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From the Executive Director



Our summer has drawn to a close. For some of our communities, the summer of 2015 was a time of reflection and response.

Ten years have passed since hurricanes Katrina and Rita made landfall on the coast of Louisiana. During the last week of August, national media came to New Orleans to broadcast the recovery of the area around New Orleans. The region has indeed come a long way; however, there are parts of the communities of New Orleans that are still struggling with recovery. Some of the media coverage brought back painful memories and one would envision that those who are in treatment may be dealing with some post-traumatic stress situations.

To the west, the communities impacted by hurricane Rita will also experience an opportunity to look back. However, I doubt that there will be the flood of national media when they have their community gatherings and events. In 2005, the citizens in that area were being impacted while they were providing shelter and support to some who had evacuated from New Orleans. Our state and profession learned a great deal relative to response and recovery. Collectively, we lead by example.

The profession also read in horror the story of the social worker from Vermont that was shot and killed outside of her office building. The NASW national office began to receive requests for information relative to worker safety. Dr. Angelo McClain encouraged us all to review the Guidelines for Worker Safety (<https://www.socialworkers.org/practice/naswstandards/safetystandards2013.pdf>). We posted on our Facebook page the link to the published standards/guidelines for worker safety. Also, Lynn Hagan contacted our Chapter and she agreed to allow us to republish her article on worker safety from one of the issues from a specialty practice section. That document is contained in this newsletter as well. Thank you Lynn.

The country has experienced shootings and we have all seen these episodes on the afternoon news. It saddens me that this has become the fabric of our society. Who would have imagined that we would experience this type of trauma in a movie theater in Lafayette and then watch in horror when a small community 10 miles away would also see stabbing, law enforcement officer killed, and rumors of possible hostages? We also read and responded when a state trooper was senselessly murdered performing his duty. We have seen high profile domestic violence deaths in communities statewide. We have read of child fatalities and near fatalities and had to explain confidentiality provisions. Through all of this, our social work community has responded. I am in awe of each and every one of you who have provided support, comfort, knowledge and prayers.

Following a post on our Facebook page, one of our members summed it up beautifully. She mentioned the Acadiana area but in my opinion, it is reflective of social workers throughout the state.

“We have a very strong social work community in Acadiana...we advocate, support and educate...we are the voice of the voiceless and make each other accountable in the profession! And we stand strong on ethics by doing the right thing and leading by example. -- Sarah Jane Hyde, LCSW-BACS.”

Proud to be a professional social worker!



World Mental Health Day is observed every year on October 10. Every year the World Health Organization challenges individuals worldwide to help raise awareness of mental health issues and rally for support to help those in need. As social workers, some of us are faced with the stigmas and challenges associated with mental health every day. It is easy for counselors and therapist to go above and beyond when doing everything they can to ensure that their clients are able to function properly while coping with mental health issues. Although this is ideal behavior for social workers, we must not forget about taking care of ourselves. As the saying goes, "you can't pour from an empty cup", so remember to take the steps necessary to guarantee your own mental health. Burnout and vicarious trauma are some of the serious issues social workers face, so we must be proactive and advocate for our own mental health as well as our client's.

October is also Domestic Violence and Breast Cancer Awareness Month. I encourage all of you to be aware of the signs of domestic violence now and throughout your time as a social worker. If you believe someone is being abused please do not hesitate to get them appropriate resources or support. Those on the outside of an abusive relationship tend to blame the victim for his or her circumstances, but we must remember that it is not our job to judge; it is our job to help those in need. Also I encourage you or someone you know to stay up to date on your mammograms and check-ups to make sure you are physically healthy and cancer free. Early detection of breast cancer can help drastically improve a person's chance of survival. It is also important to remember the physical and mental needs of those who are fighting cancer and their families.

Lastly, November 3rd is fast approaching and we have the power to make a difference in this election and every election. Please make sure that you are registered to vote. I encourage all social workers to stay informed and get involved! Together we are powerful. No matter what your political beliefs or ideology, it is extremely important for us to educate, advocate, act and VOTE!

NASW-LA is seeking input from the membership

in regards as to what is happening in your community.

Send in articles that would be of interest to your fellow social workers around the state. Perhaps someone in the social work field was featured in the local news or was singled out for helping in the community.

Send that information to the Chapter Office at admin@naswla.org with contact information so that approval for re-printing the information can be obtained.

There are so many of us out there doing the little things each day to make this a better place to live and we need to tell their stories. By doing this we not only are acknowledging their service, but it could possibly help someone else in their community.

Let us hear from you.

Message from your Regional Chairs:

The regions have begun to make plans and arrangements for the upcoming years regional meetings.

Interested members that would like to help in their region, please contact your regional chair for further information.

Anyone interested in presenting at their own regional meeting or another region, please contact the respective regional chair.

Continue to check the NASW-LA website at www.naswla.org under Regional News to see the most updated information on your regions meetings. You will note that many of the regions do not hold regional meetings in the summer months.

Thank you to all of our regional chairs for their hard work and the support that they give all of us.

Dear Colleagues,

“Career Protection” is having a professional association with the resources to protect the practice of social work. Why is malpractice insurance not enough? Because your malpractice insurer will not do the following - but NASW at the national level and through the Louisiana Chapter will:

- ◆ Provide highly discounted quality Continuing Education programs that are presented at regional locations and an outstanding Annual Conference.
- ◆ Provide consultation on ethical, practice, and career issues.
- ◆ Deliver critical, up-to-date information on laws and regulations that affect your practice.
- ◆ Continue to be a vigilant voice for Social Work practice and the profession at the Louisiana State Capitol and in Washington, DC.
- ◆ Work with stakeholders that have similar focus on issues that are important to the social work profession.
- ◆ Serves as a key resource for the profession of social work on issues and practice concerns.

I know that for some of you there has been concern regarding professional liability insurance and at least one carrier has suggested that social workers only need their liability policy to have practice protection. I do not know if your decision on joining or renewing membership is based on this issue but if that is the case keep in mind that no matter where you get your malpractice coverage, no insurer will advocate for you at the Legislature or with the executive branch. Protecting your career is more than having liability coverage; it requires having an organization that is working to protect the social work profession.

Without a strong NASW, our profession will lose ground, our jobs and practices will slowly erode, taken over by “related degrees” because everyone thinks they can do social work. As a practicing social worker “Career Protection” comes with joining and maintaining your NASW membership.

When your NASW renewal comes due, remember you are not just renewing a membership – you are buying yourself “Career Protection” from the best available source! Your NASW membership assures a strong Louisiana Chapter and a strong Louisiana Chapter assures that we are here to support you.

Sincerely,

Carmen D. Weisner, LCSW, ACSW
Executive Director

Licensing Board Information

LOUISIANA STATE BOARD OF SOCIAL WORK EXAMINERS

18550 Highland Road, Suite B, Baton Rouge, LA 70809 * 225-756-3470 or 1-800-521-1941 (Louisiana Only)

Dates for 2015 LABSWE Board Meetings

(All meetings are held at the Baton Rouge Board Office - Call the Board Office for times of the meetings)

October 23 * December 4

Dates for 2015 LABSWE BACS ORIENTATION MEETINGS

December 11

[Click here to visit the Licensing Board's website at www.labswe.org](http://www.labswe.org)

Regional News

ALEXANDRIA REGION

By: Tracy Auzenne, RSW, Chair

For more information contact the Tracy Auzenne at alexandrianasw@gmail.com

BATON ROUGE REGION

By: Courtney Eichelberger, Ph.D., LMSW, Chair

For more information contact Courtney Eichelberger, Chair or Rebecca Herbst Regional Representative at naswbatonrouge@gmail.com

FLORIDA PARISHES

By: Carrie Mercke, LCSW, Chair

For more information contact Carrie Mercke, LCSW, Chair at carriemercke@yahoo.com

HOUMA THIBODAUX REGION

By: Peggy Bowers, LMSW, Chair

For more information contact Peggy Bowers, LMSW, Chair at midnight_1019@yahoo.com

LAFAYETTE REGION

By: Angel Huval, LCSW, Chair

For more information contact Angel Huval, Regional Chair at 337-852-4747 or angelvhuval@gmail.com

LAKE CHARLES REGION

By: Patti Gates, LCSW, C-SSWS, ACSW, Chair

Meeting are the first Friday of each month from 11:30 am - 1:00 pm in the conference room of Heritage Square.

Contact Patti Gates, LCSW, C-SSWS, ACSW, Chair at pgates1@suddenlink.net

MONROE REGION

By: Antoinette Hoard, RSW, Chair

All meetings will be held from 8:30 am - 9:45 am at the Ouachita Parish Health Unit.

Contact Antoinette Hoard, RSW at monroenasw@gmail.com

NEW ORLEANS REGION

By: Rob Harrison, LCSW, Chair

NOTE: The New Orleans Region has lined up speakers and date for regional meetings, however, they need a location to have the meetings. Contact Rob or Mallory if you can help.

For more information contact contact Rob Harrison, LCSW, Chair or Mallory Lafargue, Representative at naswnola@gmail.com

SHREVEPORT REGION

By: Leesa L. Sitter, LCSW, DCSW

In August, David McMillian spoke on Energy Psychology Intervention Techniques. A Place That Warms The Heart started Grief Support Sessions in September. (For Information call 318-317-9329) Susan Colbert can be contacted by email at scolbert@bellsouth.net to include your name and contact information for a handout she is compiling of supervisors offering supervision for those seeing LCSW licensure. Layne Bonvillian (318-865-0039) is seeking speakers for the monthly Shreveport NASW Meetings. Election of new officers for NASW Shreveport Chapter is upcoming and members are encouraged to become an officer for a rewarding experience and supporting the profession.

Social Workers in the news include Rachel Scott on the revived Domestic Violence Program. Shea Wilkes spoke to The Times on support for fixing problems that occurred in the Veterans Hospitals. Pittre Walker, Caddo Schools Homeless Coordinator spoke to The Times on Children in Poverty.

Our continued prayers of support go out to Lafayette and our colleagues in the healing process of the recent tragedy. We are with you!

NASW National and

NASW-LA website access

Both websites can be accessed for information by going to www.socialworkers.org or www.naswla.org. However, some information and registering for workshops requires you to be a member and you must log in. You have a separate log in for the National Office and the NASW-LA Office. You can contact the National office by calling 1-800-742-4089 and you can contact the NASWLA Chapter Office by calling 1-800-899-1984.

The National Office updated their system at the beginning of July 2014. There was a small group of users whose logins/ passwords caused an error during the process. These were passwords that were less than 6 characters. If you had a password with less than 6 characters or are having problems logging into the National website, then please contact call the National Office number listed above.

Introducing Brooklyn Sanders - NASW-LA's Student Intern

I will spend my final days as an undergraduate of Northwestern State University with the NASW- LA chapter as an intern under the supervision of our executive director, Mrs. Carmen Weisner. With graduation quickly approaching, I look back to seventh grade, the year I decided I wanted to become a social worker. Since then, I have been introduced to many social workers throughout the state. I am inspired by the perseverance, dedication and energy that I have witnessed so far, and my classmates make me hopeful for the future.

This semester I am excited to advocate for our profession and our professional organization, gain experience in macro level work, and explore the many issues affecting social workers in Louisiana. Within my few weeks here, I have directly seen the influence NASW- LA is making to better our profession and advocate for those without a voice. I am aware that there will be so much more, and I am eager to learn. Next year, I hope to attend Louisiana State University to pursue my master's degree and be one step closer to practicing alongside other NASW members. Thank you all for making Louisiana a better state- your hard work does not go unnoticed. I cannot wait to call myself a social worker!

ASI's Member Care Unit

Starting Monday, June 2nd, we will bring to our headquarters in Frederick, MD., the call center operations for our Professional Liability Insurance, now called ASI's Member Care Unit.

Our phone number will remain the same (1.855.385.2160), however there will be a few changes that will add great value to our phone operations:

- ◆ Our members will now be able to be transferred directly to a Licensed Insurance Specialist for additional assistance, or to one of our policy administrators for group insurance information.
- ◆ Our hours of operation will be Monday thru Friday from 8:30 am- to 5:00 pm Eastern Time, and members who need after-hours assistance will have the option to email us for urgent matters.

Ethics Questions & Dilemmas

As a service to members, the Office of Ethics and Professional Review (OEPR) provides ethics consultations for current NASW members. Ethic consultations are a resource for members who are experiencing an ethical dilemma. We do not provide advice or tell members what to do. However, we do guide them through the Code and point them to the areas of the Code that address their concerns. We provide dialogue and considerations that allow members to make ethical decisions. We may also refer members to the appropriate areas if their questions do not appear to be related to ethics but are more related to legal issues or standards of practice.

Hours & Contact Info
(800) 638-8799 ext. 231

Beginning Monday, January 5, 2015, ethics consultations will be provided as follows:

Mondays & Wednesdays
1:00 pm - 4:00 pm (ET) Ext 223

Tuesdays & Thursdays
10:00 am - 1:00 pm (ET) Ext 231

RENEW ONLINE! Fast, Easy, Convenient



NASW members can renew their memberships online. If your membership expires within the next three months, you are eligible for online renewal.

1. Go to www.socialworkers.org
2. Click on "Member Log In."
3. Enter your NASW username and password.
4. Click on "Member Center."
5. Click on "Renew your NASW Membership Online."

You can also renew by phone at 1-800-742-4089.

New Member Application and Renewal Notice Changes

Recently the National Office made changes to the mailing address and fax number on the New Member Application form. A new application is available on the National website at www.socialworkers.org or via the link on the Louisiana Chapter's website at www.naswla.org. The new address is: P.O. Box 791343, Baltimore, MD 21279-1343 and the fax number is 888-551-6096. Please note that membership applications must be mailed to the National Office at the address above.

NASW National Member Center

Your Membership Information Is Important to Us! Help us better serve you by keeping your contact information up-to-date.

If there are address, telephone, or e-mail changes you need to make, designations you need to add, or you need to list your specialty practice, go to the National NASW webpage: www.socialworkers.org and make the changes online.

How can an NASW Member update their Membership Information On Line?

The national office of NASW has announced that an NASW member can update their membership information on line and help to keep your information up to date and current.

The steps are as follows:

Go to www.socialworkers.org

Click on "member's login" and log in.

Click on "update your member profile".

Click on "edit" to update.

Make the changes and click "submit" to complete the process.

By each member making the necessary changes to their information, this will not only make sure that they receive the information from the National office in a timely manner, but from their Chapter office also as we receive your address information from National on a monthly basis.

If you have any problems with the online update, please contact the National office at 1-800-638-8799 and ask for Membership.

If you do not have access to a computer to update your information online you can call the Louisiana Chapter office at (225)346-1234 or (800)899-1984 or email them at info@naswla.org, with the information that needs to be changed or fax the information to (225)346-5035.

Please act now! We need to know how to find you!

Thank You, The Staff and Board of the Louisiana NASW Chapter

National Social Work Finder – Important Update

The Finder connects consumers with licensed social workers quickly at www.HelpStartsHere.org. The Finder is free to the consumer and is an excellent opportunity for licensed social workers to promote their services, practice and organization. Listings cost \$25.00. This fee is waived for social workers with a current Qualified Clinical Social Worker (QCSW) credential - another benefit for NASW members.

It is important that Licensed MSW and BSW social workers register on the [National Social Worker Finder](http://www.HelpStartsHere.org) online search tool and take advantage of the benefits. The success of the Finder will help ensure the success of the new consumer Website – www.HelpStartsHere.org – and the National Social Work Public Education Campaign.

The public benefits. Social workers benefit. Your chapter benefits.

Members Only Legal Consultation

The Office of General Counsel in the NASW national office has created a new members-only consultation phone line.

Members-Only Legal Consultation Calls: Calls are answered Monday through Thursday from 11:00 to 4:30 ET. All members should be referred through Member Services (800) 742-4089, or directly to the Consultation Line at (202) 408-8600, ext. 592. The member can leave a message, and the call will be returned from the Office of General Counsel. The member can also leave an email address so that resources can be provided if appropriate.

NASW-LA Welcomes New Members

Alexandria Region

Meziere, Becky

Baton Rouge Region

Blanton, Wanda

Carville, Caitlin

Chandler, Bianca

Davis, Eliska

Davis, Krystal

Delafosse, Brittany

Johnson, Frankie

Mathews, Austin

Mayfield, Dessie

Mikell, Victoria

Moran, Molly

Pourciau, Haven

Sanders, Allison

White, Jasmonique

Florida Parishes Region

Anderson, Bethany

Arroyo, Holly

Burns, Monica

Chauppette, Jamie

Cox, Dona

Dupre, Victoria

Ernest, Glenda

Navarre, Susan

Terrell, Skylar

Zeller, Courtney

Houma Thibodaux Region

Williams, Elesha

Lafayette Region

Smith, Caitlin

Wimberly, Chelsea

Lake Charles Region

Chretien, Shelley

Creel, Suzanne

Monroe Region

Wilson, Dawn

New Orleans Region

Bethancourt, Njaya

Bueso, Leslie

Chazin, Keith

Cook, Courtney

David, Chelsea

Esparza, Sophia

Falgout, Brittany

Lightell, Daniel

Olivier, Jamilah

Posner, Valerie

Sertigne, Tia

White, Monica

Shreveport Region

Adams, Yolanda

Smith, Sara

Welcome to all of our new members.

We look forward to meeting you at our regional meetings, sponsored workshops and the annual conference.

Check the NASW-LA website out at www.naswla.org.

Attend the regional meetings and get involved. Volunteer opportunities are available, check with your Regional Chair.

Benefits of NASW-LA Membership

- Be a part of the largest organization of professional social workers in the United States. We have over 130,000 in U.S. and Louisiana has 2,000 members.
- Since we are accessible on more of a local level, there is more opportunity to go to educational and networking meetings and conferences.
- Great way to build your network of colleagues and friends.
- Plus, for members only, you get many discounts and services, such as workshops and annual conference, car rental, hotel, credit cards, etc.
- NASW has a liability insurance that can cover you if there should ever be a time that a client may file a grievance.
- There is also other insurance offered including group term life, long-term liability, hospital daily cash, or accidental death & dismemberment.
- NASW gets involved in legislative issues that affect their members and the member's clients. We also, have PACE (Political Action Candidate Election) to help elect people to political office that has the same type of values that the social work profession needs.

Join NASW On-Line at www.socialworkers.org or call 1-800-638-8799 for a mailed application.



Social Workers Help starts here.

National Association of Social Workers – Louisiana Chapter
700 North 10th Street – Suite 200 – Baton Rouge, LA 70802
225-346-1234 * (Fax) 225-346-5035 * 800-899-1984

In an effort to “Go Green”, the “Yellow Book” is available online in booklet form or by Month on the website at www.naswla.org under Continuing Education, Sponsored Workshops. You can download the Yellow Book and mail or fax in your registration or you can register online. A postcard reminder was mailed to all licensed social workers in the State of Louisiana in late September, early October 2015.

If you have any questions or problems registering, please call us at the Chapter Office and we will walk you through the process.

Thank you for your continued support of NASW-LA and the continuing education programs.

Annual Conference 2016

Karen D. Smith, Program Director

At press time of this newsletter, we are filling the last of the slots for workshops for the 2016 Annual Conference. Thank you to everyone that sent in Call for Proposals or recommended presenters. Thank you to all of the presenters that sent in their Call for Proposals. Once again the Committee and Board and Members have outdone themselves and this year’s upcoming conference will be the best ever. New presenters, topics and exhibitors and I know there will be several new attendees. A very exciting three day event for networking, see old friends, making new ones and lots of learning. Mark your calendars and we will see you there.

2016 NASW-LA

Annual Conference

March 16 - 18, 2016

NASW Membership

Founded in 1955, NASW is the largest professional social work organization in the United States. Like the more than 130,000 members who call NASW their professional home, you can access resources that will enhance your professional growth in every phase of your career. From training and CE credits to credentials to ethical and legal guidance, NASW provides the information you need.

NASW BENEFITS	VALUE
Membership in your local NASW Chapter , with access to newsletters, events, and networking	\$95
10 issues of NASW News	\$35
4 issues of Social Work , the profession's premier journal]	\$107
Free or discounted CE credits through NASW online Continuing Education	\$450
Local and national discounts on conferences and events	\$100*
Discounts on HIPAA compliance training	\$30
Monthly national e-newsletter, MemberLink, covering advocacy, professional development, awards, member discounts, career opportunities, social work news and much more	\$41
Discounted rates just for members on insurance from NASW Assurance Services	
TOTAL SAVINGS	\$850+

*The value of some benefits will vary based on member usage. This example is based on average usage.

Visit the National NASW website at www.socialworkers.org for more information on Membership benefits, changes and payment options. Once there you will need to log in with your National NASW username and password. If you have forgotten it, you can call the National Office at 1-800-742-4089.

As an NASW member, you have access to tools and resources that will help you advance your career, protect your practice, connect with peers, and advocate for social work. Through membership, you have what you need to practice with confidence. Read the NASW News, search the Social Work Journal online, access HIPAA resources, forms and policies, reference Legal Issues of the Month, review SocialWorkers.org for practice updates, and visit your Chapter website. Take a minute to check out these free member resources to ensure you are getting the most for your membership. Best of all, your NASW membership is two for one, you receive the benefits of both national and your state chapter. Stay informed of the latest professional news and upcoming national and local events. Become a member or renew today. The benefits are endless.

ICD-10-CM

As you may be aware, the ICD-10-CM impacts clinical social workers who diagnose and treat mental illness not only in private practice, but in other settings such as hospitals, outpatient mental health clinics, and primary care. Clinical social workers who do not use the ICD-10-CM beginning October 1, 2015, may be denied reimbursement by payers. To help members transition to the ICD-10-CM, the national office has planned the following two free teleconferences on “An Hour With Private Practice: Questions and Answers.”

Transitioning to the ICD-10-CM on October 1, 2015. The following link provides information about the teleconferences, time, and dial-in information: <http://www.socialworkers.org/practice/clinical/documents/WKF-FS-43914%20PP-QA.pdf>

In addition, the national office has prepared the following new update on the ICD-10-CM to help members transition, **Urgent Notice: ICD-10-CM Implementation October 1, 2015** which is available online at: <http://www.socialworkers.org/assets/secured/documents/practice/clinical/ICD-10-CM-Final-PDF.pdf>

NASW also has the following two online ICD-10-CM documents available to members.

Preparing for the ICD-10-CM Deadline in 2015 <http://www.socialworkers.org/assets/secured/documents/practice/clinical/icd10.pdf>

Social Workers Be Aware: The ICD-10-CM is Coming <http://www.socialworkers.org/assets/secured/documents/practice/clinical/1109a.pdf>

The products above provide answers to your questions and may be distributed to members who inquire about the ICD-10-CM.

Give the Gift of NASW Membership

Share your appreciation for NASW and its benefits with your family, friends and colleagues. Give the gift of membership! Your gift recipient will enjoy:

- Free and discounted Continuing Education programs
- Personal assistance with Licensing and social work practice questions
- Consultations for Legal and Ethical dilemmas
- Advocacy for social workers and their clients
- And much more!

NASW Membership includes National, State and Local affiliation, all for the same price:
Information from the National office on Ethics, Legal issues, insurance reimbursement,
Specialty Practice Sections of Social Work, Medicare and Medicaid
Information from the State Licensure
Continuing Education programs,
Advocacy with the state legislature
Activities with Local Units including networking events, educational programs,

Give the Gift of NASW Membership for Christmas, Hanukkah, Birthdays, or Graduation.

Go to <http://www.socialworkers.org/join.asp> or contact NASWLA for more information. It may be the best gift you'll ever give.

LA Partnership for Children & Families - The Platform for Children

News Release

For Immediate Release

For More Information: Call Sherry Guarisco, Executive Director, Louisiana Partnership for Children and Families, 225-963-7383 or sherryguarisco@gmail.com

Child Advocacy Groups Release *Louisiana Platform for Children*; Candidates, Elected Officials, Citizens Get Striking Data on High Need Issues

Baton Rouge--It's impossible to find a political candidate who doesn't support children. Kids comprise 25 percent of Louisiana's population, and our state's future depends on the ability of children from all walks of life to reach their fullest potential.

But what types of public policies are needed for that to happen? That's the question several stakeholder groups came together to answer during this pivotal election year. The result is the **Louisiana Platform for Children** – a comprehensive guide for candidates and voters that covers eight major policy areas and offers detailed recommendations.

"There are several groups in Louisiana whose work focuses on various aspects of child well-being. This report is an attempt to put all that expertise into a single document that policymakers can use as a guide in 2016 and beyond," said Carmen Weisner, executive director of the National Association of Social Workers/LA Chapter and Board Chair of the Louisiana Partnership for Children and Families.

In a state where nearly one-third of children are living in poverty, and parents often struggle to find high-quality care for young children, it is imperative that Louisiana's next generation of leaders put children at the top of the policy agenda. This means ensuring that there is a strong, efficient safety net for children with disabilities and those who suffer from abuse and neglect. It means making sure parents have the economic stability to help their children reach their goals, and that Louisiana brings in enough revenue each year to avoid destabilizing cuts to important services. One example notes that almost 70 percent of all babies delivered in the state are financed through Medicaid reimbursement. "This is an alarming statistic on poverty in our state," said Weisner.

Josh Perry, executive director of the Louisiana Center for Children's Rights said, "This platform is a blueprint showing how we can prepare vulnerable young people to be productive and successful adults, instead of pushing them into the criminal justice system."

To support this effort, the Blue Cross and Blue Shield of Louisiana Foundation announced today that the Louisiana Partnership for Families and Children was selected to receive an *Angels of Change* grant award to support development and outreach of the "Louisiana Platform for Children". Each year, Blue Cross expresses its commitment to the health and well-being of the people of Louisiana through the annual Angel Awards program that highlights individuals who are doing amazing things in support of Louisiana's children. Celebrating the 20th year of the Angel Award, the Blue Cross and Blue Shield Foundation board asked previous Angel Award winners to highlight the programs that they believed offered new and innovative ideas supporting children. Stewart Gordon, M.D., a 1997 Angel Award winner, nominated the

Louisiana Partnership for Families and Children as a worthy recipient. An expert panel of child advocates met recently to determine the winners.

Michael Tipton, Blue Cross Foundation President said, "I'm proud to announce that the Louisiana Partnership is one of the recipients of our 20th anniversary Angels of Change grants and hope that this award of \$50,000 supporting the development and outreach of the Platform for Children can build stronger future for Louisiana's children. We're excited to work with the Louisiana Partnership and other child advocacy organizations to make sure those responsible for the funding, policies and systems recognize the special needs of our state's youngest citizens and hope that this information will lead to greater opportunities for our children."

The newly published Louisiana Platform for Children includes policy briefs on child health, early care and education, social/emotional development, developmental disabilities, child welfare, juvenile justice, family economic stability and children's budgets. "The platform shows policymakers why it's so important for Louisiana to have a stable and adequate revenue structure," said Jan Moller, director of the non-partisan Louisiana Budget Project. "It's a reminder that our tax dollars help provide vital services that families and children need to be successful."

The platform identifies needs and gaps in services, the importance of evidence-based practices and provides data to help policy makers and citizens to determine where to provide scarce state dollars for maximum return on investment.

Organizations participating in the development of the Platform for Children include Agenda for Children, Louisiana Budget Project, Louisiana Center for Children's Rights, louisianachildren.org, Louisiana Partnership for Children and Families, National Association for Social Workers/Louisiana Chapter and One Voice Louisiana.

Louisiana Platform for Children is available in summary and in a longer version. For more information, contact platform@louisianapartnership.org.

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Bread or Stones Campaign

Would one of you hand his child a stone when he asks for a loaf... (Matthew 7: 9)

Contact: Robert Gorman, LCSW, ACSW
(985) 876-0490

rgorman@lhdioocese.org

Bread or Stones Campaign for Child Well-Being

The Louisiana Interchurch Conference (LIC) has launched a campaign to improve the lives of children throughout the state of Louisiana. The Bread or Stones Campaign is supported by all 16 LIC member denominations and additional partner agencies such as NASW-LA.

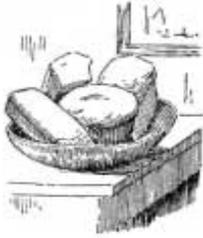
The LIC Bread or Stones Campaign will focus primarily on improving services in four areas that most impact child well-being: maternal and child health, school readiness and school dropout prevention, marriage and family supports, and child poverty reduction. In reports such as the Annie E. Casey Annual Kid's Court, Louisiana has consistently been ranked as one of the worst states in all measures of child well-being.

"The LIC Board calls upon the Governor of Louisiana and the Louisiana Legislature to set a goal and commit to a specific improvement in our national ranking," according to Bishop Shelton Fabre, past president of the LIC. "Without setting such a goal, we will continue to fail our children. We believe we can improve child well-being by working collaboratively with the state and among religions, non-profits, and civic organizations through education, social services, advocacy, and community development and organizing," he claims.

"Louisiana has shown that child well-being can be improved through such programs as the Louisiana Children's Health Insurance Program (LaCHIP), the Louisiana Earned Income Tax Credit, and Maternal and Child Health Care Initiatives," according to Rev. Dan Krutz, LIC Executive Director. The state has begun to reduce teen pregnancy rates and has shown improvement in decreasing the number of low-birth-weight babies. "We have shown that we can improve our rankings in several of the child well-being indicators," remarked Bishop Cynthia Fierro Harvey of the United Methodist Church. However, among the 1,107,000 children in Louisiana, more than one in four (28%) live in poverty, which has a fundamental impact on whether or not children thrive.

Hundreds of churches in 16 Catholic and Protestant denominations have committed to the LIC Bread or Stones Campaign, inspired by the passage in the Gospel of Matthew (7:9) where Jesus asks: "Would one of you hand his child a stone when he asks for a loaf...?" In addition to services already provided, these religious congregations have committed to developing new church social services for families, advocating for state and federal children's programs,

Louisiana Interchurch Conference Public Policy Task Force
527 North Blvd. 4th Floor Baton Rouge, LA 70802



Bread or Stones Campaign

Would one of you hand his child a stone when he asks for a loaf.. (Matthew 7:9)

educating their members about the state of Louisiana's children and how to become better parents and organizing people to work together for safer, healthier communities.

"As a parent, as a clergyman and as a citizen of Louisiana," says Rev. Krutz, "I believe that we have a moral obligation to improve our children's health, reduce their poverty, help them to stay in school and support their families. This is why the Louisiana Interchurch Conference is launching the Bread or Stones Campaign."

Rev. Annie Etheredge, Chaplain of The Episcopal School of Acadiana adds, "We have to remember that every child in Louisiana is a child of God and deserves our unwavering commitment to improving their life. By serving our children we are serving God most tenderly."

"For too many years, instead of bread we have been handing stones to our Louisiana children," says Bishop Fabre. In addition to Bishop Fabre, all twenty-four leaders of the sixteen (16) LIC member denominations have committed their churches to the Bread or Stones Campaign. This includes:

Bishop Julius H. McAllister
AME Church, 8th Episcopal District

Bishop Mildred B. Hines
AME Zion Church-S.W. Delta District

The Rev. R. Timothy Jones, Sr.
Baptist Missionary & Educational Convention of LA

The Rev. Barbara E. Jones
Christian Church (Disciples of Christ)

Mrs. Mary Collins, President
Church Women United

Bishop Thomas L. Brown, Sr.
Christian Methodist Episcopal Church - 4th Episcopal District

The Rev. Kevin Kanouse
Evangelical Lutheran Church in America- North Texas / North LA Synod

Bishop Mike Rinehart
Evangelical Lutheran Church in America - TX/LA Gulf Coast Synod

The Rt. Rev. Morris K. Thompson, Jr.
Episcopal Church - Diocese of Louisiana

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Bread or Stones Campaign

Would one of you hand his child a stone when he asks for a loaf.. (Matthew 7:9)

The Rt. Rev. Dr. Jacob W. Owensby
Episcopal Church - Diocese of Western Louisiana

The Rev. Dr. C. S. Gordon, Jr.
Louisiana Missionary Baptist State Convention

The Rev. Samuel Tolbert, Jr.
Louisiana Home & Foreign Mission Baptist State Convention

The Rev. Ron Sutto
Presbytery of South Louisiana

The Rev. Joseph W. Hill
Presbytery of the Pines

The Most Rev. Gregory M. Aymond
Roman Catholic Archdiocese of New Orleans

The Most Rev. Ronald P. Herzog
Roman Catholic Diocese of Alexandria

The Most Rev. Robert W. Muench
Roman Catholic Diocese of Baton Rouge

The Most Rev. Shelton J. Fabre
Roman Catholic Diocese of Houma-Thibodaux

The Most Rev. Michael Jarrell
Roman Catholic Diocese of Lafayette

The Most Rev. Glen Provost
Roman Catholic Diocese of Lake Charles

The Most Rev. Michael G. Duca
Roman Catholic Diocese of Shreveport

Ms. Ruth Estorge
Religious Society of Friends

The Rev. Douglas Anders
United Church of Christ, South Central Conference

Bishop Cynthia Fierro Harvey
United Methodist Church

Louisiana Interchurch Conference Public Policy Task Force
527 North Blvd. 4th Floor Baton Rouge, LA 70802



College of
Human Sciences & Education
School of Social Work

Dear Colleague,

The LSU College of Human Sciences and Education (CHSE) School of Social Work (SSW) has been awarded a training grant by the Substance Abuse and Mental Health Services Administration to ensure that the SBIRT practice model (**S**creening, **B**rief **I**ntervention, and **R**eferral to **T**reatment) is integrated and sustained in healthcare settings and systems throughout the state.

The overall goal of the *LA-SBIRT Project to Address Healthcare Workforce Issues (LA-SBIRT)* is to identify and address the needs of individuals who are at risk of developing a substance use disorder. You can read more about this project [here](#).

The LSU SSW is now accepting applications from qualified professionals throughout the state for the *LA-SBIRT* Training of Trainers program, consisting of three, 6-hour days of training on November 18 & 19, 2015 and January 7, 2016.

Please consider applying for the *LA-SBIRT* Training of Trainers Program. The Application Packet includes the two files attached to this Email, project Information (Section 1) and the PDF-fillable Application (Section 2). These can be accessed [here](#): [SBIRT Instructions](#) and [Application](#).

If you would like to be considered for this training opportunity, please read the entire Application Packet, complete the Application, save as a PDF file, and attach and Email your materials to LASBIRT@lsu.edu. Section 1 of the Training of Trainers Application Packet contains detailed information and instructions.

**The deadline for applications is October 15, 2015.
Incomplete applications will not be reviewed.**

The LSU SSW

LA-SBIRT project team includes Catherine Lemieux (Project Director), Betsy Wilks (Project Manager), Kayla Allison (Project Graduate Assistant), the SSW Office of Field Education; and staff from the CHSE Office of Social Services Research and Development and the CHSE Office of Professional Education.

Catherine M. Lemieux
***LA-SBIRT* Project Director**

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<http://www.socialwork.lsu.edu/>

NASW Partnership with Selective Services

The **National Association of Social Workers** has partnered with **Selective Service** to help inform young men – especially at-risk young men – of the requirement that they register with Selective Service.

Selective Service is an independent federal agency that is NOT associated with military recruiting. NASW is working with Selective Service to educate young men that they could be prevented from accessing resources in the future if they do not register.

Although you may be aware of the registration requirement, what you may not know is that if a young man reaches age 26 without registering, he can be PERMANENTLY barred from:

- Receiving federal student loans for college, as well as other college opportunities on the state level;
- Participating in federally funded job training programs, along with many similar state- and locally-run efforts;
- Working for the Federal government, as well as for many state and local agencies like such as the police, fire or EMT;
- Receiving or renewing a driver's license in most states; and/or
- Face serious delays in citizenship (this applies to male immigrants who ultimately wish to become citizens).

Selective Service, after consulting with NASW and social worker advisers, has prepared a [resource website](#) that contains materials NASW chapters, NASW members and the wider social work community can use to educate clients and the public about Selective Service. Materials include a letter Chapters can send to members, presentations, peer-to-peer messages, social media messaging and brochures.

Please take time to look over the materials and share them with your members!

Greg Wright
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www.socialworkmonth.org (2015 National Social Work Month)

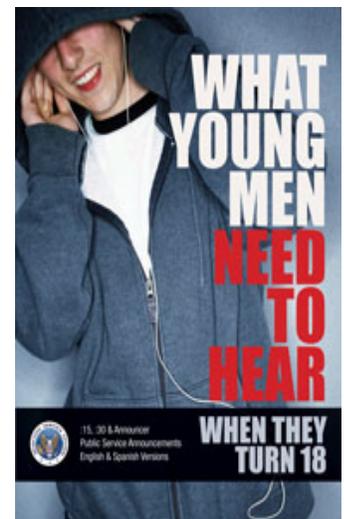
www.socialworkers.org (National Association of Social Workers)

www.socialworkersspeak.org (SocialWorkersSpeak.org)

www.socialworkblog.org (Social Work Blog)

www.helpstartshere.org (HelpStartsHere.org)

www.beasocialworker.org (BeASocialWorker.org)



Mental Health

SectionConnection

ISSUE ONE – 2010

VIOLENCE IN SOCIAL WORK PRACTICE

Christina E. Newhill, PhD, LCSW
Lynn P. Hagan, PsyD, LCSW

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Publication of articles does not constitute endorsement by NASW of the opinions expressed in the articles. The views expressed are those of the author(s).

Introduction

Violence in the workplace continues to be a critical issue in this country for a wide range of workers who serve the general public, including convenience store clerks, cab drivers, teachers, nurses, and social workers. Violence actually happens relatively rarely, with, of course, some exceptions. Because the odds are usually in favor of violence not occurring, social workers can have a false sense of security and not take precautions necessary to ensuring their safety. When violence does occur, the effects can be devastating. Incidents of client violence toward social workers, including quite serious ones, are continuing to occur. Literature confirms that client violence toward social workers, both nationally and internationally, does occur and warrants action and concern.

Background

The National Association of Social Workers (NASW) conducted a membership workforce survey that identified safety issues for social workers in the work place. Respondents reported violence from adult clients, vandalism of their vehicles, car accidents while in the

field, physical assault from non-clients, and fear of the neighborhoods in which they work as their major safety concerns (Ringstad, 2006). When social workers were asked if they faced personal safety issues in their primary employment practice, forty-four percent responded in the affirmative and thirty percent of these social workers did not think that their employers did an adequate job of addressing these safety issues (Whitaker, Weismiller, & Clark, 2006). Data suggest that verbal abuse and threats are common while actual physical assaults are less common. Interestingly, data across studies also suggest that those primarily at risk are male social workers, with males more likely to experience client violence and experience greater numbers of incidents than females. Public and nonprofit workers also report higher occurrences of incidents than their counterparts in private practice (Jayaratne, Croxton, & Mattison, 2003).

Examination of the data suggests that social workers learn skills related to the prevention and management of client violence. This management includes understanding the risk markers for violence and being able to recognize and de-escalate potentially volatile situations. It also appears that

(Violence in Social Work Practice, continued on page 3)

From the Chair

Christina E. Newhill, PhD, LCSW
Chair, Mental Health Specialty Practice Section

Welcome to the first *Mental Health SectionConnection* newsletter for 2010. Recently, NASW conducted a membership workforce survey, which revealed that violence toward social workers and other issues related to workplace safety are significant concerns among many practicing social workers across settings, including mental health. In the first article, "Violence in Social Work Practice," Christina Newhill and Lynn Hagan discuss the kinds of violence social workers report experiencing and provide an overview of the knowledge, skills, and actions that social workers and agencies can take to prevent and manage client violence, both in the office and when conducting home visits. The article provides a vehicle whereby we can begin to acknowledge client violence as a serious practice concern and begin a serious dialogue for addressing the issue to support and promote safety in the workplace.

Social workers have always held a particular commitment to serving clients who are at-risk, vulnerable, oppressed, and/or disadvantaged. Individuals with serious and persistent mental illness, are one of the most vulnerable and at-risk populations served by social workers. In the second article, "Cognitive Enhancement Therapy for Individuals with Schizophrenia: A New Social Work Intervention to Promote Recovery," Shaun Eack introduces and describes Cognitive Enhancement Therapy (CET), which is a psychosocial treatment developed by social worker Gerard E. Hogarty, MSW, for treating problems in social cognition among individuals with schizophrenia. Given that most individuals with schizophrenia are not institutionalized but rather living in average communities all across the country, it is critical that we develop effective psychosocial treatments to enable them to achieve successful recovery. It is important to note that social workers have been at the forefront of developing many of the best psychosocial treatments for individuals with serious mental illness.

One of the most perplexing and frustrating situations for social workers in mental health settings, however, is trying to engage and help an individual with serious mental illness who lacks insight into her or his disorder and, as a result, refuses to accept treatment. In the final article, "Managing Lack of Insight in Individuals with Serious Mental Illness," Christina Newhill defines the clinical meaning of "lack of insight" and from where it is derived, followed by a description and explanation of an effective approach developed by Xavier Amador for overcoming the barrier of lack of insight and facilitating illness awareness. The acronym for this approach is "LEAP," which stands for *Listen, Empathize, Agree, and Partner*, and has an overarching emphasis on collaboration. LEAP is very compatible with social work's traditional emphasis on self-determination, empowerment, and collaboration, and, most importantly, it works.

We hope you enjoy this latest issue of *Mental Health SectionConnection*.

Mental Health

SectionConnection

A NEWSLETTER OF THE NASW
SPECIALTY PRACTICE SECTIONS

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(Violence in Social Work Practice, continued from page 1)

many social workers have little training in violence risk assessment and violence risk management. The existing literature provides guidelines for social worker safety that include information on creating safe workspace, conducting home visits in teams, developing the ability to recognize violence, and implementing mandatory reporting procedures. Agencies should also give special attention to those workers who might be more at risk to violence (Jayaratne, Croxton, & Mattison, 2003). In addition to these rather broad suggestions, there are more concrete and viable recommendations for both individual workers and agency management to increase safety in the workplace.

Specific Suggestions for Social Work Safety

Agency Supervisors or Managers

- Solicit and utilize input from frontline staff related to field and office safety in developing agency policies related to worker safety.
- Conduct office safety assessments on a regular basis.
- Include worker safety training in the agency's overall training and staff development program.
- Train workers to employ a risk management approach to home visits and outreach.
- Include risk assessment, management, and practice with involuntary clients in agency trainings.
- Include safety training and discussion of safety issues as an integral part of both staff training and team meetings to help foster a climate of safety regularly.
- Implement mandated reporting of violent actions against staff.
- Implement quality improvement measures that include a system of reporting and tracking incidents to determine the surrounding circumstances of an incident and reduce the likelihood of repeat incidents.

WE WANT TO HEAR FROM YOU

If there are general themes or specific content that you'd like to see in *SectionConnection*, or you have comments or questions regarding anything you've read in current or past issues, let us know by sending an email to sections@naswdc.org.

- Remember that overburdened social workers with high caseloads and crisis deadlines are less likely to think about worker safety, which increases the likelihood that tragedy may occur.

(Washington, 2008)

Additional suggestions for agency supervisors and managers include creating coalitions to establish safety protocols and advocating for BSW and MSW curricula to educate students on the inherent safety risks of the social work profession

Social Workers Making Home Visits

- Have a safety plan in place prior to arrival, share your known schedule with other workers, and keep keys and cell telephone accessible during the visit. Team up with colleagues or have a police escort when visiting potentially violent clients.
- Ensure that initial assessments include a review of client's history of violence, mental illness, or criminal behavior.
- Identify exits and stay near the door.
- Be aware of risk factors in neighborhoods, and make home visits earlier in the day (when fewer potential risk factors are present).
- Park the car away from the driveway so that it can be moved easily and avoid being blocked in.
- Avoid meeting in the kitchen where potential weapons (such as knives) are often kept.
- Always treat clients with dignity and respect.

- Trust your “gut,” and do not enter a situation if you feel at risk.

(Farrell, 2008)

Social Workers in Office Settings

- Make your office appointment schedule known to staff or colleagues, keep on schedule, and avoid making clients wait.
- Have a secondary exit accessible.
- Limit evening appointments to clients that have been seen previously and do not present a current risk of violent behavior.
- Have a “panic button,” if possible, or have 911 programmed into your telephone.
- In your office, make sure there is adequate space between you and the client and that both of you are sitting to balance the power differential and create a less threatening environment.
- Assess your office for potential weapons, such as letter openers or free standing lamps.
- Arrange furniture so that you sit closest to the door, and avoid having the client sit between you and the door.
- Notify office staff or colleagues when meeting with a potentially violent client and, in such situations, consider keeping the door open with staff outside for protection.
- Try to speak in a neutral and nonjudgmental manner when speaking with an agitated or aggressive client.
- Listen to the client and recognize that many aggressive clients have difficulty verbally expressing their concerns and frustrations.
- Always communicate respect—aggressive individuals are often very sensitive to any evidence of disrespect, verbal or non-verbal. Conveying respect does not mean you are condoning their behavior.

(Farrell, 2008)

Conclusion

While this article does not present an exhaustive analysis of the problem of work place violence faced by social workers or present a comprehensive listing of all the safety strategies that social workers can employ, it does provide a vehicle whereby social workers can acknowledge the issue of workplace violence, including client violence, as a serious practice concern and begin an important dialogue aimed at developing safety strategies to address the issue.

Professional social workers agree that everyone deserves a safe workplace. High quality, in-service safety training addressing risk assessment and risk management strategies is needed. Supervisors and managers must work to establish specific policies that support worker safety and implement specific safety precautions in both the office and the field. Social workers must take measures to increase safety for themselves and their clients, including always giving clients the clear, consistent message that using violence to solve problems is not acceptable, and teach clients non-violent alternatives to solving their problems.

Christina E. Newhill, PhD, LCSW, is associate professor of Social Work at the University of Pittsburgh. Christina has over 10 years of community mental health practice experience, primarily in psychiatric emergency and inpatient settings. She is currently writing a book on social work practice with individuals with serious mental illness and their families. She can be contacted at newhill@pitt.edu.

Lynn Purnell Hagan, PsyD, LCSW, is a licensed clinical social worker (Texas, Louisiana, Mississippi), currently working independently in Aberdeen, Scotland, and is a member of the online psychology faculty with the University of Phoenix. She can be contacted at lynnhaganksw@gmail.com.

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MANAGING LACK OF INSIGHT IN INDIVIDUALS WITH SERIOUS MENTAL ILLNESS

Christina E. Newhill, PhD, LCSW

One of the most perplexing and frustrating situations for social workers in mental health settings is trying to engage and help an individual with serious mental illness who lacks insight into his or her illness and, thus, refuses to accept treatment. The following is one example: Since her first episode of illness, Jamie has had ten involuntary hospitalizations, over the course of two years, for the treatment of schizophrenia. During each hospitalization, Jamie's psychiatrist and social worker tried to help her understand her illness and the importance of taking medication to improve her daily functioning. Her family participated in family psychoeducation sessions with the social worker, but Jamie continued to refuse medication or any form of psychosocial treatment, stating "I am not the problem here!" With only intermittent treatment, Jamie's symptoms became more chronic and unremitting in nature, and her psychosocial functioning significantly deteriorated. Finally, her family turned to the courts for support and

obtained an order of conservatorship that forced Jamie to accept outpatient treatment and medication. Jamie was incensed at the court's action, and, subsequently, she borrowed money from a friend and disappeared. The last time Jamie's parents heard from her, she was engaging in prostitution to support her drug habit and living on the streets.

Jamie is an individual who has a serious mental illness, and she also has a loving and supportive family who tried their best to work with the treatment team appointed to help her. In addition, Jamie had a team of concerned mental health professionals who worked to support her, yet she ended up on the streets, addicted to illegal drugs and engaged in prostitution. What went wrong? The most stubborn barrier between this client and her recovery was what is often referred to as a "lack of insight." Jamie was unable to see and accept that she had a serious mental illness. Because of this, she was unwilling or unable to

Legal Considerations When a Client Dies by Suicide

By Elizabeth M. Felton, JD, LICSW, Associate Counsel
and Carolyn I. Polowy, JD, General Counsel
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Introduction

Since 1999, suicide has been recognized as a serious public health problem in the United States.¹ There are 112.7 suicides per day, one every 12.8 minutes, making suicide the 10th leading cause of death for Americans. In 2013, there were 41,149 suicides reported in the U.S.²

One in every five mental health professionals will lose a patient to suicide at some point in their career.³ The therapist becomes a “clinician-survivor” when a patient takes his or her own life in the course of treatment. Many therapists have described this experience as the “most profoundly disturbing event of their career.”⁴ The social workers experienced feelings of sadness, guilt, disbelief, confusion, grief, anger, shock, and anxiety. In addition, the fear of legal issues can loom over the entire experience.

NASW members often call for legal consultation after learning that a client died by suicide, seeking guidance on their legal responsibilities in this tragic situation. This LDF Legal Issue of the Month article discusses some of the legal considerations confronting social workers when a client dies by suicide.

Liability

The occurrence of a tragedy like suicide does not directly or necessarily support a legal claim of malpractice. However, mental health professionals who are treating clients in crisis may be accused of having some responsibility for a client’s suicide. Establishing legal liability is grounded on the same principle as medical

¹ U.S. Public Health Service. The Surgeon General’s Call to Action to Prevent Suicide. Washington, D.C. (1999)

² American Foundation of Suicide Prevention www.afsp.org/understanding-suicide/facts-and-figures

³ DeAngelis, Tori, “Surviving a Patient’s Suicide,” American Psychological Association, Vol. 32, No.10, 70, (2001)

⁴ Farberow, Norman L., *The Mental Health Professional as a Suicide Survivor* (2005)

malpractice cases. The following four elements must be present to succeed in a malpractice claim:

- 1) Duty - a professional relationship existed between therapist and client;
- 2) Breach of duty - therapist acted in a negligent or improper manner by failing to act (omission) or doing something that should not have been done (commission)
- 3) Causation - a legally demonstrated causal relationship between therapist's negligence and the injury of the client; and
- 4) Damages - client suffered harm or injury and must show proof of actual compensable injury.⁵

Lawsuits involving suicide and malpractice are filed by someone who survives the person who died by suicide, such as the parent or spouse, or the suicide victim's estate executor. These lawsuits are typically called wrongful death lawsuits.⁶

Speaking with family members

There are many emotionally laden issues that surround a client's suicide. A difficult issue that a therapist may struggle with is whether or not to speak to the deceased client's family members. Therapists are sometimes contacted by surviving family members for many reasons. In some cases, merely acknowledging to the family that the client was being treated by the therapist raises legal considerations. However, there are other cases where the surviving family members knew the therapist was treating the client (e.g., the therapy sessions were paid for by the parents' health insurance). After a client's suicide, some therapists feel conflicted about speaking to surviving family members. They may be reluctant due to concern about the client's confidentiality or fear that the family will blame the therapist. On the other hand, some therapists may want to share compassion and provide support to the survivors, and dispel any appearance of guilt or that they are hiding information.

Social workers must remember that privacy rights continue after the death of a client.⁷ The therapist will need to explain to the survivors that disclosures about

⁵ Weiner, Barbara A. and Wettstein, Robert M., *Legal Issues in Mental Health Care*, 150 (1993).

⁶ *Id* at 158.

what the client discussed in treatment are limited by privacy laws. Social workers will have to balance their own feelings of shock and disbelief with the grieving family's need for information, while respecting client confidentiality.⁸

Tips When Speaking with Family Members

- Express sympathy and support for the family
- Listen and respond to the emotional needs of the grieving family rather than talking
- Focus on the sadness of the death and the needs of the family rather than the details of the treatment
- Provide information about suicide in general rather than specific information about the client
- Explain confidentiality laws
- Provide any resources or referrals for individual therapy, if needed
- Prepare a list of suicide survivor resources to give to the family if they want them
- Avoid engaging in therapeutic work with the family, since this may create a dual relationship⁹

Request for Records of Deceased Clients

Protecting the privacy interests of clients does not end with the client's death. The social worker needs to be aware of the continuing ethical limitations and legal exceptions to be considered in any request for a deceased client's records.

⁷ Morgan, S. and Polowy, C. (2010), [Privacy Protections for Deceased Clients' Records](http://www.socialworkers.org/ldf/legal_issue/2010/201010.asp). NASW, Legal Defense Fund, Legal Issue of the Month. Wash., D.C. Author. [Online]

http://www.socialworkers.org/ldf/legal_issue/2010/201010.asp

⁸ Sung, Jeffrey C., "Sample Agency Practices for Responding to Client Suicide."

⁹ Id.

HIPAA

HIPAA gives permission for health care providers (including clinical social workers) to release information about deceased clients without consent or authorization in the following circumstances:

- to notify law enforcement of a death that the health care entity believes may have been caused by criminal conduct (45 C.F.R. § 164.512(f)(4))
- to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law (45 C.F.R. § 164.512(g)(1))
- to funeral directors, consistent with applicable law, as necessary to carry out their duties with respect to the decedent (45 C.F.R. § 164.512(g)(2)).

Disclosing confidential information about a deceased client under the above circumstances is not mandatory. Therefore, seeking written consent to the release of the client's records from the legal representative of the deceased client is a valid and ethical approach to evidence adherence to legal requirements, even if the information is requested by the police, a coroner or funeral director.¹⁰

NASW Code of Ethics

The NASW Code of Ethics requires that the confidential records and information of deceased clients be protected according to the same standards that apply to living clients (NASW, 2008, Standard 1.07(r)). The Code permits the release of information upon consent of the client or “a person legally authorized to consent on behalf of the client” (NASW, 2008, Standard 1.07(b)). This may include the executor or administrator of the estate for a deceased individual.

Social work ethical standards, state and federal law, all offer support for the concept that the executor or administrator of the estate of a deceased client has a

¹⁰ Morgan, S. and Polowy, C. (2010), [Privacy Protections for Deceased Clients' Records](http://www.socialworkers.org/ldf/legal_issue/2010/201010.asp) NASW, Legal Defense Fund, Legal Issue of the Month. Wash., D.C. Author. [Online]
http://www.socialworkers.org/ldf/legal_issue/2010/201010.asp

right to obtain a copy of the client's clinical record upon offering documentation of their authority to act on behalf of the deceased and providing written authorization to release the records. However, while social workers may recognize that the executor of a client's will or the administrator of the estate has the authority to request and access confidential client records, there are other options to be considered for responding to such requests. For more information, see [Privacy Protections for Deceased Clients' Records](#) (Legal Issue of the Month, October 2010).

Practice Tips

- *Conduct an adequate client risk assessment for suicide (initial and ongoing)
- *Document how you assess and treat clients who have suicidal ideation
- *Seek consultation when needed and report client's intent to harm him/herself to an appropriate third party, and document this in the client's file
- *If you receive notice that the client's estate or others intend to initiate legal action, contact your professional liability insurance carrier immediately
- *Do not make any statements that assume responsibility because of feelings of guilt or second-guessing your actions
- *Protect the deceased client's confidentiality. Request documentation and written authorization from the executor or administrator of the estate before you release the client's records. For more information, see [Privacy Protections for Deceased Clients' Records](#) (October 2010)
- *Provide self-care. Obtain personal counseling related to the experience, if needed, or seek out support in order to reduce any sense of isolation you may feel (e.g., books or publications written for survivors, organizations of suicide survivors¹¹)

¹¹ Association of Suicidology www.sucidology.org - The Clinician-Survivor Task Force provides consultation, support and education to mental health professionals to assist them in understanding and responding to their personal/professional loss resulting from the suicide death of a client.

Conclusion

When a therapist learns that a client has died by suicide they may experience a fear of treating suicidal clients, thoughts of leaving the profession, hypervigilance about suicide risk, and/or guilt for failing to prevent the suicide. These feelings can be exacerbated when compounded with concerns about malpractice and other legal issues. It is important that social workers focus on self-care after experiencing such a tragic event. It will also be necessary to request the appointment of counsel from the professional liability carrier if legal action is threatened related to a client who dies by suicide.

Resources

American Foundation of Suicide Prevention www.afsp.org/understanding-suicide/facts-and-figures

Association of Suicidology www.sucidology.org - The Clinician-Survivor Task Force

DeAngelis, Tori, "Surviving a Patient's Suicide," American Psychological Association, Vol. 32, No.10, 70, (2001)

Farberow, Norman L., *The Mental Health Professional as a Suicide Survivor* (2005)

Morgan, S. and Polowy, C. (2010), [Privacy Protections for Deceased Clients' Records](http://www.socialworkers.org/ldf/legal_issue/2010/201010.asp) NASW, Legal Defense Fund, Legal Issue of the Month. Wash., D.C. Author. [Online] http://www.socialworkers.org/ldf/legal_issue/2010/201010.asp

NASW Code of Ethics (2008) <http://www.socialworkers.org/pubs/code/default.asp>

Reid, William H., *Wrongful Death and Suicide*, (2004)

Sung, Jeffrey C., "Sample Agency Practices for Responding to Client Suicide"

U.S. Public Health Service. The Surgeon General's Call to Action to Prevent Suicide. Washington, D.C. (1999)

Weiner, Barbara A. and Wettstein, Robert M., *Legal Issues in Mental Health Care*, 150 (1993).

45 C.F.R. § 164.512(f)(4)

45 C.F.R. § 164.512(g)(1)

45 C.F.R. § 164.512(g)(2)

Social Workers and the Recent Decisions of the Supreme Court

By Elizabeth M. Felton, JD, LICSW, Associate Counsel
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In June 2015, the U. S. Supreme Court issued substantive decisions in four cases that the National Association of Social Workers (NASW) applauded due to the rulings' significance to the advancement of public policies and social justice. These landmark decisions by the Court will likely have a deep impact on several aspects of the lives of millions of Americans. This Legal Issue of the Month will review the cases and the Court's decisions from a social workers' perspective and the NASW policy statements that support each case.

***King v. Burwell* (576 U.S. 14-114)**

In *King v. Burwell*, the U.S. Supreme Court made a monumental decision on a challenge to the Affordable Care Act (ACA)¹. In a 6-3 ruling, the Court dismissed the contention that providing subsidies to low income individuals to purchase health care through the ACA was improper due to the lack of specific authorization in the wording of the law. As a result of this decision, the Supreme Court has upheld one of the key provisions of the ACA permitting it to remain a viable program for access to health care coverage in the U.S.

In 2010, Congress passed the Affordable Care Act to increase the number of Americans covered by health insurance, expand the eligibility for Medicaid, decrease the cost of health care, and reduce the number of uninsured by providing for the establishment of "marketplaces" (also known as "exchanges") that offer qualified health plans and administer premium subsidies to make health care coverage affordable. The law gives states the option to establish their own marketplaces through which people could purchase health care coverage. If states did not elect to establish their own marketplace, the federal government would establish one for them as a default so that marketplaces are available in each state.

The ACA also required people to obtain the minimum level of health coverage or pay a tax penalty unless they fell within an exemption for low-income individuals. To limit the number of people who were exempt from the tax, the ACA provided tax credits to help low and middle income individuals afford their health insurance premiums in states that did not set up their own health insurance marketplace. In implementing the ACA, the Internal Revenue Service (IRS) created a regulation that made the tax credits available to those enrolled in both state and

¹ Patient Protection and Affordable Care Act (PPACA), Pub.L. 111-148 (2010)

federally-run marketplaces although the specific language of the ACA only referred to marketplaces established by the state.²

The petitioners in *King v. Burwell* asserted that Congress only intended for residents of state-based marketplaces to receive premium tax credits, not those who use federally-facilitated marketplaces. They argued that the IRS regulation that allows tax credits for those enrolled in plans through federally-run marketplaces was contrary to the language of the ACA, in that, it was not one “established by the State,” and, therefore, the IRS exceeded the authority delegated to it by Congress to make rules implementing the ACA.

The respondents in *King v. Burwell* were federal agencies responsible for implementing the ACA and they wanted the Court to uphold the IRS’s regulation that allows the availability of subsidies in states with a federally-run marketplace. The federal government argued that the IRS rule is consistent with the language of the ACA because a marketplace “established by the State” also means one established by Health and Human Service (HHS) standing in as a surrogate for the state. The government also argued that from reading the statute in its entirety, it is clear that Congress intended subsidies to be available to people in all states, regardless of whether the state has established its own marketplace.³

The Court’s decision in *King v. Burwell* was a major victory for those who advocate for access to health care for all Americans. If the Court ruled otherwise, tax credits from residents in all of the states with federally facilitated marketplaces would have been taken away. It was estimated that 8 million people would not have been able to afford to pay their monthly health insurance premiums and would likely become uninsured because they could not afford the unsubsidized cost. NASW supports efforts to increase health care coverage to uninsured and underinsured, as well as efforts to eliminate racial, ethnic and economic disparities in health services access, provision and outcomes.⁴ NASW joins other healthcare advocates across the nation in a collective sigh of relief that the Supreme Court has upheld one of the key provisions of the ACA permitting it to remain a viable program for access to health care coverage in the U.S.

***Obergefell, et al, v. Hodges, et al*, (576 U.S. 14-556)**

In a 5-4 vote in *Obergefell v. Hodges*, the U.S Supreme Court held that the Fourteenth Amendment requires the states to license a marriage between two people of the same sex and to recognize lawfully licensed out-of-state marriages. The ruling will benefit thousands of same-sex couples living in states currently denying equal access to marriage for same-sex couples.

² Musumeci, MaryBeth, “Are Premium Subsidies Available in States with a Federally-run Marketplace? A Guide to the Supreme Court Argument in *King v. Burwell*,” Kaiser Family Foundation, February 25, 2015

³ *King v. Burwell* (576 U.S. 14-114) (2015)

⁴ NASW Policy Statement: Health Care, in *Social Work Speaks* 146, 149 (10th ed. 2015)

Same-sex couples in Ohio, Michigan, Kentucky, and Tennessee sued their respective state agencies to challenge the constitutionality of those states' bans on same-sex marriages or refusal to recognize legal same-sex marriages in other jurisdictions. They argued that those state statutes violated the Equal Protection Clause and Due Process Clause of the Fourteenth Amendment.⁵ The ruling in *Obergefell v. Hodges* was decided two years to the day of the decision in *U.S. v Windsor*, the landmark civil rights case that ruled section 3 of the Defense of Marriage Act (DOMA) was unconstitutional. DOMA, enacted in 1996, barred same sex couples from being recognized as spouses for purposes of federal laws.

The Court's decision offers same-sex couples and their families the same recognition and benefits as married heterosexual couples. NASW has long been a supporter of same-sex marriage and advocated for expanded federal law that legalized and recognized marriage of same-sex couples.⁶ NASW joined the American Psychological Association and other organizations in the *Obergefell v. Hodges* amicus brief filed with the U.S. Supreme Court urging the justices to make the historic decision that was issued in this case. In that brief, NASW and the other groups argued that same-sex attraction is a normal part of human sexuality and the same-sex couples form committed relationships and are just as capable of raising children. The brief also argued that conferring marriage rights on same-sex couples also offers them social, psychological and health benefits. For more information about the amicus brief, go to <http://www.socialworkers.org/dnn/ldfbriefs/Home.aspx?back=yes#O>

***Ohio v. Clark* (576 U.S. 13-1352)**

In *Ohio v. Clark*, the Court ruled in a 9-0 decision that a child's statement to his teacher, a mandated reporter, was admissible in trial and did not violate the Confrontation Clause even though the child did not testify. The Confrontation Clause is the defendant's right to confront and cross examine his accuser.⁷ The purpose of the Confrontation Clause is to prevent government abuses and it does not apply to statements made to private parties without police involvement.

In this case, a three year old child made statements to a pre-school teacher about his physical injuries implicating the defendant as his abuser. The child was considered incompetent to testify at trial due to his young age because in Ohio, children under age 10 generally do not testify. Although the child did not testify at trial, the teacher testified that the child identified the defendant as the abuser. The defendant argued that admitting the child's earlier statement to the teacher during the trial violated his Sixth Amendment right to cross examine the child under the Confrontation Clause since the child did not testify.

⁵ *Obergefell et al v. Hodges et al* (576 U.S. 14-556) (2015)

⁶ NASW Policy Statement: Lesbian, Gay, and Bisexual Issues, in *Social Work Speaks* 198, 203 (10th ed. 2015).

⁷ U.S. Constitution Sixth Amendment – Confrontation Clause

The defendant argued that the child's statement to the teacher was inadmissible and had a testimonial purpose similar to a police interrogation since the teacher, as a mandated reporter, was acting like a law enforcement agent gathering evidence for the state. The state argued that the child's statement to the teacher was non-testimonial, admissible and it did not violate the Confrontation Clause since the teacher was primarily concerned with protecting the child and preventing further abuse.⁸

The trial court convicted the defendant and sentenced him to 28 years in prison. The mid level appellate court reversed the conviction and the Ohio Supreme Court affirmed the appellate court's decision to exclude the child's statement to the mandated reporter as a violation of the defendant's Sixth Amendment right under the Confrontation Clause. The U.S. Supreme Court overturned the Ohio Supreme Court's decision and upheld the admission of a child's comments to a mandated reporter.

The Court's decision is a victory for teachers, social workers, child welfare advocates, and advocates for victims of abuse in that it protects children and improves the state's ability to prosecute and convict individuals who abuse children since the reliable statements of abused children can be used at trial. If the Court ruled otherwise, the prosecution of child abuse cases and the protection of at risk and abused children would have been more difficult. This decision recognizes teachers as protectors of children and that the primary purpose of the child abuse reporting statute is to protect abused and neglected children. NASW supports the creation and enforcement of laws that protect child witnesses and efforts that highlight the significance of child abuse and neglect issues and the related legal requirements of reporting systems.⁹

***Texas v. Inclusion Communities Project* (576 U.S.13-1371)**

Texas v. The Inclusive Communities Project is a housing discrimination case where the U.S. Supreme Court addressed the issue of whether the Fair Housing Act of 1968 prohibits housing decisions that have a disparate impact regardless of intent. The Court ruled in a 5-4 decision that the FHA recognizes disparate impact claims and the law allows plaintiffs to challenge government or private policies that have a discriminatory effect, without having to show evidence of intentional discrimination. Other evidence can be used to show that practices have discriminatory effects without proving that they are the result of discriminatory intentions.

Title VIII of the Civil Right Act of 1968, referred to as the federal Fair Housing Act (FHA), prohibits housing discrimination based on race, color, religion, sex, family status, national origin, or disability.¹⁰ *Disparate impact* is a legal doctrine under the Fair Housing Act which states that

⁸ *Ohio v. Clark* (576 U.S. 13-1352) (2015)

⁹ NASW Policy Statement: Child Abuse and Neglect, in *Social Work Speaks* 32, 36 (10th ed. 2015)

¹⁰ Title VII of the Civil Rights Act of 1968 (Fair Housing Act) Pub.L. 90-284 (1968)

a policy may be considered discriminatory if it has a disproportionate “adverse impact” against any group based on race, national origin, color, religion, sex, familial status, or disability when there is no legitimate, non-discriminatory business need for the policy. *Disparate impact* focuses on the effects or consequences of an action rather than the intent behind it. In a disparate impact case, a person can challenge practices that have a “disproportionately adverse effect” on those protected by the Fair Housing Act and are “otherwise unjustified by a legitimate rationale.” The *disparate impact* provision under the FHA is a critical legal protection against housing discrimination and has played a key role in promoting racial equality in housing and fighting discrimination.¹¹

In *Texas Department of Housing and Community Affairs v. The Inclusive Community Project, Inc.*, the Inclusive Communities Project (ICP), a Texas non-profit housing organization that favors racially integrated housing, claimed that a state agency violated the FHA by allocating a disproportionate number of federal low-income housing tax credits in predominantly black inner-city areas, rather than in predominately white suburban neighborhoods. They argued that approach, even if was not designed to segregate the races, had that effect and was therefore the “functional equivalent” of intentional racial segregation and thus violated the Fair Housing Act. The group sued under the fair-housing law, which makes it illegal to refuse to sell, rent “or otherwise make unavailable” housing to anyone because of race, sex or other protected categories.

The state agency countered that the law did not authorize “disparate impact” lawsuits. They claimed that they were just trying to comply with federal mandates governing the use of tax credits, and that, since it was not intentionally discriminating, it was not running afoul of the FHA. The Supreme Court disagreed. The Court placed the Fair Housing Act in the context of other civil rights laws that the court has found to prohibit racially disparate impacts, even if a challenged policy appears race-neutral. The Court said, “These unlawful practices include zoning laws and other housing restrictions that function unfairly to exclude minorities from certain neighborhoods without any sufficient justification.” With this statement, the Court recognizes that housing discrimination continues to occur in America and there is a continued need for protection under the Fair Housing Act. The Court acknowledged “the Fair Housing Act’s continuing role in moving the Nation toward a more integrated society.”¹² The Court recognized that *disparate impact* claims play an important role in uncovering discriminatory intent and unconscious biases that may block the purpose of the goals of the FHA and *disparate impact* liability was consistent with its purpose of ending segregated housing patterns and moving our nation towards a more integrated society.

¹¹ National Fair Housing Alliance – Disparate Impact

¹² *Texas v. Inclusion Communities Project* (576 U.S.13-1371) (2015)

NASW remains a staunch advocate for preserving legal protections against all forms of discrimination¹³ and agreed with the Court's statement that "much progress remains to be made in our Nation's continuing struggle against racial isolation."

Conclusion

The recent decisions of the U.S. Supreme Court in 2015 are far reaching and have significantly contributed to the advancement of public policies and social justice by increasing access to affordable health care insurance for millions of Americans, clearing the way for same sex couples to marry in all 50 states, protecting children from abuse, and preserving a valuable tool to eliminate housing discrimination. These landmark rulings will be challenged in the future so advocacy efforts at the local and national level must be continued to preserve and advance the gains that have been achieved with these favorable outcomes.

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King v. Burwell (576 U.S. 14-114) (2015)

Obergefell, et al v. Hodges, et al (576 U.S. 14-556) (2015)

Ohio v. Clark (576 U.S. 13-1352) (2015)

Patient Protection and Affordable Care Act (PPACA), Pub.L. 111-148 (2010)

Texas v. Inclusion Communities Project (576 U.S.13-1371) (2015)

Title VII of the Civil Rights Act of 1968 (Fair Housing Act), Pub.L. 90-284 (1968)

U.S. Constitution Sixth Amendment – Confrontation Clause

U.S. v. Windsor (570 U.S. 12-307) (2013)

National Fair Housing Alliance – Disparate Impact

¹³ NASW Policy Statement: Racism, in *Social Work Speaks* 254, 258 (10th ed. 2015)

<http://www.nationalfairhousing.org/PublicPolicy/DisparateImpact/tabid/4264/Default.aspx>

NASW Policy Statement: Health Care, in *Social Work Speaks* 146, 149 (10th ed. 2015)

NASW Policy Statement: Lesbian, Gay, and Bisexual Issues, in *Social Work Speaks* 198, 203 (10th ed. 2015).

NASW Policy Statement: Child Abuse and Neglect, in *Social Work Speaks* 32, 36 (10th ed. 2015)

NASW Policy Statement: Racism, in *Social Work Speaks* 254, 258 (10th ed. 2015)

Termination: Ending the Therapeutic Relationship-Avoiding Abandonment

By Elizabeth M. Felton, JD, LICSW, Associate Counsel
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Social workers' therapeutic relationships with their clients eventually come to an end. However, the way they end and how the social worker handles terminations can have ethical and legal implications. This article will address some of the more common issues that may arise during termination and ways to enhance client care while avoiding allegations of abandonment.

Termination

Social workers should assess a client's ongoing treatment needs prior to initiating termination. The *NASW Social Work Dictionary* defines termination as: "The conclusion of the social worker –client intervention process; a systematic procedure for disengaging the working relationship. It occurs when goals are reached, when the specified time for working has ended, or when the client is no longer interested in continuing. Termination often includes evaluating the progress toward goal achievement, working through resistance, denial, and flight into illness. The termination phase also includes discussions about how to anticipate and resolve future problems and how to find additional resources to call on as future needs indicate."¹

There are many reasons why therapy ends. A client may terminate at any time for any reason. Ideally, termination occurs once the client and therapist agree that the treatment goals have been met or sufficient progress has been made and/or the client improves and no longer needs clinical services. However, there are many valid reasons that are discussed below as to why the therapist-client relationship may end the treatment before it is completed. Some of those reasons include:

- Client has mental health needs that are beyond the social worker's area of expertise. For example, the client requires a different level of treatment (e.g., inpatient or crisis intervention) or more specialized treatment (e.g., trauma or substance abuse) than the social worker provides in the practice setting

¹ Robert L. Barker, *NASW Social Work Dictionary* 433, (5th ed. 2003).

- Therapist is unable or unwilling, for appropriate reasons, to continue to provide care (e.g., therapist is retiring/closing practice or client threatened therapist with violence)
- Conflict of interest is identified after treatment begins
- Client fails to make adequate progress toward treatment goals or fails to comply with treatment recommendations
- Client fails to participate in therapy (e.g., non-compliance, no shows, or cancellations)
- Lack of communication/contact from the client

It is recommended that therapists have a final session with their clients to review the overall progress before ending therapy, but sometimes this cannot happen, e.g., when the client stops communicating with the therapist. It is suggested that therapists create a policy for their practice so that cases are routinely closed after a certain amount of time without any contact from a client, for example: “If I do not have contact or communication from you for a period of _____ days, I will assume that you no longer intend to remain active in this therapeutic relationship and your case will be closed. You can return to therapy in the future if you decide to continue treatment.” One way to establish that timeframe is to think about how long you want to be the therapist of record without seeing a client.

- Non-payment of agreed upon fees:

Before a social worker terminates for non-payment, the following criteria should be met:

- 1) The financial contractual arrangements have been made clear to the client, preferably in writing.
 - 2) The client does not pose an imminent danger to self or others.
 - 3) The clinical and other consequences of the non-payment (i.e., disruption of treatment/interruption of services) have been discussed with the client.
- NASW Code of Ethics*, 1.16c

Certain circumstances may support a delay of the termination. For instance, it is not recommended that a therapist end treatment with a client who is in crisis at the time termination is being considered. A social worker has a responsibility to see that clinical services are made available when a client is in crisis. Postponing termination is preferred, if possible, until steps are in place to handle the crisis.

Abandonment

Abandonment is a specific form of malpractice that can occur in the context of a mental health professional's termination of services. Abandonment, also referred to as 'premature termination,' occurs when a social worker is unavailable or precipitously discontinues service to a client who is in need.

In a malpractice case based on abandonment, the client alleges that the therapist was providing treatment and then unilaterally terminated treatment improperly. The client must show that he was directly harmed by the abandonment and that the harm resulted in a compensable injury. The client's dissatisfaction with the outcome is not sufficient to establish the therapist's negligence. The client must also show that the termination was not his fault, e.g., that he kept his appointments, complied with treatment recommendations, and paid his bills.²

It is critical to be able to establish both the reason for termination and the manner in which it is carried out. After beginning a therapeutic relationship with a client, a social worker must not terminate therapy abruptly without referring the client to another mental health practitioner. If the social worker does not properly terminate the client-therapist relationship, the social worker exposes himself to allegations of abandonment which could lead to a lawsuit, a complaint to the state licensing board, or a request for professional review by the NASW Ethics Committee.³ Proper termination that has been documented is a defense to abandonment allegations, and it supports good client care.

² Barbara A. Weiner, J.D. & Robert M. Wettstein, M.D., Legal Issues in Mental Health Care 164-165 (1993).

³ Richard S. Leslie, J.D., *Termination and Referral – When Does the Duty to the Patient End?*, October 2008.

The NASW *Code of Ethics* addresses the issue of termination of services in 1.16:

1.16 Termination of Services

- (a) Social workers should terminate services to clients and professional relationships with them when such services and relationships are no longer required or no longer serve the clients' needs or interests.
- (b) Social workers should take reasonable steps to avoid abandoning clients who are still in need of services. Social workers should withdraw services precipitously only under unusual circumstances, giving careful consideration to all factors in the situation and taking care to minimize possible adverse effects. Social workers should assist in making appropriate arrangements for continuation of services when necessary.
- (c) Social workers in fee-for-service settings may terminate services to clients who are not paying an overdue balance if the financial contractual arrangements have been made clear to the client, if the client does not pose an imminent danger to self or others, and if the clinical and other consequences of the current nonpayment have been addressed and discussed with the client.
- (d) Social workers should not terminate services to pursue a social, financial, or sexual relationship with a client.
- (e) Social workers who anticipate the termination or interruption of services to clients should notify clients promptly and seek the transfer, referral, or continuation of services in relation to the clients' needs and preferences.
- (f) Social workers who are leaving an employment setting should inform clients of appropriate options for the continuation of services and of the benefits and risks of the options.

For more information, see [*NASW Code of Ethics*](#).

Tips for Termination

- Prepare for termination from the beginning. Termination should be discussed early so both parties can have a number of sessions to discuss ending therapy.

- If continued treatment is needed, provide referrals to several mental health professionals, with addresses and phone numbers. Three referrals is the “rule of thumb” minimum. If possible and with the client’s consent, assist in the transition to other health care providers.
- Conduct the final session face -to-face, if possible. Avoid ending with a text, in an email or with a voicemail message.
- Make sure the client understands when, why and how therapy will be terminated.
- Document discussions about termination.
- Formalize the termination with a personalized termination letter (not a form letter).

What to include in a termination letter?

It is good practice for a social worker to draft a termination of treatment letter to every client once treatment has ended, regardless of the reason, to formally end the therapeutic relationship. This provides clarity to the client, and it helps avoid any implication that the social worker has an ongoing therapeutic responsibility. The termination letter would be in the form of a business letter and include:

- Client’s name
- Date treatment began
- Effective date of termination
- State the reason(s) for the termination. (e.g., treatment goals have been met, client’s needs are beyond the scope of social’s workers practice or area of expertise, non-compliance with treatment recommendations, therapist is retiring/closing practice)
- Summary of treatment, including whether you feel further treatment is recommended
- If continued treatment is needed, provide three referrals to mental health professionals, with contact information
- Present the letter in person during a session or send it with delivery tracking and confirmation of service and/or certified return receipt
- Retain a copy of the letter and delivery documentation in the client’s file
- Mark the letter “confidential”
- Don’t mention confidential therapeutic treatment information

Conclusion

Addressing the termination of treatment is an important phase of the therapeutic process. For termination to be handled properly, discussions between the social worker and client should occur in advance and be addressed in a thoughtful and sensitive manner. It is best that clients not feel that they have been abandoned, for the sake of the client as well as the social worker. If continued treatment is needed, the social worker must make an effort to assist the client in obtaining ongoing services to ensure that these needs are adequately addressed. Proper documentation of the termination of the therapeutic relationship with the client will provide support for the social workers' effort to meet the clients' needs as treatment ends.

Resources and References

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[NASW Code of Ethics](#) (2008)

Richard S. Leslie, J.D., *Termination and Referral – When Does the Duty to the Patient End?*, October 2008.

Robert L. Barker, *NASW Social Work Dictionary* 336, 433, (5th ed. 2003).



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NASW CODE OF ETHICS SUMMARY

The Code identifies core values on which social work's mission is based, summarizes ethical principles that reflect the profession's core values, establishes a set of specific ethical standards that guide social work practice, and provides the basis on which the public can hold a practitioner accountable. The Code of Ethics is available online in its entirety at socialworkers.org/pubs/code.

AFFIRMATION OF THE NASW CODE OF ETHICS

I hereby affirm and agree that I will abide by the Code of Ethics of the National Association of Social Workers and agree to submit to professional review proceedings for any alleged violation of the same in accordance with NASW bylaws. I further understand that falsification of the contents of this application, conviction of a felony, or revocation of social work licensure may be grounds for rejection and/or termination of my Association membership and revocation of any and all benefits resulting therefrom.

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| <input type="checkbox"/> Adolescents | <input type="checkbox"/> Occupational SW/EAP |
| <input type="checkbox"/> Aging | <input type="checkbox"/> Philanthropy |
| <input type="checkbox"/> Child Welfare/Family | <input type="checkbox"/> Political Social Work |
| <input type="checkbox"/> Community Development | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Criminal Justice/Courts | <input type="checkbox"/> School Social Work |
| <input type="checkbox"/> Developmental/Rehabilitative Disabilities | <input type="checkbox"/> Social Work Education |
| <input type="checkbox"/> Displaced Persons, Homeless, Refugees | <input type="checkbox"/> Violence |
| <input type="checkbox"/> Health | <input type="checkbox"/> Other Non-Traditional |

DEMOGRAPHICS *(Optional. Please check one.)*

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| <input type="checkbox"/> African American | <input type="checkbox"/> Lesbian |
| <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> Gay Male |
| <input type="checkbox"/> Chicano/Mexican | <input type="checkbox"/> Bisexual |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Heterosexual |
| <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Other |
| <input type="checkbox"/> White/Caucasian | |
| <input type="checkbox"/> Other Hispanic/Latino | |
| <input type="checkbox"/> Other | |

APPLYING FOR INSURANCE

Insurance coverage must be obtained and purchased separately. Continuous membership with NASW is necessary when renewing professional liability insurance policies annually through NASW Assurance Services' programs. To apply for professional liability insurance, visit www.naswassurance.org. For term life, long-term, disability, or accident protection insurance, call 866.591.8267.

JOIN NASW'S SPECIALTY PRACTICE SECTIONS

The Specialty Practice Sections (SPS) focuses on issues, policies, and trends affecting social work practice in numerous specialty areas and provides specialized content and information. SPS also offers free practice-based webinars with free CE credit. Learn more at socialworkers.org/sections. *Fee is \$35 per year for each Section selected.* Select the Section you want to join, and add the fee to your payment total.

- | | | | | |
|--|--|--|---|--|
| <input type="checkbox"/> Administration/Supervision | <input type="checkbox"/> Child Welfare | <input type="checkbox"/> Health | <input type="checkbox"/> Private Practice | <input type="checkbox"/> Social and Economic Justice & Peace |
| <input type="checkbox"/> Aging | <input type="checkbox"/> Children, Adolescents, and Young Adults | <input type="checkbox"/> Mental Health | <input type="checkbox"/> School Social Work | <input type="checkbox"/> Social Work and the Courts |
| <input type="checkbox"/> Alcohol, Tobacco, and Other Drugs | | | | |

MEMBERSHIP CATEGORIES

Regular Full Member applicants must hold a BSW or MSW from a Council on Social Work Education (CSWE) accredited or recognized social work degree program, or a PhD/DSW in social work or social welfare.

Student Member applicants must be matriculating in a CSWE accredited social work degree program. Students who have maintained continuous membership after graduation are eligible for a transitional member rate of up to two years for BSWs and up to three years for MSWs. NASW student members and eligible transitional members may apply for discounted professional liability insurance for student field placement and/or for the first two years of professional practice. Eligibility for the Doctoral Student Membership category is limited to (4) years over the lifetime of membership, not necessarily to be continuous.

Associate Member applicants have a professional interest in, or are supportive of, the issues addressed by, or the client populations served by, the social work profession. Associate members may not hold national or chapter elective office. After five years of continuous membership, associate members are granted the right to vote in national or chapter elections.

NOTICE TO MEMBERS

Membership dues payments and other payments to NASW are not tax deductible as charitable contributions for income tax purposes. They may be tax deductible, however, as ordinary and necessary business expenses subject to federal limits related to Association lobbying activity. Tax deductible percentages will be available in January and printed in *NASW News*. Contributions to the NASW Foundation and its supported activities are generally tax deductible as charitable contributions. Consult a tax advisor regarding issues of tax deductibility. Contributions to PACE, NASW's political action committee are not tax deductible and can only be accepted from individual members and not businesses, organizations, or government agencies.

Full payment must accompany this form. Your application will be processed within two weeks upon receipt in our office. *NASW reserves the right to determine membership in keeping with Association principles and policies.*

Refunds: *Membership cancellations/refunds must be requested in writing within 30 days of membership activation. A \$25 processing fee will be applied to refunds of membership dues.*

Replacement Card Fee: *There is a \$15 fee to replace your NASW membership identification card. Download a free copy of your membership card information at socialworkers.org/membercenter.*

Returned Check Fee: *A \$35 processing fee will be assessed for returned checks.*

MAIL your application to NASW, P.O. Box 791343, Baltimore, MD 21279-1343 or FAX it to 888.551.6096.

NASW cannot guarantee confidentiality of this information, although it is intended for internal use only.



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EAPrefer™

Beginning in January, 2012 NASW will launch EAPrefer™ in Louisiana. EAPrefer is an exciting new benefit – solely for NASW members - that puts your expertise and experience as social workers to use as Employee Assistance Professionals.

By participating in EAPrefer, Louisiana NASW members can provide much-needed services to the community through the workplace, helping employees with issues ranging from substance abuse to childcare. Members have the opportunity to receive referrals from EAP network providers through a program that allows them to easily match qualified social workers with clients in need.

“I think this is a terrific new benefit for our members”, said Carmen Weisner, NASW-LA Executive Director. “Participating in EAPrefer can provide an excellent opportunity for our members to build their private practice or supplement their existing income, with a program tailored to fit their schedule.”

EAPrefer has made it easy for members to participate by prescreening and negotiating with select EAP network providers in Louisiana to provide fair compensation. EAPrefer has also reduced much of the paperwork and administrative burden by creating an easy system for members to sign up and begin receiving referrals.

To learn more about EAPrefer, requirements for participation, and to sign up please visit www.eaprefer.org or call 866-307-2325 to speak with a representative.

EAPrefer™ is a program of NASW Assurance Services Inc., a wholly-owned subsidiary of the National Association of Social Workers (NASW).

Louisiana Children's Trust Fund



Please join us in welcoming
Dr. Dana R. Hunter, LMSW,
as our new Executive Director.

Congratulations Dana!



LOOK BEFORE YOU LOCK!

Four simple things can ensure all children safely exit the vehicle after every trip:

1. Do things when placing child in car seat that serve as a reminder a child is in the vehicle. Place your left shoe, a purse or briefcase in the back seat, write a note or use a stuffed animal placed in the driver's view to remind you a child is in the car seat.
2. Use a mobile phone alarm or a baby alarm app to remind you a child is in a car seat.
3. If you are dropping your child off at childcare and it's not your normal routine, have someone call you or the childcare to make sure the child arrived according to plan.
4. Make a habit of looking in every seat (front and back) before locking the door and walking away.

Download posters & more at www.lctf.org.

Louisiana Children's Trust Fund

Louisiana Children's Trust Fund is a statewide organization that partners with organizations across Louisiana to prevent child abuse and neglect. The Trust Fund accepts grant applications annually and selects projects to support in each region of Louisiana within the funding priorities set in the state plan.

The funding priorities are set every five years and encompass regional and statewide goals within five key areas:

- Education and Support for Parents
- Self-help Groups and Neighborhood Support Programs
- Prevention and Life Skills Training Programs for Children and Youth
- Coordination and Continued Education of Child Abuse and Neglect Prevention
- Public Awareness and
- Education of the Problem

Additional info can be found at www.lctf.org.





Our Vision:

- Working to keep children safe
- Helping individuals and families become self-sufficient
- Providing safe refuge during disasters



Make a note!

On Monday, July 11, the Louisiana Department of Children and Family Services will launch a toll-free number

855-4LA-KIDS (855-452-5437)

for anyone in the state to call and report child abuse or neglect.

One number, 24 hours a day, 7 days a week to speak to a trained child welfare worker to report possible abuse and neglect.

By launching a centralized intake system, workers will be able to provide a more consistent screening and decision making process of child abuse and neglect reports statewide. This will allow local child protection investigation workers with DCFS more time in the field completing investigations.

This new number will replace all previous local DCFS numbers used in the past to report child abuse to the Department.





Brentwood

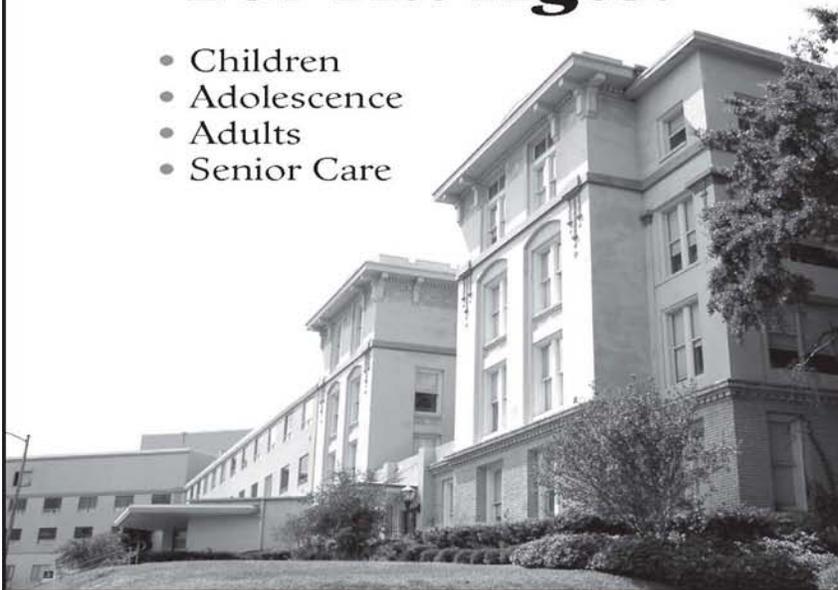
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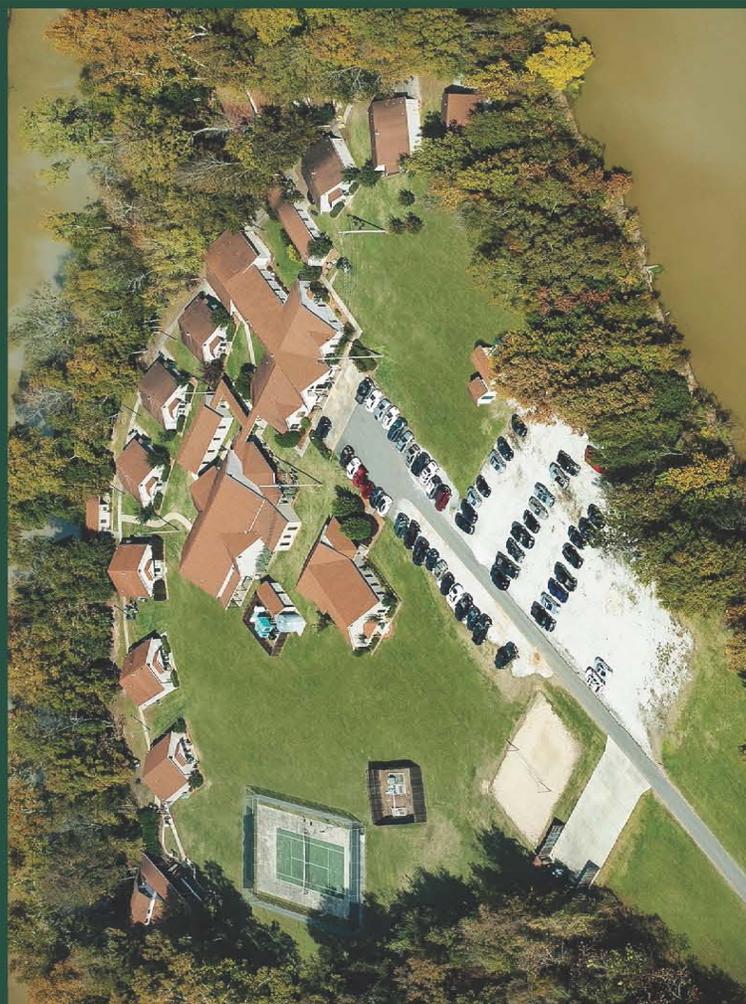
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Suzie Perry at 225-936-5512.

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Social workers who hold the C-SSWS have:

- A current NASW membership;
- An MSW degree from an institution accredited by the Council on Social Work Education (CSWE);
- Documented two (2) academic years of paid, supervised, post-MSW experience as a school social worker in a school setting;
- Provided an evaluation from an approved supervisor;
- Provided a reference from an MSW colleague;
- One of the following: current ACSW, DCSW, current state exam-based social work license, current state exam-based school social work license/certification, or passing score on ASWB exam;
- and Agreed to adhere to the NASW *Code of Ethics*, the NASW *Standards for School Social Work Practice*, and the NASW *Standards for Continuing Professional Education*, and are subject to the NASW adjudication process.

Call the National Office at
202-408-8600 Ext: 409



DIA LEARNING PRESENTS: 5 NEW ON-LINE CONTINUING EDUCATION ETHICS COURSES FOR NASW-LOUISIANA

DIA Learning announces 5 programs now available in our ethics education series. Each course is approved for **12** Educational Hours for Social Workers by the NASW-Louisiana Chapter. The course topics are: Persistent Vegetative State (The Schiavo case), Patient Safety, Dying Well (End of Life Care), Stem Cell Research and NICU (Issues of Life and Death). The courses were developed with the busy professional in mind and contain high quality video documentary, text and quiz components. The courses can be accessed from any computer and completed at your own pace. The cost of each course is \$120. To sign up for or test drive the courses, logon to <http://ethicsprograms.com> or contact Dan Mueckl at danmueckl@dialearning.com or 314-533-4327.

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- **Ethical Decision Making: A Primer for Mental Health Clinicians** 5 contact hours
- **What Every Mental Health Clinician Needs to Know about Sexual Harassment** 3 contact hours
- **Assessment for Suicidality: A Primer for Mental Health Clinicians** 3 contact hours
- **Understanding Stress: An In-depth Guide for the Mental Health Clinician** 5 contact hours
- **Today's Street Drugs: A Detailed Overview for Mental Health Clinicians** 5 contact hours
- **Understanding Antidepressants: A Detailed Overview for Mental Health Clinicians** 4 contact hours
- **Leadership, Authority and Ethical Decision Making for the More Advanced Clinician** 5 contact hours
- **...and a number of other courses**

For more information, go to **www.yourceus.com**
or call us toll free at **888-247-1991**
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Get Superior NASW-Endorsed Malpractice Coverage for Less!

Plus, we've added up to 15% additional discounts for individuals ... and, we've made it easier than ever!

How can NASW Assurance Services do this? We've learned a lot from our years of experience of program management, and designed a new program even more focused on NASW member needs and interests. And thanks to our new program administrator, CPH and Associates, we're able to pass on significant administrative cost savings to you in enhanced benefits and better pricing.



PROGRAM HIGHLIGHTS:

- NASW Risk Retention Group is licensed and regulated by the federal government and receives strong A rated backing from Lloyd's, London, known for its 324-year track record of paying every valid policyholder claim.
- Includes benefit from Prior Acts Coverage, making new, enhanced program benefits retroactive to your current policy initiation date provided you had continuous NASW coverage and your application is approved during underwriting.
- This is the only program endorsed by NASW with NASW ASI management, oversight and advocacy on your behalf to keep costs low, enhance benefits, and assist members unfairly turned down for coverage or renewal.
- You can save money with NEW 5% on-line application discount and 10% risk management education discounts (for individuals).
- Enjoy extended customer service hours (evenings and Saturdays) and easy on-line enrollment process with same day policy and proof of coverage once accepted.

ENHANCED BENEFIT HIGHLIGHTS:

- **Enhanced:** \$35,000 Licensing Board Coverage and \$35,000 Wage Loss Coverage automatically included (up from \$5,000 each)
- **New:** Health Information – HIPAA Privacy Coverage (\$25,000)
- **New:** Emergency First Aid Coverage (\$15,000)
- **New:** First Party Assault Coverage (\$15,000)
- **New:** Medical Payments Coverage (\$50,000)

PLUS ... you now have access to a lawyer-staffed Risk Management Help Line to answer your claims-related questions.

- Supplemental Liability Coverage (for clients tripping and falling in office)
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Don't assume that renewing your old policy automatically gives you enhanced coverage! To obtain the enhanced, new policy you must take action: call 855-385-2160 or enroll at www.naswassurance.org/pli/professionals. It's quick and easy!

REFRESH YOUR HIPAA Training

NASW is Here to Help

MEMBERS: \$35 for one course
\$99 for multi-course package

NON-MEMBERS: \$45 for one course
\$129 for multi-course package

The 2013 Omnibus HIPAA Rule establishes new requirements for health and mental health professionals. NASW's Legal Defense Fund and its partner, Medelearn, have updated the online HIPAA training courses tailored for social workers. These include HIPAA privacy and security as well as HITECH Act provisions. Who should take these courses? Any social worker who works in a setting or practice where insurance companies are billed directly for services will benefit.

- Engaging e-learning experiences including professional graphics and work scenarios.
- Basic and Advanced level courses.
- Instant test scores. Test until you pass!
- Immediate access to print "Certificate of Completion" for audits.
- One-year access to course content.
- CE Credits earned (in some states).

For more information visit: www.medelearn.org/nasw



medelearn



Membership in NASW is an Investment in Your Career

Whether you are a social work student or degreed professional, whether you work with clients or with communities or organizations, the National Association of Social Workers (NASW) has the resources and professional development opportunities to enhance your education, build your career, and advance you as a social work professional.

**Partner with the
Association that
supports your studies,
work, and career.
JOIN NASW TODAY.**

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- Entry into a community of nearly 150,000 colleagues who support each other and the profession
- Automatic chapter membership at no additional cost for a local connection to continuing education, news, and issues affecting social work practice where you live or work
- Discounted membership rates for students and social workers just entering the field
- Access to career advancement services of the NASW online career center, including résumé, cover letter, and interviewing tips, and all features of JobLink, NASW's social work job bank
- Multiple opportunities throughout the year to take free webinars and earn CE credit
- Free NASW WebEd online courses that offer CE credit
- Specialty sections for practice-specific information and resources, member-to-member networking, and opportunities to earn additional free CE credit
- Professional credentials that can energize your career and increase your marketability
- Affordable professional liability and personal insurance for protection on the job and at home
- Members-only information on legal issues affecting the profession
- Advocacy on Capitol Hill for the future of our profession and viability of our workforce for years to come

www.socialworkers.org

50 THINGS YOU CAN DO AS A MEMBER OF NASW

- 1) SUPPORT YOURSELF AND YOUR PROFESSION THROUGH *YOUR* PROFESSIONAL ASSOCIATION.
- 2) AFFIRM YOUR COMMITMENT TO THE NASW CODE OF ETHICS.
- 3) RECEIVE THREE MEMBERSHIPS FOR ONE PRICE: NATIONAL, STATE, AND LOCAL.
- 4) RECEIVE 10 ISSUES ANNUALLY OF THE AWARD-WINNING *NASW News*.
- 5) DEPEND UPON PAID PROFESSIONAL NATIONAL AND CHAPTER STAFF WORKING DAILY FOR YOU AND ON YOUR BEHALF.
- 6) NETWORK WITH LOCAL SOCIAL WORKERS AT REGULAR BRANCH MEETINGS.
- 7) MAKE A DIFFERENCE BY JOINING WITH OTHER SOCIAL WORKERS IN ADVOCACY EFFORTS TO PROTECT VULNERABLE POPULATIONS AND NEEDED SERVICES.
- 8) LEARN THE LATEST INFORMATION ABOUT SOCIAL WORK LICENSURE IN TENNESSEE.
- 9) GAIN PROFESSIONAL RECOGNITION FROM THE SOCIAL WORK PUBLIC IMAGE CAMPAIGN.
- 10) UTILIZE NATIONAL AND STATEWIDE TOLL-FREE INFORMATION LINES FOR MEMBERS.
- 11) ACCESS "MEMBERS ONLY" SECTIONS OF YOUR OWN NATIONAL PROFESSIONAL WEBSITE: WWW.SOCIALWORKERS.ORG.
- 12) KEEP UP TO DATE ON INFORMATION IMPACTING SOCIAL WORKERS IN TENNESSEE THROUGH REGULAR MEMBER E-NEWSLETTERS.
- 13) RECEIVE MEMBER ONLY ACCESS TO EXCELLENT MALPRACTICE INSURANCE AT GREAT RATES.
- 14) BE PROTECTED BY PROFESSIONAL LOBBYING FOR YOU AND YOUR PROFESSION AT THE STATE AND NATIONAL LEVEL.
- 15) HELP ELECT PACE-ENDORSED CANDIDATES SUPPORTING SOCIAL WORK ISSUES.
- 16) RECEIVE A 20 – 30% DISCOUNT AND BE NOTIFIED FIRST ABOUT NASW CONTINUING EDUCATION EVENTS IN YOUR AREA AND ACROSS THE STATE.
- 17) HAVE YOUR QUESTIONS ANSWERED ON LICENSURE AND ETHICS.
- 18) RECEIVE INTERNET ACCESS TO THE PROFESSION'S PREMIERE JOURNAL, *SOCIAL WORK*.
- 19) TAKE ADVANTAGE OF LEADERSHIP OPPORTUNITIES IN LOCAL, CHAPTER, AND NATIONAL POSITIONS.
- 20) PARTICIPATE IN, OR BENEFIT FROM, STATEWIDE COMMITTEES INCLUDING CONTINUING EDUCATION, ETHICS, LEGISLATIVE AND MEMBERSHIP SERVICES.
- 21) DEVELOP NEW SKILLS THROUGH VOLUNTEERING.
- 22) ATTEND QUALITY CONTINUING EDUCATION ACTIVITIES ORGANIZED BY THE CHAPTER AND AT YOUR LOCAL BRANCH LEVEL. FREE ON-LINE CEUs ARE ALSO BEING PROVIDED ON THE NATIONAL WEBSITE.
- 23) LEARN ABOUT WORKSHOPS OFFERED BY OTHER ORGANIZATIONS THAT HAVE RECEIVED CEU APPROVAL FROM NASW.
- 24) JOIN OVER 50,000 MEMBERS IN THE ACADEMY OF CERTIFIED SOCIAL WORKERS (ACSW).
- 25) HAVE YOUR CLINICAL SKILLS NOTED BY OBTAINING THE DIPLOMAT IN CLINICAL SOCIAL WORK (DCSW).
- 26) LEARN ABOUT YOUR RIGHTS AND RESPONSIBILITIES THROUGH LEGAL BRIEFS AVAILABLE TO ASSIST MEMBERS IN UNDERSTANDING LEGAL ISSUES THAT IMPACT THE PROFESSION.
- 27) USE "SOCIAL WORK SPEAKS" TO FIND NASW POLICIES ON MAJOR HUMAN SERVICES ISSUES.
- 28) USE THE SOCIAL WORK FINDER ON WWW.HELPSTARTSHERE.ORG TO RECRUIT NEW CLIENTS AND LOCATE SOCIAL WORKERS AROUND THE NATION.
- 29) OBTAIN CERTIFICATION IN YOUR SPECIALTY AREA.
- 30) BE RECOGNIZED AND RECOGNIZE OUTSTANDING SOCIAL WORK PRACTICE THROUGH LOCAL, STATE AND NATIONAL "SOCIAL WORKER OF THE YEAR" AWARDS.
- 31) JOIN A SPECIALIZED PRACTICE SECTION FOR NETWORKING, IDEA-SHARING, AND ADDITIONAL INFORMATION.
- 32) PARTICIPATE IN GRASSROOTS LEGISLATIVE ADVOCACY AT LOCAL, STATE, AND NATIONAL LEVELS ON SOCIAL JUSTICE AND PROFESSIONAL ISSUES.
- 33) RECEIVE ACCURATE INFORMATION ABOUT SOCIAL WORK SALARIES IN TENNESSEE.
- 34) USE THE LIBRARY/VIDEO SERVICES FROM THE CHAPTER OFFICE.
- 35) ACCESS SPECIFIC INFORMATION ABOUT STANDARDS FOR YOUR FIELD OF PRACTICE.
- 36) ADVERTISE YOUR OWN SERVICES AND WORKSHOPS TO OTHER SOCIAL WORKERS AT LOW COST.
- 37) BENEFIT FROM NASW'S EFFORTS TO DEFINE WHAT SOCIAL WORK IS AND DOES FOR THE PUBLIC, THE MEDIA, AND THE LEGISLATURE.
- 38) RECEIVE REGULAR LEGISLATIVE UPDATES ON PROPOSED LEGISLATION IMPACTING SOCIAL WORKERS AND OUR CLIENTS.
- 39) HELP DISPEL MYTHS ABOUT SOCIAL WORK.
- 40) USE CONTACTS FOR SOCIAL WORK INFORMATION IN ALL 50 STATES.
- 41) GET ASSISTANCE WITH EMPLOYMENT AND LICENSURE WHEREVER YOU RELOCATE.
- 42) PURCHASE T-SHIRTS, COFFEE MUGS, AND OTHER ITEMS THAT CELEBRATE YOUR PROFESSION.
- 43) PARTICIPATE IN SOCIAL WORK MONTH AND 'SOCIAL WORK DAY ON THE HILL' ACTIVITIES.
- 44) ADVANCE PROFESSIONALLY BY PUTTING NASW MEMBERSHIP ON YOUR RESUME.
- 45) SIGN UP FOR SPECIALTY JOURNALS OR A SPECIALITY PRACTICE SECTION WITH INFORMATION AND CEUs IN YOUR AREA OF PRACTICE.
- 46) GET MEMBER DISCOUNTS ON RENTAL CARS, HOTELS AND OFFICE PRODUCTS.
- 47) SHOP NASW PRESS'S VIRTUAL BOOKSTORE: WWW.NASWPRESS.ORG.
- 48) GET GROUP INSURANCE FOR TERM LIFE, DISABILITY, HOSPITAL DAILY CASH, AND ACCIDENTAL DEATH.
- 49) HELP PROTECT THE PUBLIC FROM UNETHICAL SOCIAL WORK PRACTICE.
- 50) ... AND THE LIST COULD GO ON AND ON AS THOUSANDS OF SOCIAL WORKERS JOIN TOGETHER FOCUSED ON OUR CORE VALUES OF *SERVICE, SOCIAL JUSTICE, DIGNITY AND WORTH OF THE PERSON, IMPORTANCE OF HUMAN RELATIONSHIPS, INTEGRITY AND COMPETENCE.*

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ADVERTISING

Call the Chapter Office for details regarding sponsorships, advertising and links to the website. Publishing ads in the NASW-LA Newsletter and/or on the NASW-LA website is at the discretion of the association and the association reserves the right to deny placement.

DEADLINE DATES

Deadline Dates vary according to the publication of the newsletter. Generally, the 15th of the month is the deadline for all newsletter information. The newsletter is scheduled to go to print on odd numbered months.



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Please visit our website, www.naswla.org,
for more information on the employment opportunities that we have become aware of.

Join the NASW Advocacy Network Listserv

Take Action on the Federal Issues Important to Social Workers!
By joining the advocacy network listserv, you will receive periodic updates and action alerts, geared specifically to the areas in which you indicate an interest, via e-mail from NASW's government relations staff.

To join NASW's advocacy network listserv,
please visit www.socialworkers.org/advocacy/networkNew.asp.

Send a Letter to Your Member of Congress
NASW's Congress Web system assists you in preparing and sending e-mails or letters on key federal issues to your Members of Congress.

To proceed directly to Congress Web,
please <http://63.66.87.48/cweb4/index.cfm?orgcode=NASW>