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*Executive Director Reinaldo Cardona, Central Division Director Mark Buttiglieri, Lifetime Achievement Award Recipient Marilyn Sharron, and NASW-NYS President Ruth Negrón-Gaines*

## Social Work Month 2010 Highlights

*Celisia Street, LMSW, Communications & Professional Development Associate*

### *At the Chapter...*

NASW Executive Director **Dr. Elizabeth J. Clark, ACSW, MPH**, inspired a crowd of over 300 social workers as the morning plenary speaker at our annual **Power of Social Work Conference** on March 12, 2010 in Albany, NY. Noted social work author, educator and lecturer **Dr. Lawrence Shulman** was the featured presenter at the 2010 conference, hosting a series of workshops designed to promote collaboration between NASW-NYS and schools of social work across the state. The conference was co-sponsored by the **Adelphi University School of Social Work**, and served as a launch pad for our NASW-NYS Scholars Program, a new outreach initiative aimed at enhancing our collaborative partnerships with schools of social work deans and members of their faculty.

The Chapter's **Spirit of Social Work Awards** ceremony was held at the luncheon during the annual conference for the first time to enable our colleagues from across the state to participate in the recognition of our award recipients. 2010 award winners were **Marilyn Sharron, LCSW-R, Lifetime Achievement**; **Nicole MacFarland, LCSW-R, CASAC, Social Worker of the Year**; **Gwen O'Shea, Public Citizen of the Year**; and **ERASE Racism, Inc., Agency of the Year**.

The Veterans' Mental Health Training Initiative, a project in which NASW-NYS has partnered with the NYS Psychiatric Association, and the Medical Society of the State of New York also recognized the contributions of **Colonel James D. McDonough, Jr., Director of the New York State Division of Veterans' Affairs** by presenting him with a **Public Service Award** for his invaluable support of the project.

continued on page 3...

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*Elaine Gross accepting Agency of the Year on Behalf of ERASE Racism*



*William Rockwood Introducing Social Worker of the Year Nicole MacFarland*



*Public Citizen of the Year Gwen O'Shea (second row center) with her students & supporters from CW Post*

## Social Work Month, continued from cover

### *Across the State...*

"From Radical Hope to Tea Party Radicals: Where does Social Work Fit?" was the keynote theme at the NASW-NYS Western Division's annual awards ceremony in Buffalo. The western New York publication *The Batavian* published a feature article on the division's social worker of the year, Donna Saskowski, executive director of the Genesee ARC. Division member Shirley Havice was presented with a longevity award in recognition of her 52 years of NASW membership.

Members gathered on Wednesday, March 3, 2010 at the Burgundy Basin Inn in Pittsford, NY for the Genesee Valley division's annual Social Worker of the Year Awards Dinner. The division's 2010 honorees were: Velma Campbell, LMSW, ACSW, Lifetime Achievement Award; Jed Metzger, PhD, LCSW, Social Worker of the Year; Gary Mervis, Public Citizen of the Year. Student of the Year for their respective institutions were Amanda Bisig, SUNY Brockport BSW; Theresa Klice, Nazareth College BSW; Sarah Roush, Roberts Wesleyan College BSW; Adrienne Anger, Roberts Wesleyan College MSW; Jeffrey Footer, GRC MSW and Lynn Ringholz, University at Buffalo-Rochester Extension MSW.

At the NASW-NYS Central Division's Social Work Month Celebration on March 30, 2010 the focus was on social work and health care were panelists discussed the impact of health care reform on social work practice. The event also commemorated the 100th Anniversary of the Social Work Department at Upstate Medical Hospital in Syracuse, NY.

The Mohawk Division held its annual Mohawk Valley's Annual Celebration of Social Work on Friday, March 19th at the Radisson Hotel in Utica, NY. Guest Speaker Peter Vogelaar, Executive Director of the Mohawk Valley Resource Center for Refugees spoke about "Welcoming Our New Neighbor into Our Community". Attendees were encouraged to support the Mohawk Valley Resource Center for Refugees by bring a donation for a refugee.

Members of the Westchester Division gathered at the Davenport Country Club on March 25th for their Annual Awards Dinner to celebrate their 2010 honorees: Social Worker of the Year- Sherry Saturno, DCSW, Distinguished Service to the Profession- Willie Evans, BSW, Merit Service for the Westchester Division- Ellen Blauner, MSW, Public Citizens of the Year- Joan Arnold and Joshua Koerner.

In celebration of Social Work Month the Nassau Division hosted a dinner with fellow colleagues from the Nassau County Department of Social Services on March 24th at Adelphi University in Garden City.

The Suffolk Division sponsored a Social Work Month Luncheon with the National Association of Puerto Rican Hispanic Social Workers on March 10th in Commack, NY which was filled to capacity!! The event featured a presentation on Heroin Use by Teenagers on Long Island: A Social Work Response. The topic drew such an overwhelming response that the division is planning to hold a second event on the topic in the coming months.

### **Final Thoughts...**

In closing another chapter in the history of celebrating Social Work Month, I would like to leave you with this thought. Highlighting the accomplishments of social work professionals and how we help support and improve the lives of those in our community doesn't have to happen just once a year. Opportunities like speaking at a community forum, writing an article for a local/organization publication, giving a news interview, presenting on a topic in your area of expertise (yes you are an expert on what you do!) may present themselves at any time. These are all ways to show who social workers are and educate others about what we do. We just have to be willing to seize the moment and act (and of course remember to say you are a social worker!).

**If Opportunity Knocks...Will You Answer the Door?**



# The Ethics Corner

## Creating agency policy to prevent ethical lapses

By Jed Metzger, PhD, LCSW

### Introduction

It has been well established that the social work profession is guided by our *Code of Ethics* (NASW, 1996, revised 200; accessible online at [www.socialworkers.org/pubs/code/default.asp](http://www.socialworkers.org/pubs/code/default.asp)). Discussions of ethical concerns are a regular part of the curricula at all accredited schools of social work and a regular feature in this newsletter. Yet ethical consideration of organizational practice areas remains a subject with limited coverage (Meacham, 2007). It is the perspective of this article that professional social workers are well positioned and obligated by the code to assist the organizations that employ them to help develop organizational/agency policy to prevent ethical lapses.

### Application of the code

There are two sections of the code that direct the social worker to consider ethics in relation to organizational practice; Section 3 “social workers’ ethical responsibility in practice settings” and Section 5 “social workers’ ethical responsibilities to the social work profession”. For a detailed review of the code and its application, a recommended reference is Fred Reamer’s *Ethical standards in social work* (1997), or the work of Lowenberg, Dolgoff & Harrington *Ethical decisions for social work practice* (2000) or perhaps a generalist text that has expanded upon the code including a macro type text such as *Generalist practice with organizations and communities* (Kirst-Ashman & Hull, 2001). Each of these provides a basic foundation for addressing the subject of ethics in organizations. These sources do well to discuss both specific practice behaviors and the critical importance of approaches to support the integrity of the profession. It is the experience of this author and the contention of this article that unless we as a profession, take an active role in promoting policies and a culture of the ethical workplace, that lapses will happen. Unless we are active and transparent about the central role that ethics plays in the day to day operations and practices of the agency then lapses occur (Meacham, 2007, Hirschorn, 1992). Although virtually every agency is multiprofessional, social workers are perhaps the most trained/qualified to lead efforts to create agency cultures of ethics.

### Application to practice

As a starting point, all social workers are encouraged to see if your organization/agency has a general policy related to a commitment to ethical standards and ethical relationships between the organization’s staff and the clients/consumers the agency serves. If that is not found approach your quality officer or similar high ranking manager and pursue the topic. After exploring (creating) a general ethical policy it is suggested that you help your agency develop a specific ethical relationships policy to ensure that the agency staff have clear guidelines as to appropriate relationships between themselves, the clients/consumers and the family members of clients/consumers. Finally, it is suggested that a similar set of ethical relationship policies be developed to ensure that agency staff have clear guidelines as to appropriate relationships between staff members with strong emphasis related to relationships between parties with supervisor (power) responsibilities (Congress, 1996; Phillips & Margolis, 1999).

With regard to relationships between staff and clients/consumers there are several specific prohibitions that the Code would direct us to follow that can be explicitly translated into agency policy. These include but are not limited to intimate or sexual contact, entering into financial or dual relationships, and engaging in illegal activity. With regard to relationships between staff it is clear from the Code that similar types of relationships are specifically forbidden. It is recommended that your agency adopt explicit written policies to this effect. In addition the agency is encouraged to develop policy on how to safely report a concern. Many agencies have moved to a “red flag” type of policy so that all staff members are charged to report any behaviors that raise concern regarding a relationship between a staff member and a client/consumer or between two staff members where there is a supervisory or unequal power relationship. Social workers are seen as vital to help an organization develop such infrastructure. Additionally the policy needs to have a distribution system so that it is presented and kept fresh to all staff members. Experience has proven that it is insufficient to have ethics policies that are not regularly reviewed and discussed.



# The Ethics Corner, continued

## Case Vignette

A staff member of a child welfare agency joined a community softball team and discovered that another player was the mother of one of the youth in the unit that he worked in. The staff member reported the situation to his direct supervisor (a licensed social worker) per agency policy. The supervisor reviewed the importance of maintaining confidentiality about the youth and family outside of work and the prohibition against intimate relationships with client/consumer family members. The staff expressed that they felt that they could abide by that and remained in this community sponsored activity.

## Discussion of the Vignette

The vignette was chosen to highlight some of the real life boundary ethical challenges that arise in agency practice. The vignette presents as a dilemma as it reflects a "grey" area and has numerous considerations. Under ideal conditions, the staff would be instructed to leave the team. Clearly the easiest way to not have a boundary issue is to remove the potential outside contact. In real life, especially in smaller communities this is not possible. It is actually here that the Code is most helpful, for instance in this vignette Standard 1.06 *Conflict of Interest* would seem to apply with the specific concern related to what is described as a "dual" relationship. Of particular concern is the potential "risk of exploitation or potential harm" (NASW 1996). The staff member in this case reviewed with their supervisor the agency policy, the supervisor reviewed the Code. As the staff member could clearly communicate back to the supervisor an understanding of the agency policy, the potential for risk and there was a sense that in a smaller community such interactions are very difficult to completely restrict, the staff member was instructed on how to uphold the policy and the decision was documented in the staff member's supervision log. Finally the supervisor informed her supervisor as a final check.

## Summary

Ethics and ethical dilemmas occur every day in the practice world. Organizational/agency staff and the organizations themselves need social workers to assist in the promotion of creating and maintaining an ethical culture. Creation of and lived policies related to ethics are one of the strongest ways to ensure an ethical culture.

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# Enrolling In Medicare As A Clinical Social Work Provider

Mirean Coleman,  
MSW LICSW, CT, NASW Senior Policy Associate

**U**nder The Omnibus Budget Reconciliation Act of 1989, clinical social workers became eligible as Medicare providers to seek reimbursement under Medicare Part B for the diagnosis and treatment of mental illnesses performed in an outpatient setting. In order to become credentialed as a Medicare provider, a clinical social worker must first meet the following requirements:

- Possess a Master of Social Work Degree or a doctorate degree from an accredited school of social work.
- Have a minimum of two years or 3,000 hours of post-master's experience in a supervised clinical setting.
- Have a clinical license in the state of practice. In the absence of a state license, a state certification is required.
- Have a National Provider Identifier Number.
- Have malpractice insurance.

## Application Process

Applications for enrollment may be submitted to the Internet-based Provider Enrollment, Chain and Ownership System (PECOS). PECOS is now the only method to apply to become a Medicare provider. It provides immediate tracking of the application process and reduces the enrollment process by 50 percent. Effective immediately, all clinical social workers who applied by paper to become a Medicare provider must now submit a PECOS application in order to remain active as a Medicare provider.

Upon meeting the requirements to become a Medicare provider, the clinical social worker should:

- Complete the Medicare enrollment application form, CMS-855I, for physicians and non-physician practitioners. An electronic copy of the CMS-855I is available online at [www.cms.hhs.gov/cmsforms/downloads/cms855i.pdf](http://www.cms.hhs.gov/cmsforms/downloads/cms855i.pdf). Should you have questions about the application process, contact the Medicare provider enrollment office in your region. A list of state Medicare provider enrollment telephone numbers and e-mail addresses is attached.
- Submit the provider application online. Each section of the application must be completed in order for the application to be processed; otherwise, it will be returned.

- Submit an Electronic Funds Transfer Authorization Agreement Form, CMS-588, with the application.
- Submit all supporting documentation including a copy of your professional license. All supportive paper documentation must be sent by postal service mail within seven days of the electronic submission.
- Sign and date the application. The certification statement must also be sent by postal service mail within 7 days of the electronic submission. The Medicare Administrative Contractor (MAC) will not process the electronic application without the signed and dated Certification Statement. Only original signatures are accepted in ink, preferably blue. Copied or stamped signatures are not acceptable. The effective date of filing a Medicare enrollment application is the date the MAC receives the signed Certification Statement.
- Retain a copy of the enrollment application for your files.

Although Medicare is a federal program, the MAC in each state or region governs the policies and procedures in its locality. Therefore, some discrepancies may exist among MACs regarding policies and payment for clinical social workers. Clinical social workers are currently reimbursed for psychotherapy services only under Medicare Part B. NASW is advocating for clinical social workers to receive reimbursement under Part A services, as well.

Clinical social work services are bundled in hospitals and skilled-nursing facilities and, therefore, are not reimbursable at this time.

Additional information about the Medicare enrollment process is available online at [www.cms.hhs.gov/MedicareProviderSupEnroll/](http://www.cms.hhs.gov/MedicareProviderSupEnroll/).

## DO YOU OR PEOPLE YOU KNOW WORK FOR THE FEDERAL GOVERNMENT?



Federal employees can support **NASW Foundation, CFC #12538**, in the Combined Federal Campaign (CFC). This pre-tax deduction is a great way to support charitable and educational social work projects.

Look for NASW Foundation under the "Women, Children & Family Service Charities" section. Learn more at [NASWFoundation.org](http://NASWFoundation.org).

NASW *Foundation*

## MEDICARE Provider Enrollment Centers\* (Northeast)

State	MAC	Telephone Number	Web Site Address
Connecticut	National Government Services	888-855-4356	<a href="http://www.ngsmedicare.com/">www.ngsmedicare.com/</a>
DC	Highmark Medicare Services	866-488-0549, option 1	<a href="http://www.highmarkmedicareservices.com/">www.highmarkmedicareservices.com/</a>
Delaware	Highmark Medicare Services	866-488-0549, option 1	<a href="http://www.highmarkmedicareservices.com/">www.highmarkmedicareservices.com/</a>
Maine	NHIC Corp.	877-258-4442	<a href="http://www.medicarenhic.com/ne_prov/contacts.shtml">www.medicarenhic.com/ne_prov/contacts.shtml</a>
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*\*Contact information may change without notice.*

## Legislative Update

### Family Health Care Decision Act

March 16, 2010 brought a nearly two decade long legislative battle to an end when NYS Governor David Paterson signed the Family Health Care Decisions Act (FHCDA). According to the Governor's press release on the subject the statute establishes "Protocol for health care practitioners to determine whether a patient in a general hospital or nursing home has decision-making capacity. When it is determined that a patient does not have decision-making capacity, the legislation requires the selection of a surrogate from a list of individuals ranked in order of priority, including family members, *domestic partners* and close friends. Various safeguards are required under the FHCDA to prevent inappropriate decisions, including procedures for a patient, family member or physician to assert objections to the selection of a particular person as a surrogate or to a decision made by a surrogate."

The Governor's comments also note, "The FHCDA does not apply to individuals without decision-making capacity who have developmental disabilities or who reside in mental health facilities, if health care decisions for these individuals can be made under other laws or regulations. For example, decisions about life-sustaining treatment are authorized under the previously enacted Health Care Decisions Act for persons with developmental disabilities. The FHCDA requires establishment of a special advisory committee to guide the Task Force in careful consideration of whether decision-making for these individuals should be incorporated into the FHCDA."

Details on the statute can be found on the Family Decisions Coalition website: [www.familydecisions.org](http://www.familydecisions.org)

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# Members in the News

## Healthcare Reform from a Social Work Perspective

Social workers in health care, and the implications of healthcare reform were the topics of a radio interview on March 21st with **Mark Buttiglieri, LCSW-R** who spoke with Upstate Medical University's *HealthLink on Air*, a weekly show on WSYR AM in Syracuse, NY. The show is available online & via Podcast at: [www.upstate.edu/healthlinkonair/podcasts/p.php?file=2010-03-19\\_03-21-10-nv](http://www.upstate.edu/healthlinkonair/podcasts/p.php?file=2010-03-19_03-21-10-nv)

Mark is the Director of Social Work at Upstate Medical University Hospital and currently serves as the Central Division Director on the NASW-NYS Board of Directors.

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## Social Worker Takes his Mission into the Homes of TV Viewers in NYC Area

Creator and host of the New York City cable public access program – *Talk Therapy Television* **Jacob Berelowitz, LMSW** is currently featured on NASW's SocialWorkersSpeak.org website. His programming is designed to educate the public about mental health issues and how to find care for themselves and loved ones. Berelowitz urges other social workers to create public access television programs in their community to highlight what they do. NASW developed the interactive SocialWorkersSpeak website to allow social workers and the general public to critique and improve the way social workers and social issues are covered in the news media, and portrayed in the entertainment industries.

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## Paul Ruchames



*Photo courtesy of NYRA)*

The Backstretch Employee Service Team of New York Inc. (B.E.S.T) announced in late March that Paul Ruchames has been named executive director of the organization, which provides a full range of health and human services to support workers in the barn areas at Aqueduct, Belmont Park and Saratoga.

Ruchames, a licensed clinical social worker with more than 30 years of experience, will oversee the daily operations of B.E.S.T, including the coordination of health benefits, provision of comprehensive, on-site counseling services for individuals and groups, and the management of on-site primary care clinics for backstretch workers at both Belmont and Saratoga. He will oversee nine full- and part-time staff members and more than 125 volunteers.

“Paul’s extensive counseling and social services background make him an ideal choice to lead B.E.S.T,” said David Smukler, B.E.S.T board member and senior vice president of Human Resources and Labor Relations at The New York Racing Association Inc. (NYRA).

“He has a proven track record of developing and advancing organizations, and his previous work in the Nassau County and Queens communities provides invaluable perspective on some of the issues facing backstretch workers in New York. We’re delighted to have him on board.”

“I’m very excited to have the opportunity to join B.E.S.T,” Ruchames said. “I feel my career experience to date has given me the foundation necessary to have a major, positive impact on the backstretch population. I look forward to working with all of the stakeholders connected to the racetrack and welcome their input.”

Ruchames is a current and long-standing member of the Long Island Recovery Advocates and the steering committee of the Nassau Division of NASW-NYS. In 2006, he was named *Social Worker of the Year* by the Nassau Division.



# Social Workers, Immigration Policies and State Benefits

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

## Introduction

Social workers may have a general concept of immigration requirements, but this area of law is both complex and volatile. U.S. laws and policies affecting the status of immigrants have evolved over time in response to various social, political and economic pressures. More recently, in the wake of welfare reform in the 1990s, and in the post 9/11 era, U.S. immigration policy has returned to an exclusionary focus that has turned toward conflating criminality and undocumented immigration status. Although immigration laws are within the exclusive purview of the federal government, a number of states have attempted to address concerns about violations of immigration law by residents by passing various exclusionary measures. This may create legal questions and ethical dilemmas for social workers who work in programs or areas serving immigrants. When social workers are used as enforcers of exclusionary government policies to the extent of “turning in” violators, valid questions may be raised about the extent a social worker may meet both legal and ethical obligations. This Legal Issue of the Month article reviews recent legal policy as enacted by U.S. Congress, the state of Arizona and related interpretations of the law regarding immigrants’ eligibility for public benefits, documentation and reporting requirements.

## Background: Federal Laws

Federal welfare reform in the form of The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 and the changes to immigration policy that were passed the same year in the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, in combination, created a set of exclusions from public benefits for immigrants (Broder, 2005). The federal laws created defined categories of immigrants for determining eligibility for federal benefits as “qualified” or “not qualified,” and later added a category for victims of human trafficking that placed them on the same basis as refugees and asylum seekers. A core of benefits for which all U.S. residents are eligible regardless of immigration status has been defined in federal law. Regardless of the restrictive limits placed on other benefits administered by the states, local governments, or

the federal government, access to the following services and benefits is to be provided:

- Emergency medical care
- Short-term, in-kind disaster relief
- Immunizations and treatment of communicable diseases
- In-kind services provided at the community level for the protection of life and safety
- Certain types of housing assistance

(8 U.S.C.A. § 1621, A.G. Order No. 2353-2001).

In addition, widely available services such as police and fire services, or recreational services and the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) are available to anyone regardless of immigration status.

## State Example: Arizona Immigration Laws and Public Benefits

Arizona has been the focus of numerous initiatives, legal and extra-legal, to address both the needs of the immigrant community and to curtail what are perceived to be the problems related to immigration by undocumented persons, primarily those passing across the southern border of the U.S. with Mexico, or those overstaying previously valid visas. In 2004, Arizona voters passed the Arizona Taxpayer and Citizen Protection Act or “Proposition 200,” (codified at Arizona Rev. Stat. § 46-140.01 et seq.). This statute requires reporting of undocumented immigrants to federal officials by government employees upon receipt of information confirming a person’s undocumented status and criminalizes the failure to report as a misdemeanor. Specifically, section 46-140.01 (2005)) requires state government employees to verify identities of applicants for “state and local public benefits that are not federally mandated” and to transmit written reports to federal immigration authorities of “any violation of federal immigration law by any applicant for benefits” (A.R.S. § 46-140.01(A)(1), (4)). The enforcement provisions of Proposition 200 provide for the imposition of criminal misdemeanor charges for employees who fail to comply or supervisors who fail to direct employees to comply. In addition, a private right to bring legal action to enforce these provisions was

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# 'Healthy Living' Program For Native American Youth Developed By UB Social Work Researcher

**H**ilary N. Weaver, professor and researcher at the University at Buffalo School of Social Work has developed and tested a "wellness curriculum" designed to improve the health of Native American urban youth shown to be at higher risk to develop health problems, including cancer.

Weaver, whose professional interests include multicultural social work and social welfare policy-- in particular for Native Americans, tested her "Healthy Living in Two Worlds" wellness plan with 16 Native American youths between the ages of 9 and 13 staying at a summer camp.

The wellness curriculum, which targets the children's diet, exercise habits and recreational tobacco use, earned the approval of parents of the children attending the summer camp. Now, Weaver's team will study the possible benefits of the health program and develop a plan that can be used with other Native American youth.

Native youth in Buffalo and Niagara Falls and their caregivers were interviewed for the study, funded by the National Cancer Institute, to find out more about their health behaviors and home environments, Weaver said. Prior to the study, this information had not been collected on urban Native American youth in the Northeast.

This information was then used as a foundation for developing Weaver's "Healthy Living in Two Worlds" curriculum. "This program targets an urban population," says Weaver, who grounded her program in the culture of the Haudenosaunee tribe prominent among Western New York Native Americans. "Native populations in cities are generally overlooked by programs and funding streams, even though the majority of Native people have not lived on reservations for a long time now.

"The primary goal was to gather information on health behaviors, then use this information to shape a culturally grounded wellness intervention," she says. "This is a first step in a larger process, rather than a project designed to produce generalized knowledge.

"The next step is to take what we have learned here, refine the curriculum and see if it can be developed as an effective template that can be adapted for use with different urban Native American communities and different segments of Native populations, including hard-to-reach youth."

The project seeks to address three major risk factors for cancer: diet, use of tobacco and a sedentary lifestyle. All are behaviors people can change to decrease their risk of developing cancer, Weaver says.

"Unfortunately, Native Americans are particularly high on all these risk factors," notes Weaver, who is Native American. "We smoke more than other populations -- and often at a younger age. We are now also considered to be the most obese population in the U.S., which says a lot about poor diet and being sedentary."

Weaver says targeting this age group is "ideal" for instilling life-long habits to increase healthy living. "Young people these ages are faced with choices about smoking and are making more choices about what they eat," she says. "This also is a good time for them to develop good habits around being physically active. The combination of targeting this age group, these risk factors and a population that has particularly high behavioral risk factors makes for a solid overall wellness initiative with the potential to decrease cancer risk in the future."

## Healing Together with Others Groups for Sexually Abused Women

Group Leader

Agnes Wohl, LCSW, ACSW

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# Getting the Most from Your Online Directory Listing to Build Your Private Practice



by Lynne Spevack, LCSW  
Practice Building Consultant  
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**A**s a practice building consultant, I'm often asked whether advertising works. I'm afraid I have to disappoint those looking for a simple "yes" or "no" answer. As with many things, it depends. But if you decide to try advertising your practice in one of the many online internet therapist directories, there are strategies to employ that make it more likely to be a fruitful endeavor. For those unfamiliar with online therapist directories, I'll provide an overview; then, I'll offer you some tips about how to get the most out of your directory listing. You may want to read – or re-read – this article with an internet connection nearby, so you can scope things out online as you're reading about them.

Online therapist directories and other internet based advertising have virtually usurped paper advertising such as classified ads in newspapers and the yellow pages. Online directories are today's yellow pages, providing consumers with a way to locate and compare the offerings of clinicians practicing in their neighborhood. Online directories generally charge a flat monthly or annual fee to clinicians who post a description of their practice in a database that prospective clients can search by location and other relevant factors. Each database listing follows its own format, but generally includes some standard options like a photograph, a series of checklists that aim to provide a quick overview and that may include populations served (e.g., age, sexual orientation, languages, etc.), modalities offered (e.g., individual, couples, groups), practice specialties, and the opportunity to compose a narrative description of one's practice, a professional statement generally limited in length to a couple of hundred words. Taken together, this is the practice profile.

Many online directories are profit-making endeavors. Some are affiliated with a professional membership organization: the Eastern Group Psychotherapy Society, The American Association of Christian Counselors, The International Network of Orthodox Mental Health Professionals (aka NEFESH) and the Professional Association of Muslim Mental Health, all maintain online membership listings available for public use. Some online directories focus on a



**"Online therapist directories and other internet based advertising have virtually usurped paper advertising. Online directories are today's yellow pages."**

particular therapeutic approach, listing program graduates or clinicians demonstrating expertise in that method (e.g., the Academy of Cognitive Therapy, EMDR.com, The Gottman Institute). Some organizations devoted to providing information and advocacy regarding a particular concern provide directories of expert professionals; CHADD (Children & Adults with Attention-Deficit Hyperactivity Disorder) is one such example. And some enterprising clinicians have joined forces to create online directories, including AfricanAmericanTherapists.com and the Hudson Valley Guild of Mental Health Professionals. Others might consider following their example, pooling resources to more readily and affordably obtain a professional presence on the internet.

Not all online therapist directories are alike. One significant difference is the amount of "traffic" each of them gets: how many potential clients visit the site? how long do they stay? do they use the directory? how many of them "click through" to visit specific therapist profile pages? However,

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# Immigration In Suffolk County

**Abraham Valentin, Jr., LCSW-R, CASAC**

*Suffolk Division Director, NASW-NYS Board of Directors*

What is all the commotion about immigrants in Suffolk County? Our county has seen an increase in Hispanic immigrants from various Central and South American countries, Mexico and some Caribbean Islands. Most Central Americans living in Suffolk County come from El Salvador, but there are others from other Central and South American countries. Our new neighbors are people of color, speak a different language, and have a different culture from mainstream citizens of Suffolk County. They have emigrated to the U.S. seeking a better life and to pursue the American dream as generations of previous immigrants have done. Our American history has taught us that when new immigrants come to the *Land of Opportunity*, it generally brings about xenophobia. This has happened at some point in our history to every immigrant group coming to our United States of America. So along with a fear of strangers and prejudices, our newer immigrants face insurmountable obstacles.

Many myths about the new immigrants continue to be perpetuated. Some of the common beliefs assert that:

- Immigrants want to usurp American culture and do not wish to become *American*.
- Immigration to the United States is fair and uncomplicated.
- Immigrants are detrimental to the economy, do not contribute taxes and services, and take jobs away from hard working American citizens.
- Congressional bills like the Secure Fence Act, go a long way toward curtailing undocumented immigration and secures the country's best interest.
- Immigrants do not care about native born workers.
- Immigrants are out of step with the rest of America.

While there are many facts available to dispel these myths I will merely encourage you to refer to my references at the end of this article for further and in depth discussion. Nonetheless, one can see that given the pre judgments that exist, becoming an American citizen can be very difficult for our Hispanic newcomers.

The present state of affairs does not have to continue the way it is. Many have acknowledged that our immigration

system is broken and in need of reform. It is the hope of the Hispanic community and many other Americans that this reform will take place soon. Seeing the debate on Healthcare Reform, one can sense that tackling this issue will be challenging, but is something that our nation needs to address.

Recently, the U.S. House of Representatives proposed an Immigration Reform Bill. In December Congressman Luis V. Gutierrez introduced the Comprehensive Reform for America's Security and Prosperity Act of 2009. It is expected that Senator Charles Schumer will be introducing his version of comprehensive immigration reform in the US Senate.

Some highlights of the Gutierrez bill include:

- **A Legalization program** for qualified undocumented immigrants (and their spouses and children) who would first receive a conditional nonimmigrant visa which is valid for six years, after which they could apply for legal permanent residences and eventually becomes U.S. citizens. The DREAM Act and AgJOBS are included.
- **Promotion of family unity** through measures to keep U.S. families together. The bill contains several measures designed to reduce long backlogs in family and employment immigration and nonimmigrant visa processing as well as other measures to prevent families from being separated.
- Reforming the **legal immigration system and creating new legal channels** through the Prevent Unauthorized Migration Visa (PUM Visa) that seeks to provide for safe, humanitarian migration. A new Labor Commission would also be created to make recommendations on future legal immigration flows. The bill reforms temporary workers programs and includes measures to protect U.S. workers.
- **Reforming enforcement activities** by seeking to ensure due process, judicial review, and other protections during enforcement activities. Repeal the 287(g) program.
- **Border security provisions** which seeks to enhance border security and effective

immigration enforcement in close collaboration with border communities.

- **Improving conditions of detention** provisions which seeks to improve detention conditions, and to protect U.S. citizens, LPRs, and vulnerable populations.
- **Improving the naturalization process and integration** to encourage citizenship among immigrants communities by providing for uniform administration of the naturalization exam, creating incentives for English language acquisition programs and requiring timely response on background checks and evaluating their efficiency.

While many more proposals are expected in the House and the Senate in the year ahead, Congressman Gutierrez's immigration reform bill is a good starting point for Congress to thoughtfully and sensibly craft real immigration legislation that seeks to solve our immigration problems, which have plagued our broken system for far too long.

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# Relevant Excerpts from the NASW CODE OF ETHICS

## 1.05 Cultural Competence and Social Diversity

(c) Social workers should obtain education about and seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, and mental or physical disability.

## 4.02 Discrimination

Social workers should not practice, condone, facilitate, or collaborate with any form of discrimination on the basis of race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, or mental or physical disability.

## 6.04 Social and Political Action

(d) Social workers should act to prevent and eliminate domination of, exploitation of, and discrimination against any person, group, or class on the basis of race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, or mental or physical disability.

# Welcome New NASW-NYS Members

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## Getting the Most from Your Online Directory Listing to Build Your Private Practice, continued from 11

this information may be hard to come by; some directories offer such information (GoodTherapy.org is one of them), but others do not.

Generally, I recommend that clinicians consider paid advertising to be something of a gamble, and to be prepared for the possibility of losing their investment. However, online advertising is (currently) pretty affordable (I've seen prices ranging from \$130 up to \$720 per year), and many online directories make it even less risky by offering a "free trial" period or a time-limited money back guarantee. If you're considering advertising with a directory that is not offering such an incentive, you might try asking them to match another company's offer. While some directories contract for a full year at a time, many of them operate on a monthly basis.

With many different factors involved, it's difficult (if not impossible) to know whether an online directory listing

will work for your practice. I suggest that you decide in advance how much time and money you're willing to invest in the listing before determining whether or not it's successful. Marketing experts advise us that prospective clients may not call until they've had several exposures to the marketing materials. Furthermore, launching your directory listing at a time when business is typically slow (for example, during the summer months) may initially affect your results. So, plan to maintain your listing for a pre-determined, minimum period of time to allow for an adequate run before assessing whether it's profitable. Some patience may be required; as with many marketing activities, I find that clinicians often feel inclined to give up prematurely. Be prepared for the possibility that you may lose money, but also bear in mind that it's sound practice to have a budget set aside for marketing, and that online advertising is a fairly modest and reasonable marketing gamble.



# In Memoriam



## Dr. Eddie Davis, ACSW

Dr. Eddie Davis passed away on March 6, 2010 in Buffalo, NY. Dr. Davis was an Associate Professor in the Social Work Department at Buffalo State College.

Dr. Davis's areas of special interest and research included youth violence, minority content in social work, effects of social policy on psychosocial development, and family dynamics. Prior to moving to Buffalo in August of 1994, his community involvement included Detroit Head Start Advisory Board, WTVS Channel 56's City for Youth Program, political campaign manager for a Chicago city councilman, and tenants' union organizing in Chicago and Salt Lake City. Dr. Davis's experience in the field also included being a member of the social work faculty at Morgan State University, Federal City College, University of Illinois at Chicago, Western Kentucky University, and Wayne State University. His experiences in the field include the Illinois Department of Mental Health, The Depot (therapy with families and troubled youth), ECHO Mental Health Center, and Project Reality as a drug counselor and therapist in Salt Lake City. Dr. Davis was a Gold Member of NASW with 40 years of membership.

His favorite words to live by were: "Enjoy the adventure called life!" and "No regrets!"

## Billie Jean Anshen, LCSW, CMC

Billie Anshen passed away on Sunday, February 28, 2010 at Calvary Hospice after a long battle with cancer. Billie earned her Master's Degree in Social Welfare from SUNY at Stony Brook and completed a Post Master's Program in Gerontology at Adelphi University. Billie career of service with seniors and their families spanned more than 30 years. Billie was the founder and Director of Senior Care Consultation Service in Suffolk County, NY.

Before founding SCCS in 1991, Ms. Anshen served as Director of Social Work and Discharge Planning at three acute-care hospitals in the New York metropolitan area. She was also trained as a court evaluator and guardian by the New York State Bar Association and had been an active member of the National Association of Professional Geriatric Care Managers since 1991.

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## Getting the Most from Your Online Directory Listing, continued

Ultimately, you'll want to evaluate whether or not your online directory listing is getting an adequate return on investment (ROI). To do so, you'll need to develop a system to track your intakes, identifying how new clients located you and how much money you earned from this (and any other) referral sources. This can be a simple paper or electronic intake log, with columns noting the date, referral source, and some indication of the profitability of each referral. Even if you determine that your directory listing is getting a good ROI, it's wise to periodically re-evaluate its profitability. Marketing is dynamic, and the profitability of any marketing method may change over time. For example, as more clinicians discover online directories, it's possible that the market will become diluted, with each clinician receiving fewer referrals. For this reason, it's important to

diversify one's referral sources, and not to rely too heavily on any single marketing method or source.

If you're not certain which of the many directories to advertise with, you can use a search engine like Yahoo, Bing or Google to help you decide: pretend you are a prospective client looking for a therapist in your area, and identify a combination of terms that includes your location (city, town, zip, etc.) together with terms (perhaps "counselor," "psychotherapist" "marriage counselor" or "therapist locator") that you imagine a potential client might use in searching for your services. If you have a particular practice niche, include this in your search. Keep in mind that the internet is a very dynamic advertising environment, and that this same exercise may yield different results at another time.

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# Getting the Most, continued from page 15

Once you've identified a few possible directories, use each directory's internal search function to identify other clinicians in your zip code. (Here in New York City, clinicians should avoid using a zip code that's assigned to a single building, instead using the zip code for the surrounding neighborhood – both for this exercise and later when composing their directory listing.) You might want to consider listing your practice in a directory that has fewer local clinicians listed, particularly if you believe that directory gets adequate traffic.

Skimming through the contents of several directories will also help you prepare to compose your own directory listing. When providing the results of your search for clinicians in a particular zip code, the directory will list, on a single page, brief summary profiles for several clinicians practicing in (or perhaps near) that zip code. Each of these summaries provides you with the opportunity to click through to another directory page showing that clinician's full profile, generally on a single web page. As you read through your colleagues' listings, you'll get a sense of how to compose your own profile. For example: notice that in many directories just the first few sentences of the clinician's professional statement will appear on that first summary page. Aside from basic demographic data (like your zip code and gender) one of the most important ways to distinguish yourself from the others is by what you say in those first few sentences. In composing your narrative, you'll want to pay special attention to crafting those first couple of sentences with an eye towards engaging the reader to be interested in learning more about your practice.

Once you have identified a particular directory to join, read through the profiles of the other clinicians working near your office with an eye towards determining how you can set your practice apart from theirs. Sometimes this will be easy: there may be something inherent to your practice - your gender or location or a second language - that sets you apart from your peers. For others who are looking to begin or expand their managed care involvement, the distinguishing factor may be participation in a managed care panel that others in your location are not accepting, or a notation that you are accepting new clients, or that you have weekend or evening hours available.

Another way to distinguish your practice from those of your neighboring colleagues is to highlight a particular niche or skill that others don't have or emphasize. If other local clinicians identify themselves as generalists who see everyone for everything, you might distinguish practice by identifying yourself as a specialist in one particular arena: couples counseling or child therapy, for example. Even if

your skills and interests are similarly broad, the prospective client might be more inclined to seek out the services of a specialist rather than a "jack of all trades." (For an in depth discussion about niche marketing, see the article "Niche Marketing: Is it Right for Me?" in the January/February 2010 issue of *Update*, at [www.naswnys.org](http://www.naswnys.org))

Having done some preliminary strategizing, you're now ready to create your own professional profile. I recommend that you craft and gather all the elements in advance, so that you're not making decisions and composing your narrative on the fly. You can get a good sense of what checklist items you'll be completing by reviewing other profiles. Once you've compiled all of the elements of your professional profile, entering the information into the directory should be pretty easy, and will probably take less than a single 45 minute session. Keep in mind that the directory should provide you with the opportunity to make changes to your profile, so it's not necessary to get everything exactly right the first time around. And because you can readily make changes, you can experiment; for example, if you're not sure whether to offer a free phone consultation or a phone number and/or an email address, you can try doing it one way, knowing that you can easily change your decision at any time.

One way to get better results from your online listing is to include both your email address and a phone number in your listing, providing prospective clients with the broadest range of options for contacting you. Many of the directories make the decision to include an email address easier by providing a link to permit prospective clients to send you an email without revealing your email address on the web (which might subject you to an onslaught of spam emails). If contacted by email, I recommend that you follow up by planning a phone call, and avoid discussing personal matters by email, in light of the advice of experts who warn us that email communications don't afford sufficient privacy. Be diligent about checking frequently for email and telephone messages; clients will often choose the first therapist who responds. If you are too busy to talk at length, then take a moment out of your schedule to arrange a later time to speak at length.

Some clinicians fail to include a professional statement and photograph with their profile. You're likely to get better results if you include both. If you've omitted (or feel inclined to omit) these elements because the process feels overwhelming, then take it one step at a time, but don't neglect to complete all of the elements of your profile – if you do, your listing will look unfinished to prospective clients.

# Getting the Most...continued

In preparing your profile, take some time to “tune in” to your audience, just as you would in preparing to meet a new client. When composing your narrative, consider the questions and concerns that a prospective client is likely to have; you may decide to address these in content, tone, or both. Consider identifying one consistent tone to convey throughout the various elements of your profile. Do you want to appear dignified? friendly? professional? professorial? Aim to have your photograph and professional statement work together to offer a unified impression. For example, a clinician who wants to convey informality and friendliness might write in the first person and post a smiling photo taken outdoors, while a clinician aiming to convey a more dignified persona might sit for her photo dressed in a suit, wearing a more somber expression and posing in front of a plain background or in an office environment, and might compose the narrative in the third person.

Even if you are camera shy, I encourage you to include a photograph of yourself with your profile. (If you prefer not to, then consider posting a graphic or picture rather than leaving the dummy silhouette in place.) Most directories make it easy to upload a photograph stored on your computer in a standard format (e.g., JPEG, BMP) using a “browse” function that you’re probably familiar with from sending email attachments. The photo should be a headshot, with a clear view of your face and perhaps your shoulders. Make certain that your photograph is well lit – don’t hide in the shadows. A color photograph is best. Avoid backgrounds that upstage you. Let the viewer see your eyes: if shot outdoors, don’t hide behind sunglasses, and if you wear eyeglasses, make sure that the flash or other light isn’t reflected in your glasses. Some directories will offer you the opportunity to size and crop your photo.

In writing your professional statement, keep in mind the word limit and format of the particular directory you’re joining. For example, some directories may divide your statement into several sections, and some will automatically insert headings for each of the sections; you’ll want to ensure that your statement works with the directory’s format. If it permits you to write at length, consider breaking the narrative up into several paragraphs and including a list or using bullet points; an uninterrupted block of text may drive away some potential clients.

In composing your narrative, avoid repeating information that will be provided elsewhere in your profile, in the heading or checklists. Generally speaking, it’s best to avoid referring to diagnoses, treatment methods and other professional jargon. Most clients are less concerned than we and our colleagues are about credentials (like the BCD

or CASAC) and methods (like EMDR). Instead, try tuning into what a prospective client is likely to be thinking and feeling, and write with this in mind. Consider emphasizing benefits rather than problems, and framing problems in non-stigmatizing terms.

Once you’ve prepared a statement and digital photograph for uploading, you’re ready to log on to the website to add your listing to the directory. With for-profit directories, you’ll probably need to have your credit card handy; even if you’re getting a free trial, the organization may require a credit card number. Have other relevant information handy: you’re likely to need your professional license number and perhaps the registration expiration date and information about your professional malpractice insurance coverage. Most directories make it easy to enter the necessary information; however, if you’re concerned about being able to navigate through the set-up process, you can plan to enter the data during business hours (remember to check the time zone of the directory’s home office), when a staff member can answer your questions and walk you through any unfamiliar terrain. Keep in mind that most directories allow you to easily make corrections and changes to your listing. (I recommend that you consider not listing the exact street address or room number of your office, to avoid the possibility of unannounced walk-ins.)

Once you’ve completed your profile, you’ll want to see how the assembled parts look to potential clients. Some directories will offer you the opportunity to “preview” your listing as you compile its elements, making it easier to go back and forth to make the necessary adjustments. Once you’re satisfied, test the listing by returning to the home page (as if you were a prospective client) and searching for clinicians matching your profile demographics (e.g., zip code, etc.), to ensure that your listing is working properly.

Finally, if you have a professional website, be sure to include the URL in your directory listing. Providing a link to a webpage improves the effectiveness of the listing. If you don’t yet have a website, knowing this may motivate you to investigate creating one; even a simple webpage or a website of just a few simple pages can improve the results of your online listing. Using a template to create a website makes the process quick and inexpensive. In short, the more information you provide – an email address and phone number, a professional statement, a photograph, and a link to your website – the more effective your listing will be.



# Social Workers, Immigration Policies and State Benefits, continued from page 9

created. Thus, the incentive for social workers employed by state and local government agencies to understand and follow the immigration reporting law is not insubstantial. The requirements of Proposition 200 have alarmed many social workers who are responsible for assisting applicants for public benefits and those who may refer clients to public agencies in order to apply for benefits. Should an applicant for public benefits remain silent when asked for verification of immigration status or make a statement that no documents are available? A subtle distinction between silence versus answering “no” has become a focal point of Arizona law. What may have previously been an insignificant consideration for applicants who are likely to be stressed, ill-informed, and non-native speakers of English, may now form the basis of a life-altering decision for themselves and their families. Arizona social workers who provide services to immigrant clients face serious and complex legal and ethical dilemmas related to the implementation of Proposition 200 and HB 2008. A question has also been raised as to whether public programs that use private funds fall within these mandates as well. The legality of Proposition 200 has been challenged, interpreted and re-interpreted with a focus on which specific benefit programs require eligibility verification that could lead to a possible reporting obligation and which programs do not require verification. Social worker employees within public programs also need an understanding of what can and cannot be said in communications with applicants for various programs. Proposition 200 has littered the legal landscape with multiple lawsuits and appeals (in federal and state courts), opinions of the Arizona Attorney General, and Executive Orders issued by the Arizona Governor.

The Arizona Attorney General, in Opinion No. I04-010 (Nov. 12, 2004), narrowly interpreted Proposition 200 as applying only to those “state and local public benefits” contained within Arizona’s Title 46 welfare programs that are “subject to federal eligibility restrictions in 8 U.S.C. § 1621.” A key aim of this interpretation was to avoid conflict with applicable federal laws that preempt state law regarding immigration matters. Shortly thereafter, the Arizona Governor issued Executive Order No. 2004-30 requiring state agencies to comply with the new law as consistent with “relevant judicial opinions, and the opinions of the Arizona Attorney General” (Napolitano, 2004). After various court challenges, the Arizona legislature passed HB 2008, which provided a broader

definition to the phrase “state and local public benefits” than the Attorney General’s Opinion and applied to “federal public benefits” as well. Based on this, a pending Court of Appeals case was dismissed on December 8, 2009 as moot (*Yes on Prop 200 v. Brewer*, 2009), holding that the “same identification-verification requirements imposed by the Act expressly apply to the much wider set of public benefits urged by appellants.”

An opinion of the Arizona Attorney General as to details for implementing HB 2008 was requested by the Arizona Department of Administration (Correspondence, Nov. 20, 2009); however, it has yet to be issued.

In November and December 2009, the Arizona Department of Economic Security, Family Assistance Administration (FAA) issued several Policy Broadcasts related to HB 2008 that have been incorporated into its Policy Manual at <https://www.azdes.gov/faa/Policy/Default.html>. Policy Broadcast 09-37b (issued December 9, 2009) clarified for FAA employees that they **should not request additional information** if an applicant does not provide immigration documents or refuses to answer questions about their non-citizen status. If the applicant declares that they are residing in the U.S. illegally or provides ICE documentation of an immigration violation, then the employee is directed to file a report of a violation with the agency’s Office of Special Investigations and Immigrations and Customs Enforcement (ICE, formerly the Immigration and Naturalization Service or INS).

## Arizona Social Work Laws

Social workers should be familiar with the licensing laws and regulations that may form a basis for disciplinary action when weighing how to respond to a legal requirement that may have negative implications for clients’ welfare. Arizona Revised Statutes § 32-3251 lists the several bases for professional discipline of Arizona-licensed social workers. Among these is A.R.S. §32-3251(12) that identifies as unprofessional conduct: “(k) Any conduct or practice that is contrary to recognized standards of ethics in the behavioral health profession or that constitutes a danger to the health, welfare or safety of a client.”

It is therefore necessary to turn to NASW policies, the Code of Ethics and practice standards to determine the guiding principles for “unprofessional conduct.”

### • NASW Code of Ethics

In general, ethical considerations for social work practice

# Social Workers...continued

that relate to state or federally mandated reporting of immigration violations by applicants for public benefits include:

- Maintaining the clients' interests as primary
- Promoting self-determination
- Protecting privacy and confidentiality
- Providing competent services and making appropriate referrals
- Maintaining commitments to employers (NASW, 1996, rev. 2008).

It is noteworthy that the *NASW Code of Ethics* was amended in August 2008 by the Association's Delegate Assembly to prohibit discrimination based on "immigration status." The "immigration status" provisions are addressed in four sections of the Code of Ethics: 1.05 Cultural Competence and Social Diversity; 2.01 Respect; 4.02 Discrimination; and 6.04 Social and Political Action (NASW, 1996, rev. 2008).

In addition, the *NASW Code of Ethics* directs social workers to "generally... adhere to commitments made to employers and employing organizations...to work to improve employing agencies policies and procedures... and take reasonable steps to ensure that employers are aware of social workers' ethical obligations as set forth in the *NASW Code of Ethics* and of the implications of those obligations for social work practice." Further, "Social workers should not allow an employing organization's policies, procedures, regulations, or administrative orders to interfere with their ethical practice of social work. Social workers should take reasonable steps to ensure that their employing organizations' practices are consistent with the *NASW Code of Ethics*" (NASW, 1996, rev. 2008).

## • NASW Practice Standards

Relevant practice standards to address these issues include the *NASW Standards for Cultural Competence in Social Work Practice* which require social workers to "be knowledgeable about and skillful in the use of services available in the community and broader society and be able to make appropriate referrals for their diverse clients....and to "be aware of the effect of social policies and programs on diverse client populations, advocating for and with clients whenever appropriate" (NASW, 2001).

## • NASW Policy Statements

NASW develops organizational policies on matters of public or professional significance. The Association's policy on immigrants supports a number of specific goals, including several that are directly relevant to undocumented immigrants and their families:

- Guarantee the human service and education needs of all children are met regardless of their or their parents' legal status.
- Ensure access to emergency health and mental health care for all immigrants.
- Ensure appropriate immigration-related services to undocumented minors in foster care, and, if they are eligible, adjustment of their status before they leave foster care.
- Provide for efforts to remove penalties on the children of undocumented immigrants for their parents' actions.
- Protect all immigrants from family violence, including the undocumented, with provisions to protect women from gender-specific forms of violence.
- Oppose mandatory reporting of immigration status by health, mental health, social service, education, policy, and other public service providers (NASW, 2009).

## Analysis and Conclusions

As interpreted through state agency policies and the *Yes on Proposition 200* decision, Arizona Rev. Stat. § 46-140.01 applies to a broad range of public benefit programs. The *NASW Code of Ethics* creates an expectation that even in circumstances where a legal requirement mandates the disclosure of client information, the client is to be informed, if feasible, before the disclosure is made, of the effects and/or consequences of disclosure. Consistent with acceptable principles of social work practice, it may be appropriate to notify clients in advance of how the new law works so that they will be informed when making a decision whether to remain silent when asked for verification of immigration status or whether to answer "no" if they have no documentation of their status.

Given the seriousness of the consequences for applicants and their families if they report an immigration violation, the importance of language competence for social workers is heightened. The presence of professional interpreters or the use of social workers who speak the applicants' language may be a critical factor in assuring that individuals understand the subtle distinctions they are being asked to make when responding to the worker's questions about eligibility for benefits. Social work administrators may need to seek additional guidance as to how notice may be worded and the use of Spanish for written materials related to the immigration reporting requirements

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# Social Workers, Immigration Policies and State Benefits, continued from page 19

in Arizona. Regardless of immigration status, residents of the United States have the right to a core of benefits and services as defined in federal law and the Arizona law (or any other state's law) does not interfere with or limit the federally established right.

Immigration laws affect families in numerous settings where social workers practice, including child welfare, domestic violence and labor organizing. Social workers should be knowledgeable about the tools and resources applicable to their client populations, especially in the areas of legal complexity where families are extremely vulnerable to exploitation and separation. Social workers and administrators in all the states need to monitor proposed legislation and policy changes as they relate to immigrant applicants for public benefits in order to effectively advocate for workable eligibility criteria that is applied humanely and in accordance with social work values and practice standards.

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**It is important to remember that parents applying for benefits for their children are not required to provide proof of their own immigration status if the children will be the only ones receiving benefits. For household-based programs such as food stamps and cash assistance, benefits workers should provide an opportunity for members of the household to be designated as “non-applicants.”**

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