that update is mailed periodical rate, some of our members may receive it after some of the above listed continuing education programs have already taken place. We apologize for any inconvenience this may cause. For a complete listing of approved continuing education programs, please visit our web site: www.naswnys.org**
Northeast Division of NASW-NYS is sponsoring the following event:

**Beyond the Law: Legal, Human and Practical Considerations of Working with Persons with Disabilities**

Featured presenters:

Hannah Rudstam, PhD, DBTAC-Northeast ADA Center  
LaWanda Cook, M.S., CRC, ILR- Employment and Disability Institute, Cornell University

**Wednesday, October 20, 2010**  
7:30 AM – 10:30 AM  
First Unitarian Universalist Society of Albany • 405 Washington Ave, Albany, NY 12206

For details go to our division events page at: [www.naswnys.org](http://www.naswnys.org)  
Click on Upcoming Division Events

People with disabilities constitute the largest minority group in the United States and the world. Thus, professionals, especially those in the helping professions, need to be comfortable interacting with consumers of service and colleagues who have disabilities. This interactive workshop will cover the legal, human and practical considerations of working with persons with disabilities. It will include an overview of how ADA applies to hiring and supervising individuals with disabilities; implications for serving clients with disabilities will be addressed. Workshop participants will have an opportunity to consider how they would handle a variety of workplace scenarios to enhance interactions with colleagues and clients with disabilities.

The workshop will present:

- opportunities to surface your concerns about working with persons with disabilities  
- an overview of disability in the United States including legal, demographic and organizational trends  
- scenarios you may encounter in your daily work life  
- a chance to consider how you can improve interaction with and inclusion of persons with disabilities in your workplace

**PROGRAM REGISTRATION**

Name:____________________________________  Address:____________________________________

Email address:__________________________  Phone number:__________________________

Select registration category:  
Student ___ ($5.00)          NASW Member ___ ($10.00)          Non-member ___ ($15.00)

Registration should be received no later than Monday, October 18, 2010.

Make checks payable to: NASW-NYS NE Division

**Mail payment and registration form to:**  
Ken Skinner, NENY Division Program Committee  
49 Ryckman Ave., Albany, NY 12208
Welcome New NASW-NYS Members

MOHAWK VALLEY
- Andre F Cuda, LMSW
- Cassandra Marie Hicks
- Mallory Manley
- Brandy-Lee Phelps

NASSAU
- Judith Moel Aiges, DSW
- Moshe Anthony, LMSW
- Melissa Jean Bruce
- Grazia Brunetti-Huneke, MA
- Ashley Marie Bullard
- Nicole Lee Buttafuoco
- Rachelle Chery
- Melissa Citrin
- Jamie Dekanchuk
- Angela Durham
- Asher Dworetzky
- Constantina Alexander
- Feliciano-Manetta
- Heather Gallagher
- Betty J. Huyghue
- Cheryl Jenkins
- Stephanie Lauer
- Cari Leslie
- Kristen Mallon
- Carol Moravcik
- Stacey Ann Veronica Morgan
- Joanne Muller
- Ariel Muscente
- Rosemarie Oddo
- Hamangi Patel
- Deena Sandos
- Joshua Jehmiel Sawaya
- Susan P. Smith
- Rochelle Lazarus Steiger
- Christine Sullivan, BSW
- Jean Treglia
- Julissa M Vallenenas, LMSW
- Jodi Yaeger
- Lauren Zwerling, MSW

SOUTHERN TIER
- Maria Isabel Bazaldua
- Elizabeth Jane Clark
- Jenai Downer
- Matthew Gray
- Sheila Jacobs
- Lemarr Leggins
- Christina Marie Martinkovic
- Stacey Ann McMail-Jerzak, LMSW
- Carla Ann Murray
- Danielle Lee Nelson
- David James Puglisi
- Tiffany Raghunanan
- Dorrit Ram
- Sarah Michelle Reynolds
- Heather Elizabeth Sanford, MPA
- Laura Jeanne Smith
- Michelle Denise Spight
- Virginia Paige Walker
- Tina Marie Weiss

SUFFOLK
- Joshua Bancroft
- Dewan Chand Bajaj, LMSW
- Mandi Budah
- Alyssa Nicole Cabrera
- Jessica Marie Cordero
- Kristen Curley, MSW
- Michelle Lee Doublet
- Lindsay Nicole Eisaman, LMSW
- Lisa Ganz
- Bethany Rose Gaudreau, LMSW
- Krista Lynn Gimenez, LMSW
- Lawrence F. Gorecki
- Kerri Kosloff, LMSW
- Jennifer Joanne Lino
- Jean Ohehir
- Natalia Ramirez, MSW
- Mayte Santiago, MSW
- Aubrey Sena, BA
- Michael Toomey
- Shannon Turner
- Patricia Volpe
- Kara Michele Wasserman, LMSW
- Mary Wine, LMSW
- Marissa Marielle Wright, MSW

WESTCHESTER
- Diane Albert, LCSW
- Tina Marie Atherall, MSW
- Christine Fay
- Scott R. Gorkin
- Jennifer Grasso
- Malaika Gabrielle Gutman-Gates, LCSW
- Anthony Joseph
- Heather Carole McInnis
- Michelle Murdock, MSW
- Joanne Pappas, LCSW
- Alexandra Maria Pinto, MSW
- Jose Rodriguez
- Amy Isabel Zelaya

WESTERN
- Kimberly Adams
- Stephanie Lynne Daley
- Kimberly Eckert
- Patricia Egan
- Stacey Beth Essex, LCSW-R
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- Yvette Harville
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- Laurie Simrany, LCSW-R
- Eileen Tucci
- Iris Robin Turtz, LMSW
- Heather White
Professional Boundaries in an E-environment, continued from cover

and consultation to stay current with emerging technologies.” (NASW & ASWB, 2005, p. 7)

Staying current in this electronic age is especially challenging given the rapid development of emerging technologies. Five years ago, for instance, sites such as Facebook and Twitter were not available to the general public. Today, social workers, as well as the agencies and professional associations they belong to, are part of the hundreds of millions of users of social networking sites (Note: NASW has a Facebook page which allows “Fans” but not “Friends.”).

In general, when using technology in its various forms social workers need to adhere to ethical, legal, and regulatory standards in areas such as privacy, confidentiality, client records, and informed consent. There are several standards in the Code of Ethics regarding these areas that serve as a guide. The following series of examples highlight the application of ethical standards regarding conflicts of interest and privacy as they specifically relate to boundary issues.

The case example below addresses the question: Is it ethical to use the internet to obtain information on a client for assessment purposes?

A client sought help from “Jenna,” a social worker in private practice, after the tragic death of her husband. Her grief over her loss was magnified by the media coverage that surrounded it. This was a source of anger that she shared with Jenna during her initial phone call. Jenna had not seen any accounts of the death and knew that she could easily access the information on-line. As part of her pre-engagement preparation, Jenna considered Googling the obituary and the news articles related to the deceased. As a “digital native” Jenna was well-versed in using the internet. She was not sure however, if seeking information about a client on-line posed an ethical issue. To guide her in making a decision, she accessed the NASW Code of Ethics electronically and she consulted with a social work colleague.

In this example, the ethical standard that guided Jenna was Standard 1.06c in the Code of Ethics which pertains to Privacy and Confidentiality. The standard states: “Social workers should respect clients’ right to privacy. Social workers should not solicit private information from clients unless it is essential to providing services...” (NASW, 2008, p. 6). Jenna and the social work colleague she consulted interpreted the standard to include not using the internet for investigatory purposes regarding a client. In order to be respectful of her client’s right to privacy and be respectful of her right to disclose information when she was emotionally ready to address it, the social worker spoke with her directly about the situation during their initial session. She learned that the client wanted her to view the news reports and consequently obtained her consent to seek additional information about her and her family from an external source.

The fact that information about clients is available electronically through various search engines does not mean we should access it. The boundaries that define our professional roles do not extend to engaging in detective work about our clients. Seeking information on the Internet about a client without his or her knowledge may violate an implied contract and erode the client’s sense of trust in the social worker.

The next example relates to questions that often confront social workers: What do you do when a client sends you a “Friend” request? Is it ethical to Friend a client on Facebook?

Although the word Facebook is not specifically mentioned in the Code of Ethics, there are ethical standards that can guide us in our professional decisions about social networking. Standard 1.06c, which pertains to Conflicts of Interest, states: “Social workers should not engage in dual or multiple relationships with clients or former clients in which there is a risk of exploitation or potential harm to the client.” (NASW, 2008, p. 5). Dual or multiple relationships occur when social workers relate to clients in more than one relationship, whether professional, social or business. Accepting an invitation to be a Friend on Facebook from a client creates a dual relationship. It needs to be declined in a respectful manner just as any other social invitation or invitation outside of the office is declined.

Another ethical standard that has relevance to our use of Facebook and other social networking sites is the standard that pertains to Private Conduct. Standard (4.03) states: “Social workers should not permit their private conduct to interfere with their ability to fulfill their professional responsibilities.” (NASW, 2008, p. 13).

We are all entitled to a private life; however, we need to be especially aware of the ease in which what we believe to be our private postings on Facebook, can instantaneously become public. Among the few things to consider: 1. When someone who is not a linked Friend views your profile, Facebook shows a list of Friends you have in common. It is possible you and a client may have shared Friends, especially if you live in a small community or share some other group affiliation (Kolmes & Taub, 2010); 2. Although many of the social networking sites permit you to adjust privacy settings, this does prevent other Friends from posting or “tagging” pictures of you; 3. As the worker in the following example learned, you need to know how to select privacy settings in order for them to be of any use.

“Dave” specializes in marital therapy. Late one night after an argument with his wife, he was chatting with a Friend on Facebook. He wrote that he was so angry with her that he wanted to “snuff her with a pillow.” A

continued on page 28...
Professional Boundaries in an E-environment, continued

In the electronic environment, the potential for blurring the boundaries between our private lives and professional lives is great. The growth of social networking and web-based information creates the possibility of clients searching for and finding professional and personal information (Kolmes & Taube, 2010). Clients can access a wealth of information about us without having to ask. This is now an added dimension to making clinical and ethical decisions regarding self-disclosure. In the pre-electronic environment, when a client asked a personal question, we were taught to respond in ways that reflected the question back to the client (“You seem curious about me. Let’s explore that.” Or “We’re here to talk about you.”). We have been taught to use self-disclosure sparingly and purposefully. As with any form of self-disclosure, personal Internet postings to which clients have access may complicate social workers’ professional relationships (Reamer, 2009).

Recommendations

The following recommendations are aimed at avoiding boundary violations when using technology and social networking sites:

1. Seek training and consultation for ethical issues regarding the use of technology. Become familiar with the standards in the Code of Ethics and the NASW and ASWB Standards for Technology and Social Work Practice.

2. Use the highest privacy settings for social networking sites. Create a “lock” on Twitter accounts in order to deny access to requests to “follow” you.

3. Manage the information available about you online by creating a professional Website that describes your credentials and expertise. If the Website includes a blog, it should not be enabled for reader’s comments in order to avoid issues regarding confidentiality.

4. Check your online profile by periodically searching your name. View what clients and potential clients can see about you.

5. When you contract with clients, include discussion about policies with respect to social networking, as well as contact through other electronic methods.

6. Create agency policies regarding ethical practice and the use of technology and social networking by staff.

7. When posting on professional Websites (such as socialworkchat.org) or commenting on a blog, keep it professional as your comments can be viewed by the public and are archived.

Conclusion

In years past, before the internet, being a technologically savvy and ethically responsible social worker meant knowing how to password protect an electronic document and create locked files for floppy discs. These days, in order to ensure competent and ethical practice we need to adapt our skills to meet the demands of social work in the age of social networking. This challenge includes being especially attentive to boundary issues and privacy-related matters in the electronic environment.

References


continued on page 29...
Professional Boundaries in an E-environment, continued

Resources


Kathryn B. Chernack, DSW, LCSW-R, BCD, is the chairperson of the NASW NYS Chapter Ethics Committee and an appointed member of the committee for approximately 20 years. She is in private practice in Garden City and works as a consultant for SCO Family of Services where she is involved in quality improvement and risk management.

The Slippery Slope of Boundaries, continued

Ethan is a current Ph.D. student in his first year of the program and assigned to Dr. R. as his research assistant. Since Ethan and Dr. R. share similar research interests, and Ethan views Dr. R. as a mentor, Ethan enrolls in his fall research course. As a final assignment, Ethan writes an exceptionally well written and researched paper. His final paper is never returned; however, Ethan receives a grade of “A” for the course. Almost one year later, Ethan sees portions of his paper published in a peer reviewed journal with Dr. R. as the sole author.

What recourse does Ethan have should he wish to pursue his concerns? He can speak with the faculty member, but may have legitimate concern as he is still a doctoral student. He can review the university’s student and faculty policies regarding filing a grievance. Should Ethan wish to proceed, speaking with his academic advisor or someone with similar status to Dr. R. may help him in this process.

Is Ethan’s experience regarding exploitation of his work unusual? In a study on faculty-student collaboration, Barretta-Herman & Garrett (2000) examined the risks and benefits associated with faculty-student collaboration and found that respondents (five of the six student collaborators) had similar experiences to Ethan’s. Student collaborators felt exploited by the faculty member with whom they had collaborated but were unable to express their anger or feelings of frustration and their perception that there had been a clear misuse of power. Several student collaborators—now faculty—questioned the role they had in the exploitation. Papers were published and either did not acknowledge their substantial role in the scholarship or listed them as second author when indeed they had done the research and the multiple revisions of the paper.

Faculty-student collaborations, however, are an important component of social work education particularly at the doctoral level with distinct benefits of collaboration: faculty assistance in publication, increased skill and idea development, mentoring, and the support that occurs when others are working together toward a common goal. Developing “the next generation of social work scholars” is an outcome of faculty-student collaboration (Barretta-Herman & Garrett, 2000). In order to prevent or reduce the frequency of scholarship misrepresentation as discussed above, deans and chairs (or an ad hoc committee in the school of social work) should develop guidelines that assist faculty and students.

While most social work practitioners and educators demonstrate appropriate boundaries and are aware of the difficulties that may occur when boundaries are not maintained, it is imperative that ongoing discussions continue regarding professional boundaries and the potential for exploitation when professional boundaries are not maintained. Not all dual relationships in academia are harmful, problematic, or unethical. Administrators, deans, chairs, and program directors need to include policies and procedures that will assist faculty in the development of a culture that respects and maintains professional boundaries and recognizes the risk of exploitation that can occur in dual relationships in academia including field instruction.

Recommendations include the following:

(1) Education by deans, chairs and program directors of social work faculty and staff about non-sexual dual relationships. Institutions usually provide clarity regarding the prohibition of sexual relationships.

continued on page 30...
The Slippery Slope of Boundaries, continued

(2) Specific policies in faculty and student handbooks on student-faculty relationships.

(3) Review course syllabi, as well as social work curriculum, to ensure that language is not ambiguous regarding professional boundaries and that there is consensus (or at least discussion) within the department regarding policies on professional boundaries.

(4) Course syllabi clarifying limits of confidentiality related to student disclosures.

(5) Social work educators should draw on their clinical knowledge and expertise in an effort to assist students who struggle with personal issues that affect their learning. They need to help students identify issues and locate appropriate resources, e.g. mental help counseling at the university or in a community setting but not provide the necessary counseling to students.

(6) Ongoing discussion and consultation with colleagues as well as field instructors regarding dilemmas or incidents related to boundary violations by social work professionals.

(7) Because of the sensitivity of self-disclosing, field instructors may want to provide clear and appropriate guidelines regarding supervisee self-disclosing in field education as well as limiting their own self-disclosing in the supervisor-supervisee relationship.

(8) Education by deans and directors regarding clear policies for student-faculty collaboration in research and other collaborative endeavors so that exploitation of students does not occur.

(9) Self-evaluation by faculty periodically to assess the potential for exploitation if dual relationships exist in academia including field instruction.

(10) Policy development by CSWE on non-sexual dual relationships.

An academic culture that supports healthy boundaries in faculty/student relationships and clarity from social work administrators would provide the necessary framework. Ongoing discussions with colleagues and attention to professional boundaries can serve to strengthen professional social work education, promote adherence to the ethical standards of our profession, as well as the development of professional behaviors in our students.

References:


Virginia David, LMSW, is Professor and Chair of the Department of Social Work at Nazareth College, Rochester, New York, where she has taught for over 30 years. She is a member of the NASW-NYS Chapter Ethics Committee and served as co-chair of the committee for ten years. Ginny can be reached at vdavid4@naz.edu.

Laura Moffitt, MSW, LCSW, is Assistant Director of Field Education in the School of Social Welfare at the University at Albany, SUNY, where she also teaches in the undergraduate and graduate programs. She has been a member of the NASW-NYS Chapter Ethics Committee for almost ten years. Laura can be contacted at lmoffitt@uamail.albany.edu.
“Not only do we need to earn money, our clients need to pay us. An underlying theme of most work with adults is helping them to behave in an increasingly adultlike way, an ongoing task for all of us. Although it often causes resentment, society expects adults to take care of themselves. Resentment of this expectation can be used as grist for the therapeutic mill. ... If we are uncomfortable with our own feelings about getting paid, we are unlikely to make use of such therapeutic opportunities.”

Ackley continues:

“Our troubled feelings about money stem from our conflict between self-interest and wanting to help others. We would like to think of ourselves as selfless, and this part of our ego ideal makes it hard for us to recognize and accept our self-interests. ....As helpers, we are vulnerable to boosting our own self-esteem by ‘helping’ inappropriately. When we give in to this temptation, damage to our clients may result. Our helping inappropriately diminishes their sense of competence. It also robs them of a sense of equality in the therapy relationship.”

When our own needs are adequately addressed, we are then more likely to have the time, energy and interest to devote to the social issues we hold dear. I know of many civic-minded private practitioners who regularly volunteer their time for various causes, including health care reform, political organizing, anti-racist organizing, disaster relief, and counseling veterans. In my experience, most of the private practitioners who volunteer their time have a degree of financial security. It’s far more difficult for those whose incomes depend largely or solely on managed care fees to carve out time and energy for volunteer work, although I know that many of them would want to. But the long work hours required to make ends meet on a managed care-established income precludes, for most, the opportunity to volunteer (or, often, to attend conferences to maintain and improve their clinical skills). While at first blush an hourly rate of $60 or more sounds like a lot of money, a businessperson readily recognizes that once basic expenses are taken into consideration (e.g., taxes which immediately diminish one’s income by as much as one third, medical insurance premiums that cost over $5,000 a year for a single individual, office rent, supervision and educational expenses, unpaid vacation and sick days, retirement savings, etc.), the private practitioners income no longer sounds so lavish. In my experience, private practitioners in full time private practice who attempt to earn a living with primarily a managed care population often find it challenging to attend to many of the basics, like keeping up with their recordkeeping and saving for retirement, and have little time, money or energy left for volunteering, much as they might want to.

As private practitioners, we should aim to hold ourselves to a higher standard. Practicing in isolation, it’s easier for private practitioners to – intentionally or unintentionally - “get away with” unethical or marginal practices, and to deceive ourselves into believing that these practices aren’t so bad. Most of us have known of private practitioners who submit inappropriate and even fraudulent insurance claims, who fail to declare cash when filing their taxes, and who fail to keep adequate clinical records – practices that erode the integrity of the client-therapist relationship and undermine the quality of our work, even when the client is presumably unaware of the infraction. It’s easy for overworked and underpaid private practitioners to rationalize that no one is hurt by these practices. Working in isolation, it’s easier for private practitioners to elude detection by others (although not by one’s omnipresent superego!). While I’m not excusing such behaviors, I would contextualize them: a private practitioner who is earning a reasonably comfortable living working a moderate schedule is less likely to feel tempted to behave badly. It’s our own responsibility to accept and embrace the business of private practice.

“To regain control of our practices and maintain our ethics, we must acquire the tools of business and use them honorably.”

Dana Ackley Ph.D.

References


Lynne Spevack LCSW is a Practice Building Consultant in the Financial District, NY, NY and Midwood, Brooklyn, NY. She can be reached at: LynneSpevack@aol.com or 718-377-3400.
CALL FOR NOMINATIONS

2011 Statewide Social Work Awards
Celebrate Excellence and Service in the Field of Social Work

NASW-NYS is searching for nominees for Social Worker of the Year, Lifetime Achievement, Agency of the Year, Public Citizen of the Year, and Student of the Year Award. We need your help celebrate and honor individuals who represent the best in social work and fulfill the social work mission.

The Social Worker of the Year Award recognizes the commitment and achievements of an outstanding member of our profession. The Lifetime Achievement Award honors a social worker who has devoted his or her career, and made exceptional accomplishments on behalf of those in great need and the profession of social work. We are also seeking a non-social worker who, through her or his business, professional, and/or community activities, best exemplifies the goals and ideals of the social work profession for the Public Citizen of the Year Award. Agency of the Year Award honors an agency, department, organization, or government entity within the NASW-NYS catchment area, which best exemplifies social work values in the field.

Please consider the following nominee criteria in making your nomination.

Social Worker of the Year
An individual considered for this award should demonstrate exceptional professional qualities that make her or him stand out beyond the expectations of her/his job.

The person you nominate must:
- be a member in good standing of NASW-NYS
- demonstrate leadership qualities of an exceptional nature
- effectively integrate experience with education in an outstanding effort to help people
- show a willingness to take risks for improved social services
- enlist public support for improved social services
- contribute to the public’s knowledge of social work
- represent the professional ethics of social work as defined in the NASW Code of Ethics
Public Citizen of the Year
An individual considered for this award should have made outstanding contributions to the area of human services, which go beyond the expectations of her/his job. In addition, she or he cannot be a social worker.

The person you nominate must have:
- demonstrated leadership qualities
- made an important contribution to the social work profession
- advocated for or taken risks on behalf of one or more of social work’s client group
- contributed to a positive public image of professional social work
- contributed to the amelioration of a pressing social problem
- acted in concert with the professional ethics and values of the social work profession
- helped improve the quality of life in the community

Lifetime Achievement Award
In addition to meeting all of the criteria for Social Worker of the Year, the candidate must also demonstrate:
- repeated outstanding achievements
- recognition beyond the social work profession
- contributions with a lasting impact
- outstanding creativity and courage

Agency of the Year Award
Honors an agency, department, organization, or government entity within the NASW-NYS catchment area, which best exemplifies social work values in the field.
The agency should:
- Promote and uphold NASW standards and code of ethics.
- Develop/implement innovative approaches for the provision of more effective services.
- Make a significant contribution to an area or population of concern to the social work profession such as advocacy for consumers, impact on social policy, exceptional practice, program creation, administration development, and/ or innovative research.
- Has a diversity of employees that reflects their clientele and/or has policy that implements culturally competent practice.

Student of the Year Award:
The NASW-NYS Social Work of the Year Award is presented to a Masters or Baccalaureate level social work student who has demonstrated academic excellence and personifies the values of the Social Work Profession as defined by the NASW Code of Ethics. The Student selected will have demonstrated leadership skills and interest in community involvement within the University or greater community setting. The student’s work or volunteer interest should demonstrate contributions through community involvement which make a difference in the lives of others, through the use of social work skills and abilities; commitment to advocacy; and improving the quality of life for others.

Deadline for Nominations: October 30, 2010
The award recipients will be personally notified and the announcement of the award winners will be published in the January/February 2011 newsletter. The awards will be presented at our annual Power of Social Work Conference, Awards Luncheon, on Friday March 11, 2011 in Albany NY.
Award Recipients will receive free admission to our annual statewide conference and be provided with transportation to and from the conference. (Transportation limited to train, bus, and mileage.)
2011 NASW-NYS Chapter Awards Nomination Form

Check the award for which your candidate is being nominated:

- Student of the Year
- Social Worker of the Year
- Public Citizen of the Year
- Lifetime Achievement Award
- Agency of the Year

Name of Nominee: ____________________________________________
Current Position: _____________________________________________
Business Address: ____________________________________________
Office Phone: ____________________ Home/Cell Phone: __________
Email Address: _____________________________________________

Description of Nominee’s Contributions/Activities:
Please attach supporting documents describing your nominee’s qualifications for the identified award—Resume, news articles featuring nominee, letters of support, volunteer work.

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Name of Nominator: ____________________________________________
Nominator’s Address: ___________________________________________
Phone: ____________________ Signature: _________________________

Your complete information will help the program committee get a full impression of your nominee.

Send completed nominations to: NASW-NYS Chapter Program Committee
188 Washington Avenue, Albany, NY 12210
Fax: 518-463-6446
Attn: Jacqueline Melecio
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September 20th: Trauma-informed Treatment: The Fairy Tale Model

Lawrence Shulman, MSW, EdD
October 6th: The Dynamics and Skills of Leading a Mutual Aid Support Group: Dealing With the ‘Difficult’ Member
October 7th: Interactivity: Dynamics and Skills for Individual and Group Supervision

Matthew Selekman, MSW, LCSW
October 8th: Pathways to Change: Collaborative Strengths-Based Brief Therapy with Challenging Children and Adolescents

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Call for Nominations: 2011 Social Work Awards
See page 32 for details

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