

THE NEW



The Magazine for
Social Work Students
and Recent Graduates

SOCIAL WORKER®

Spring 2007 Volume 14, Number 2



Students at Nazareth College of Rochester rake lawns to raise money for Sojourner House. See page 22 for details.

OUR REGULAR FEATURES:

Ethics

Field Placement

On Campus

Electronic Connection

Book Reviews

In This Issue:

- *A Social Worker Grandfather Thinks About Global Warming*
 - *Private Practice: When It's NOT For You*
 - *How to Snag a Job in International Social Work*
 - *Considerations in Writing a Literature Review*
 - *Rape Crisis Response: Before and After*
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Greta Martin—Student Role Model



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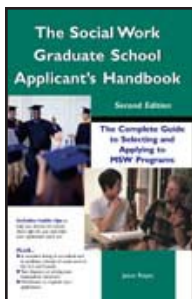
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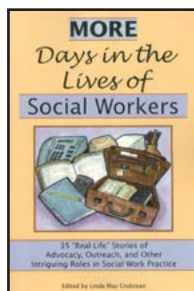


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Coming Soon

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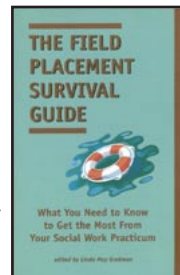
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What You Need to Know to Get the Most From Your Social Work Practicum

Edited by Linda May Grobman, ACSW, LSW

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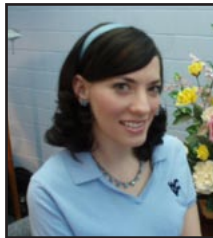
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Student Role Model: Greta Martin

In this issue, Barbara Blank provides a close-up look at Greta Martin, MSW student at West Virginia University.
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An Oscar-winning film and a former vice-president of the U.S. have brought recent attention to global warming. Our planet is getting hotter. This fact is not in question. What are our responsibilities, as social workers, in regard to this issue? Is this a question of ethics?
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A new program strictly for humans is now available at the Veterinary Teaching Hospital—Michigan State University Veterinary Social Work Services—the first of its kind in Michigan.
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Social work and law students at the University of Maryland Baltimore recently helped count the city's homeless.
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Literature reviews are ubiquitous in academic journals, scholarly reports, and social work education. Conducting and writing a good literature review is both personally and professionally satisfying.
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The phrase “psychiatric unit,” for many, conjures up horrifying images, such as *One Flew Over the Cuckoo’s Nest*. This article looks at the unit as a *nesting place*. Is this the career path for you?
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Publisher's Thoughts

Dear Reader,

This issue of *The New Social Worker* is a special issue. As we previously announced, **this is our last quarterly print issue of the magazine.** Future issues will still be published quarterly and will look the same as ever (but more colorful!). However, they will be published electronically only (except for an occasional special print issue). This is a bittersweet moment—it is always exciting to me to see a new issue come “off the press.” On the other hand, technology has created even more exciting possibilities for the magazine, and I look forward to sharing those with you.



The publisher/editor

My goal in publishing this magazine has always been to provide a useful service to social workers and social work students, in which they can easily access practical information to help them in their careers. By publishing in PDF format, and making *The New Social Worker* available **FREE of charge**, we can reach more of the people who can benefit from it.

One area that we are developing that is brought about by that technology is podcasting! To start, we have incorporated Jonathan Singer's fantastic Social Work Podcast into *The New Social Worker's* Web site. Go to http://www.socialworker.com/home/menu/Social_Work_Podcast to listen online to these full-length lectures by a social work doctoral student. Recent topics have included developing treatment plans, interpersonal psychotherapy, gestalt therapy, and person-centered therapy. Jonathan would like to hear from you. E-mail him at jonathan@socialworkpodcast.com to let him know what topics you would like covered in future podcasts.

In addition, I have uploaded to our Web site an interview I conducted with Amanda Vos, an Australian social worker who visited me recently. You can hear this interview at http://www.socialworker.com/home/menu/Interview_With_Amanda_Vos/

In the last issue, we published articles by students of professor Lisa Cox at The Richard Stockton College of New Jersey. In this issue, we feature another of these writings. Read Brianna Bernath-Gorneau's reflection of her first rape crisis call on page 14.

The Oscar-winning film *An Inconvenient Truth* and former vice-president Al Gore have brought global warming to the forefront of Americans' thinking. Is this a social work issue? Bill Whitaker says it is the *most* important social welfare issue we face, and he tells why and what we can do about it on page 4.

In this issue, you are treated to a “preview” of the new book I am editing with Dara Bergel Bourassa. See page 6 for Kathryn MacLean's article on her experiences as a student in the Hartford Practicum Partnership Program (PPP). If you are a student interested in working with older adults, the PPP will definitely be of interest to you! See page 7 for additional information about the new book, too.

Your literature review is due next week! What to do? Turn to page 12 for Kathy Black's excellent overview of this special type of research and writing. Besides knowing how to find and write up sources, find out why you need to cite them correctly and how to avoid plagiarism like the plague.

Do you know which setting is right for you? Jasmine Appleberry (page 20) provides insight into working in an inpatient psychiatric unit, while Sheila Peck (page 24) cautions that private practice is *not* the right direction to take for everyone, and Ann McLaughlin tells us about international work on page 26.

I must get five e-mails a week asking about online or distance education in social work. Marshall Smith discusses this topic on page 30.

Do you have information you would like to share with *The New Social Worker's* readers? Think about submitting an article. Get creative! I'd love to hear from you. Also, I am always looking for photos of social work students and social workers “in action.” **Send your ideas or completed manuscripts and photos to me at lindagrobman@socialworker.com.**

Until next time—happy reading!

Linda M. Grobman



The Magazine for
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and Recent Graduates

THE NEW
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Spring 2007
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Greta Martin

by *Barbara Trainin Blank*

A guidance counselor she admired in high school may have sparked Greta Martin's interest in the helping professions. And her mother, a nurse who took several years off to raise children, encouraged Martin to think of social work as a potential career. But it was ultimately her home life that steered the 23-year-old in that direction.

Martin is the oldest of nine children—seven of whom are adopted. “So I got used to seeing home study people in and out of the house,” she says. “I realized social work might be a satisfying career.”

Martin is now pursuing a master's in social work at West Virginia University, in addition to a certificate in non-profit management. She received her BSW from WVU last May.

Adoption is one area of social work Martin is exploring. She's looking for an adoption-related summer internship. Having interned in a mental health agency and a hospital, Martin says, “One of the great things is how diverse social work is, how you can work in multiple settings.”

Martin grew up in Morgantown, West Virginia, but her family moved to a big farmhouse in the more rural area of Core later on. “They always wanted to have a big family, and

kept adopting,” Martin says of her parents. “I'd say they're amazing people.”

Martin chose a university that was only 30 minutes away from home but lived in the dormitory to foster her independence. Appropriately, some of her activities on campus are directed toward helping younger students find a comfortable place on campus.

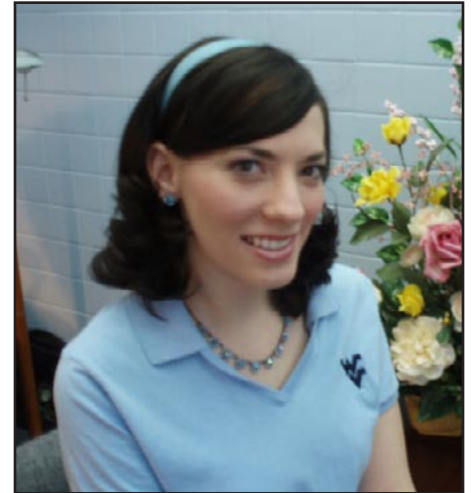
Martin has taught “University 101,” a required semester seminar designed to help students transition to college. For two summers, she worked at the Governor's School for Math and Science, held at WVU, which included responsibility for the well-being of students; mentoring and tutoring those enrolled in math, science, and psychology courses; and planning daily programs to promote healthy lifestyles.

For almost four years, Martin has served as a Resident Assistant on campus, assisting in the day-to-day operations of Boreman Hall and mediating among students, if necessary. “I love being an RA,” Martin says. “One of the best things is helping students make the transition from high school to college, to deal with conflict and homesickness. I also program community activities. The good thing is that you can screen problems in the hall.”

Volunteerism has been a part of Martin's life—at the Christian Help Clothing Closet and the Chestnut Ridge Hospital off-campus. On campus, she recently oversaw the Boreman Hall Community Service Club project of making Valentine's Day cards for nursing home residents. It is a club Martin founded.

“Greta is a natural leader, and I wonder if it has something to do with her being the oldest of nine children,” says Betty Mei, assistant director of the McNair Scholars Program, a federally funded initiative to help first-generation, low-income, and underrepresented groups to achieve success in college and prepare them for doctoral studies.

Martin, the first in her family to attend college, was a 2004-2005 and 2005-2006 McNair Scholar. Mei was her counselor/advisor and research supervisor.



Greta Martin

“When I asked the McNair Scholars to conduct a community project, and no one wanted to head it because they were so busy with their own school work and other activities, Greta volunteered,” Mei continues. “She couldn't stand seeing a project without a leader.”

Soft-spoken and modest, Martin doesn't relate to the word “leader” readily, but she does admit to being good at organizing. “That's one of my strengths,” she says. “I do think it's important for everyone to speak our minds and for everyone's opinion to be valued, that no one feels left out.” That's an attitude probably honed, at least, in part, to the many voices heard in a large family.

Academics is another strength. Martin, who expects to complete her MSW in May 2008, was named Outstanding Senior in the BSW program. Ginny Majewski, chairperson of the division of social work at WVU, knew Martin was an honors student in the BSW program and taught her last semester in a community organization class.

“Greta is in direct practice but took the class as an elective,” Majewski says. “She was one of the youngest students in the class, but was chosen by her classmates as chairperson of the class project—to do a forum about drug and alcohol
Martin—continued on page 27

A Social Worker Grandfather Thinks About Global Warming

by *Bill Whitaker, Ph.D., ACSW*

Editor's Note: The NASW Code of Ethics guides social workers to "...promote the general welfare of society, from local to global levels, and the development of people, their communities, and their environments. Social workers should advocate for living conditions conducive to the fulfillment of basic human needs...." This essay speaks to these issues.

When the Frank Church Institute invited Al Gore to keynote its January 22 Boise State University conference, *Global Warming: Beyond the Inconvenient Truth*, the prospect of 10,000 Idahoans turning out to listen to Gore probably seemed somewhat less likely than the Boise State Broncos winning the Fiesta Bowl.

Nonetheless, the Broncos won, and when 700 tickets for the Gore event were distributed in less than 10 minutes after the box office opened, his keynote was relocated to the university's 10,000-seat basketball arena. After distributing 785 more tickets to students and reserving 2,000 for students away for the holidays, all available tickets were snapped up at \$5 a pop in less than 6 hours. Lines at two box office locations were estimated at more than 500 persons each.

It looks as if global warming has become a hot topic in Idaho. On behalf of my grandchildren Fiona and Max and on behalf of all the children and grandchildren of our planet, I hope this is true. Their futures and the futures of all of us younger than about 60 may well depend on what is done to counter global-warming-related climate change over the next decade.

Climate change is the most important social welfare issue we face as social workers. Unless we bring our best thinking and organizing to bear on climate change, our work on all the other issues near and dear to our hearts runs the risk of being comparable to rearranging deck chairs on the Titanic. Fortunately, there are steps both large and small we can take to change our future. Some of these are described later in this essay.

Our planet is getting hotter. This fact is not in question. Our most respected scientific bodies have concluded unequivocally that global warming is

happening, and we are causing it by our consumption of fossil fuels and destruction of forests.

Here's how it works. The sun sends solar energy to earth, warming us and making life possible. The rub is that while some solar radiation is essential, too little or too much creates problems. The earth is wrapped in a blanket of carbon dioxide and other "greenhouse gases" that affect how much solar radiation is trapped on earth and how much is reflected back into space.

During the relatively brief time that life has existed on earth, the composition of the carbon blanket has gone through natural cycles affecting the earth's thermostat and warming or cooling our planet within a temperature range hospitable to life as we know it.

Cycles of warming and cooling are directly correlated with the amount of carbon dioxide in the atmosphere. Changes in the level of carbon dioxide are directly correlated with the coming and going of ice ages, to the rise and fall of ocean levels. Climate change killed the dinosaurs and opened the way for birds and mammals, and opened the way for human beings to become the dominant life form on planet Earth today.

In recent centuries, humankind has multiplied with great success. As we have become the first species capable of remaking our environment, we are on the brink of becoming the victims of our success. The fossil fuels we burn, and the forests we clear, are increasing atmospheric carbon dioxide at rates our planet cannot sustain without dire consequences. Today's carbon blanket contains 25 percent more carbon dioxide than has ever before existed during the past 650,000 years.

As a consequence, more of the sun's energy is trapped by our atmosphere,

increasing temperatures throughout the globe. Some areas, including polar regions, are increasing in temperature faster than others. Rising temperatures are melting the polar icecaps and raising sea levels. Since open seas and bare land reflect less radiation back into space than do ice and snow, even more heat is absorbed by the earth and we are creating a feedback cycle that speeds up the warming process.

Unless steps are taken to prevent polar icecap melting now, rising sea levels are likely to inundate large areas of major cities such as New York, San Francisco, and Alexandria, Egypt and much of Florida, the Netherlands, Bangladesh and Pacific Island nations during the lifetimes of our children and grandchildren. Massive concentrations of people are clustered in coastal lowlands threatened by the sea. Millions may become climate change refugees, stretching global social service resources beyond the breaking point.

Globally, nearly one third of the arable land from which we feed ourselves could be flooded by rising seas, if global warming continues during our generation. Global warming has the potential for generating famine and starvation beyond biblical proportions.

Global warming is spreading the range of mosquitoes, mice, and other pests that carry disease—contributing to outbreaks of hantavirus in the United States and dengue and yellow fever at ever higher elevations in Central and South America. Hotter days lead to unhealthier air and more smog, worse temperature inversions, and more asthma.

Warmer seas result in more and stronger hurricanes. Storms like Katrina caused more than \$100 billion in damage to U.S. coastal areas in 2005. More than half the U.S. population lives within 50 miles of a coastline.

The last nine years have each been among the 25 hottest on record, a streak called "unprecedented in the historical record" by the National Climatic Data Center. As global temperatures rise, heat waves are expected to increase in number and duration.



The Chicago heat wave of 1995 left 739 persons dead. In the heat wave of 2003, 27,000 persons died in Europe, 14,000 in France alone. The 2006 record-breaking heat wave in California resulted in at least 56 deaths and killed many dairy cows and other livestock. Thousands of carcasses were dumped into landfills, a procedure usually outlawed as a threat to public health.

Warming temperatures are also affecting the winter tourism on which many western U.S. economies rely. Springtime mountain snow cover diminished an average of 29 percent in the Cascades and 16 percent in the Rockies, while sites in Washington and Oregon had reductions of as much as 50 percent between 1950 and 1997.

Rising temperatures cause more precipitation to fall as rain rather than snow, with serious implications for salmon fishing, irrigation, and drinking water supplies—all heavily dependent on snow melt in the Pacific Northwest.

It is estimated that by 2030, there will be no glaciers left in Glacier National Park.

While the climate changes that will result from unabated global warming are daunting, fortunately we still have time to change the course of events.

There are steps that each of us can take as individuals to reduce future warming. We can take simple, cost-effective steps like replacing light bulbs with long-lasting, energy-efficient compact fluorescent or LED bulbs—saving 100 pounds of carbon dioxide per bulb.

We can keep the tires on our cars inflated properly and change our car's air filter when it is dirty—saving 1,050 pounds of carbon dioxide per car per year. We can run our dishwashers only when they are full—and save 100 pounds of carbon dioxide. We can use post-consumer recycled paper—and save 5 pounds of carbon dioxide per ream.

We can turn our thermostats down two degrees in winter and up two degrees in summer—saving 2,000 pounds of carbon dioxide annually. We can set hot water thermostats no higher than 120 degrees F, switch to a tankless water heater, or add passive solar assisted hot water. We can take shorter showers and install low-flow shower heads.

We can buy locally produced produce and other products and insist on minimally packaged goods. If we need a new car, we can buy a hybrid or, better yet, carpool or bike when possible. We

can plant a tree—or three—and use a push mower to cut our lawn. We can caulk and weather strip and insulate our homes and replace single with double pane windows.

We can unplug electronics when not in use and replace old, inefficient appliances with energy-star rated newer ones. We can take our own cloth bags when grocery shopping. We can reduce consumption, re-use what we purchase, and recycle what we can no longer use.

Climate change is the most important social welfare issue we face as social workers.

Most of these simple actions both reduce our carbon load and save money in the process. Properly inflated tires reduce the cost of operating a car. A low-flow shower head uses less energy to heat the water—saving as much as \$150 per year.

But individual actions are not enough. We need to be social worker activists, advocating to change public policies that will have major impact on the future we pass on to the next generation.

We can challenge elected officials at every level to support efforts to reduce the output of “greenhouse gases,” and we can vote the rascals out if they persist in wrong-headed decisions. We can call for replacing tax subsidies for dirty energy with support for solar, wind, geo-thermal, and bio-mass energy generation. Using such clean, renewable sources, Idaho can generate five times the total electricity Idahoans currently consume without

relying on a single coal-fired or nuclear power plant.

We can become better informed and share that information with our friends and neighbors, faith groups and service clubs, and with all the people we know.

Many groups and organizations are good sources of information about global warming.

Stop Global Warming (www.stopglobalwarming.org) provides news articles that have been published during the past three years. Its “virtual march” has enlisted more than 596,000 supporters demanding solutions to global warming.

Focus the Nation (www.focusthenation.org) is promoting a January 31, 2008 nation-wide, non-partisan discussion of global warming policy choices in more than 1,000 universities, colleges, high schools, businesses, and faith and civic organizations.

The Alliance for Climate Protection (www.allianceforclimateprotection.org), an educational group launched by Al Gore, plans to spend millions of dollars to convince Americans that global warming is an urgent problem.

As the grandfather of Fiona and Max, I am convinced that preserving the planet that is our only home must be the great work of our generation of social workers. The children and grandchildren of planet Earth are depending on us.

Bill Whitaker, Ph.D., ACSW, coordinates the Boise State University graduate program in social work. Dr. Whitaker can be contacted at w Whitak@boisestate.edu. An earlier version of this article appeared in the Idaho State Journal.

Journal of Social Work Values and Ethics

The Journal of Social Work Values and Ethics is an online, free, full-text peer-reviewed journal published by the publisher of *The New Social Worker*.

The *Journal*, edited by Stephen M. Marson, Ph.D., and Jerry Finn, Ph.D., and published twice a year, is available at <http://www.socialworker.com/jsweve>. The *Journal* examines the ethical and values issues that impact and are interwoven with social work practice, research, and theory development.

Register for free, and you will be sent the Table of Contents of each issue when it is available.

Term Paper Contest

See the *Journal's* Web site for details about this year's Term Paper Contest! Deadline for submissions is **May 15, 2007**.



Field Placement

Exploring Gerontological Social Work Through the Hartford Practicum Partnership Program

by Kathryn MacLean

Editor's Note: This article is excerpted from the forthcoming book, Days in the Lives of Gerontological Social Workers, edited by Linda May Grobman and Dara Bergel Bourassa. See next page for more information about this book.

My classmates thought I was having a financial crisis. Why else would a person choose to work with older adults? I had only worked with youth in the past. A year with AmeriCorps in a community school and more than a year teaching in a self-contained classroom for at-risk youth made me want to try something new. Older adults faced different challenges from the youth I had worked with in the past. I wanted to explore a career path where I could make a difference not just in someone's life, but also in their day. The Hartford Foundation's Practicum Partnership Program (PPP) seemed like a great opportunity to explore something new.

When I applied for the program in December 2005, I wasn't sure what to expect. The program called for an intensive practicum rotation model. I would work at three practica sites for 10 weeks each. The goal was to discover if short, intensive exposure at numerous sites increased a student's competency in each of several aging competencies for working with older adults. (Since I started the program, the model has been changed to include longer rotations and a leadership seminar.)

Rotation 1: Molly the Pup

I began my field experience at an assisted living facility run by the Catholic Church in Saint Louis. It was small, sad, and had that odor that makes people avoid visits to their grandparents. My first thought was: *How fast can I complete my*

hours and move on to someplace less depressing? Day after day working in this facility would surely end my interest in aging. I was interested in macro-level practice, so the idea of creating a care plan for a resident didn't appeal to me.

I held on to these thoughts for the first few days. Then, something amazing took place. One of the residents' daughters brought her dog to the assisted living facility. I had never seen such a dramatic response. Molly, the pup, brought joy and excitement into the usually depressing facility. Everyone wanted a turn to pet her and give her a doggie biscuit. She had never eaten so well! A visit from a dog spurred what had been only a marginal interest into a career. How rewarding, to make someone's entire day, if not week, with one furry guest. My previous ideas about aging were slowly fading into new ones. I realized that I might actually be able to do the "good works" that made me choose social work as a profession.

My days at the facility were spent working in direct care services. On some days, I helped one of the residents, who had terrible tremors, write letters to her son. The two hours that we spent together were so meaningful to her. She found something that she could look forward to each week, and it also helped me greatly to know that my simple actions could affect someone in such a positive way.

While there, I also spent time with the community social worker, visiting caregivers and their loved ones in their homes. The objective for most of these visits was to help support the caregiver and work on finding resources.

Rotation 2: Silver Haired Senators

At the conclusion of my first 10 weeks, I moved to the St. Louis Area Agency on Aging. There I applied my

macro skills by organizing the local chapter of the Silver Haired Legislature, a group of seniors over age 65 who advocate for state support of senior services. They were active, articulate older adults who participated in meetings as mock senators and representatives of their constituencies. I learned much about the political process from them. For my final task, I helped them plan a trip to Jefferson City to advocate for themselves on behalf of senior issues. I made friends among the group, with whom I remain in contact to this day.

On a daily basis at SLAAA, I worked in the Information and Assistance Department, connecting area seniors with home-delivered meals, tax help, and any other services that they may have needed. This was an especially interesting agency to work at during the summer, because St. Louis suffered a storm-related blackout. For a significant part of my practicum experience, I helped triage phone calls as SLAAA, city government, and other local agencies provided water, food, and ice to seniors who were without power for more than a week. Because this meant that many were left without air conditioning in the sweltering St. Louis summer, I got to be a part of an evacuation of residents to local cooling sites. It was a crash course in collaboration.

Rotation 3: Macro Talents Realized

From the AAA, I moved on to my third and final rotation at the St. Louis Chapter of the Alzheimer's Association. At this practicum site, I recognized all of my macro-level interest and talents. I worked in the Outreach Department and, through this placement, worked on several community projects and initiatives. My first major project was the Faith Leaders Conference. Its main objective was to educate interfaith leaders about the signs and symptoms of Alzheimer's disease, and how to support both the

I learned new ways of thinking about aging and the venues in which services are provided. There exist as many ways to age as there are people.

people with this diagnosis and their caregivers. My other tasks included law enforcement outreach and education, as well as fundraising events. I lectured extensively throughout the area on all facets of dementia support, from research to resources. In a burst of good fortune, my practicum at the Alzheimer's Association led to a temporary position at one of its major annual fundraisers, the Memory Walk in St. Charles County, Missouri.

Conclusion

Every day that I went to one of my sites, my view of older adults and their needs changed. I learned new ways of thinking about aging and the venues in which services are provided. There exist as many ways to age as there are people. The aging field is not only skilled nursing facilities with lonely residents languishing in smelly corridors waiting for their time to die. Working with older adults can be a dynamic experience. My field placement experience widened my perceptions of aging.

Through my work at the Alzheimer's Association, I found my macro-level niche at an organization that

works for practice and policy change, the best of both worlds. Through outreach and education, I served older adults, and simultaneously engaged the community.

Through my experiences in direct service, local government (the AAA), and a national nonprofit, I realized that there are many ways to work with older adults, challenging current perceptions of aging and the aging process. As the aging population increases, so will the opportunity to work with the aging in new ways. My thanks go to the Hartford Foundation for recognizing a need for gerontologically competent social workers and offering support to bring people into the field.

Kathryn MacLean is an MSW student and Graduate Admissions Assistant at St. Louis University School of Social Work. As part of her Hartford PPP experience, she spent 10 weeks at each of the three sites discussed in this article. She will graduate in May 2007 with her MSW.

For more information about the Hartford Practicum Partnership Program and the Geriatric Social Work Initiative, see <http://www.gswi.org/programs/ppp.html>.

DAYS IN THE LIVES OF GERONTOLOGICAL SOCIAL WORKERS:

44 Stories of "Real-Life" Social Work Practice With Older Adults

Linda May Grobman, MSW, ACSW, LSW, and
Dara Bergel Bourassa, MSW, LSW
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Vet Social Work Program Counsels Pet Owners, Staff

by *Laura Min Mercer*

A new program strictly for humans is now available at the Veterinary Teaching Hospital—Michigan State University Veterinary Social Work Services—the first of its kind in Michigan.

Dedicated exclusively to veterinary social work, the program offers counseling services for pet owners, veterinarians, veterinary technicians, and other staff.

“We provide crisis counseling for pet owners whose pets have serious medical conditions or who are facing grief from pet loss,” explains Amanda Morgan, a master’s student in social work and intern in the program.

The program is led by Linda Lawrence, clinical instructor and undergraduate adviser in the School of Social Work, who oversees Morgan and Marilyn Somoza, another master’s student in social work and intern. The

program’s primary goals are to alleviate crisis situations of pet owners and provide support for veterinary staff members. While some pet owners have begun to seek counseling services, many are first contacted informally while waiting for their pet’s appointment or services to be completed.

“Radiation clients are here four to five days a week for up to four weeks,” says Lawrence. “We have time to build a supportive relationship. Oncology patients and their owners are here for regular appointments for an extended period of time and are wonderful support for each other.”

“Losing a pet is a traumatic experience,” says Lawrence. “A pet is a

‘member of the family,’ and those who do not own pets often do not understand the human-animal bond that is formed between pet owner and pet. When a pet passes away, owners experience grief, sometimes lasting months.”

“We are here to normalize people’s grief over losing a pet. Socially, people are often told to ‘get over’ losing a pet and that the pet is ‘just a dog’ or ‘just a cat,’” says Morgan.

Somoza says, “Explaining to owners that what they feel is normal helps people understand their feelings.”

Cat owner Elaine Muscat said her experiences with Lawrence as a source of support and compassion were exceptional. Muscat’s cat, Jasper, was diagnosed with cancer in 2004. Through the support of Muscat’s family and the Veterinary Teaching Hospital, Jasper’s life was extended for about two more years.

Meanwhile, as Jasper was receiving treatments, Muscat’s father passed away. At that time, Lawrence began meeting with Muscat, who traveled from the Detroit area, on a regular basis.

“Linda made sure Jasper’s appointments were always on Mondays at 10 a.m., and she was available to have coffee and speak with me,” says Muscat. “It was wonderful therapy for me while Jasper received high-quality treatment from doctors and staff at the hospital.”

The social work program is planning to start a pet loss support group and a veterinary technician support group.


Research has shown that veterinary staff members often experience “compassion fatigue” or a form of stress resulting in caring and working with others who are suffering. The support group will help veterinary technicians work through their feelings and learn coping skills.

The program is currently funded by the School of Social Work and the Veterinary Teaching Hospital.

Laura Min Mercer is a health communication graduate student at Michigan State University who currently is completing an internship with MSU University Relations.

More information about pet loss is available at <http://cvm.msu.edu/petloss/index.htm>





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UMB Students Participate in Baltimore Census Count

by Lori Romer, JD



Teresa Schmiedeler, Bob Kirk, Ben Peoples, and Terri Rich met at a shelter in Northwest Baltimore at 5 a.m. to prepare for the 2007 Baltimore Homeless Census. Photo Credit: Lori Romer

The late January morning started out on a bitterly cold note, even for a winter day in Maryland. Temperatures in the early morning hours hovered in the teens, and a light snow kept the chill in the air. But nothing could stop the 50 students from the University of Maryland, Baltimore from heading out to start the 2007 Baltimore Homeless Census.

The survey is taken every two years on the same day in cities across the country and is federally mandated by the U.S. Department of Housing and Urban Development. One of the goals of the count is to provide insight into why homelessness occurs and generate ideas on how to end it.

According to the Homeless Services Unit, a division of the city health department that organizes the census, an estimated 7,000 people in the city are homeless at some point during the year.

"Every day on the walk to school, I see people who need help," says Ben Peoples, a student at the School of Law. "With this census, we're getting the tools to be able to determine their needs and design programs and benefits that will help them."

"It's a hard group to reach out and identify their needs," says Adam Schneider, a student at the School of Social Work and a community relations associate at Health Care for the

Homeless. "The root cause of homelessness is lack of affordable housing, health care, and job training."

Working in teams of three, volunteers counted people in public areas, shelters, missions, and soup kitchens throughout Baltimore City. But beyond just the raw numbers collected, a three-page survey completed by each person will help paint a picture of homeless-

ness in the city.

"The students asked questions to get additional data," explains Bob Kirk, MSW, LCSW-C, clinical instructor at the School of Social Work. "Why are you homeless? What services do you need? When was the last time you were housed? Which programs worked and which ones didn't? With these answers, we can try to figure out a way to end homelessness."

For Teri Rich, a joint degree student at the Schools of Law and Social Work, being on the ground floor of an effort like this is a different way of looking at homelessness. "I rarely get to participate in the research end of things," she says. "In social work, we're much more involved in the direct participation of services for the homeless population. Projects like this that take a count of people and look at what needs are important are very valuable."

Organizers say the census data will be used when people apply for grants and federal funding for programs for the homeless. City health officials are in the process of writing a 10-year plan to end homelessness in the city.

"It's important as part of the community to see the bigger picture and to get faculty, staff, and students involved in pro bono work," says Teresa Schmiedeler, JD, director of Pro Bono Public

Service Initiatives at the School of Law. "What's exciting about this is that we have a partnership with all the schools across campus. Students from all seven schools are here working on this project."

Lori Romer is a media relations specialist at the University of Maryland, Baltimore. She is a graduate of the University of Maryland School of Law and worked for the past eight years as a television news producer in Baltimore and Washington, DC.

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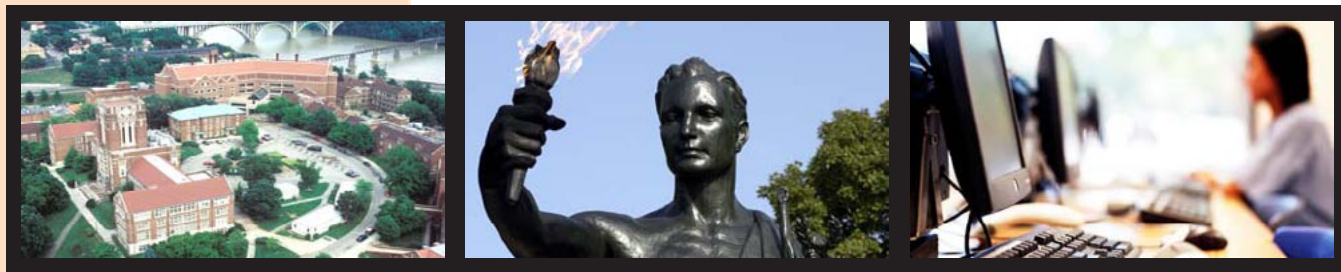
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Literature reviews are ubiquitous in academic journals, scholarly reports, and social work education. Students taking social work courses throughout the curriculum, including Human Behavior and the Social Environment, Practice, Policy, and Research classes, are frequently asked to write literature reviews for a variety of reasons. Literature reviews are often done within the context of writing a paper and sometimes done as a mini-assignment, perhaps setting the frame for a broader paper, exposing students to the breadth of information available on a topic area, or demonstrating skills in critical thinking and writing ability. However, there are some general guidelines to follow when writing a literature review. This article will briefly outline key points for you to keep in mind when writing literature reviews for social work.

Getting Ready

To begin with, you will need to ascertain the purpose of the literature review. At the very least, be aware of the purpose, scope, and length of the literature review, as well as the writing requirements. This requires clarifying the purpose (*Is it to simply overview a broad or specific area of inquiry, or is it expected to be comprehensive or systematic?*), scope (*How much information is needed—three scholarly sources? Five or 10 sources? Are there any limits to the inquiry? Perhaps a focus on distinct ethnicities or time periods?*), and length (*Is the final review expected to yield one page or 10 pages of review?*). You should also be familiar with required writing styles, such as American Psychological Association (APA), and other expectations, such as double spacing, font size, and so forth. Once purpose, scope, length, and writing expectations are ascertained, you can embark on conducting your search for literature.

The Search

Searching for literature is quite easy these days. Today, much information is available electronically, and you can obtain literature just about anytime and

anywhere. To begin the search, take advantage of library resources available to you through your college or university. Libraries often offer group or personalized training in accessing information, and librarians are often available to help on specific topic assignments, as well. If you are a student, you will be exposed to search engines and databases such as *Social Work Abstracts* and procedures for accessing or requesting books, journal articles, and reports that relate to your topic.

Although information is also widely available through the World Wide Web, not every site offers credible informa-



tion. You can learn from your library about criteria to evaluate the legitimacy of information. One increasingly popular source of information is Google Scholar (www.google.com/scholar). This site has access to professional journal listings and, sometimes, the articles can be downloaded in full text. In searching for information, you should be aware of key words and advanced search features to facilitate the process. Sources with titles of interest and abstracts can be retrieved on the spot in some cases, marked for subsequent retrieval, and oftentimes downloaded into software such as *Refworks* or *Endnote*. Again, you should learn about the resources available to you through your library and take advantage of the high technological services offered by your school.

Once you have identified a number of sources, you must decide whether to retrieve the full text of each. You will soon learn that there may be an astronomical amount of information published in any given subject area, and therefore, refining the search is com-

mon. Similarly, it may take you hours to thoroughly explore literature on your topic. Most researchers will find the time spent quite interesting, though. It is exhilarating to be exposed to information and the dynamic process whereby links are availed that can connect you with key authors and related works and other cited references. Though time-consuming, it is generally a satisfying process to search the literature.

Synthesizing Information

After retrieving a given number of references, the critical work of synthesizing the information begins. You should be aware that a literature review is not an annotated bibliography, or a simple write-up of a few statements or so describing the information in each journal article. Likewise, the literature review is not simply a series of paragraphs describing each source separately. A good literature review involves a higher level of integrating the information, yielding a more comprehensive analysis of the content.

You should begin by reading each article and starting to categorize the areas or subtopics that each covers. For example, in doing a literature review about elder abuse, retrieved articles may have focused on different types of abuse, attributes of abused elders, or attributes of perpetrators of abuse to older people. You can largely focus your searching to pre-determine the subtopics in which you will structure your writing. However, that may depend on your previous knowledge of the area and availability of literature on the topic of interest. You should structure the written review with a topic sentence and paragraph highlighting the general importance of the literature, setting the stage for the rest of the review.

Writing should flow and combine the findings of several sources, reinforcing the importance of each subtopic area. Resist simply regurgitating findings by stringing quotes from separate sources; instead, strive to synthesize the information. The following illustrates a common approach to reviewing literature:

In one study, over 900,000 elders were found to have evidence of physical abuse (author, year). Another study reported that

“perhaps millions of elders are suffering physical abuse” (author, year, page number). The National Center for Elder Abuse indicates that there were 6,000 cases of abuse annually including 4,000 physical, 1,500 financial, 400 emotional, and 100 sexual (year).

Instead, synthesize the multiple sources:

Over a million cases of elder abuse were reported to elder abuse hotlines nationally in 2005, and the majority of abuse reported was physical (author, year; author, year; author, year).

Citing research studies requires specific considerations. In your literature review, you should not only emphasize the findings, but also comment on the

Conducting and writing a good literature review is both personally and professionally satisfying.

quality and importance of research presented. For example, what were the limits to the study design? Was it representative? Do the findings support or refute related theories? What gaps remain in the literature?

It is not necessary to cite methodological details of studies, as citations of the source are provided in the review. Readers can refer back to the studies reported in the review should they wish to know more details. The point here is to critically assess the findings in a comprehensive way, and not simply repeat the study’s findings. Questions that critically assess the research in your review include attention to research design, sampling, data collection, analysis, and conclusions. Answers to the following questions reflect critical analysis of the literature and demonstrate skills in integrating content on a variety of levels:

- What is the research problem addressed in this article? Is the design (qualitative, quantitative, or mixed) appropriate for the question?
- What are the variables in this study? How are they operationally defined? Are these definitions sensible and appropriate?
- What is the population of interest in this study? What is the sampling

frame? Are the subjects used in the study representative of the population of interest?

- What, if any, are the potential problems with the data collection and analysis procedures used?
- Does the research problem apply to diverse groups of people and populations at risk? Were the methods used ethical and sensitive to the inclusion of disenfranchised populations?
- What conclusions does the author make on the basis of the study? Does the author discuss implications for social work practice? Are the conclusions and implications reasonable, based on the findings of the study? Why or why not?

Plagiarism

No discussion of writing a literature review is complete without mention of plagiarism. The word “plagiarize” is defined by *Merriam-Webster’s Dictionary* as: “to steal and pass off (the ideas or words of another) as one’s own; use (another’s production) without crediting the source; to commit literary theft; present as new and original an idea or product derived from an existing source” (2006).

Plagiarism is a serious offense, and colleges and universities have strict policies to deal with it. In many cases, unintentional plagiarism occurs when students copy verbatim portions of another’s work and fail to cite the source of their information. Just to be sure, all factual statements and key ideas should always be credited, and key ideas can almost always be paraphrased. Of course, in all cases, references to the original source of information should be provided. Consult the *Publication Manual of the American Psychological Association*, or other appropriate style guide, for the correct procedures for citing and listing references for your literature review.

Unfortunately, other cases of plagiarism involve the intentional and deliberate copying of text that is presented as original work by another. Today, students may be tempted to either “cut and paste” voluminous amounts of information from a variety of sources or even consult sponsors of “prepared papers” in a variety of topic areas. Increasingly, faculty use services such as TurnItIn (www.turnitin.com), which checks papers for evidence of plagiarism. Seriously consider the ethical and academic consequences of plagiarizing material, and avoid the problem altogether by re-

A Note on Plagiarism

Regardless of whether plagiarism is intentional or not, it can get you in big legal and ethical trouble.

Some of the most extreme examples I have heard or seen include the following:

1. a student plagiarizing his or her own professor
2. a student copying something from a Web site in another language, using Google Translate to translate it into English, and then pasting the translation “as is” (without correcting the English) into a research paper
3. a social worker submitting an article for publication in which several sections were written in first person, but were obviously not written by the submitter, because some of them described a male, some a female, some an older person, some a younger person, and so forth—with no citations to indicate that the passages were quotes from others

Whether you are writing a paper for school or an article for publication (or for your employer), it is *your* responsibility to know what constitutes plagiarism, so you can avoid it like the plague!

Ed.

sponsibly crafting your own papers and literature reviews.

Students able to effectively search, assess, synthesize, and properly write a literature review are well on the way to receiving a good grade for their efforts. The skill is transferable to students pursuing practice careers and particularly beneficial to students considering master’s and doctoral level education.

In all cases, conducting and writing a good literature review is both personally and professionally satisfying, as it advances knowledge—for ourselves and for our readers.

Reference

Merriam-Webster’s Online Dictionary. (2006). Available: <http://209.161.33.50/dictionary/plagiarize>

Kathy Black, Ph.D., is Hartford Geriatric Social Work Faculty Scholar and Assistant Professor at the School of Social Work, University of South Florida at Sarasota/Manatee.

Rape Crisis Response: Before and After

by *Brianna Bernath-Gorneau, BSW*

I started out at the Atlantic County Women's Center as a BSW student intern from The Richard Stockton College of New Jersey. The ACWC seeks to empower women through counseling and education. The Violence Intervention Program, the program where I work, helps victims of domestic violence, sexual assault, and incest. One responsibility of an employee of VIP is to be on call and respond to incidents of sexual assault at one of the five local hospitals. When responding to a sexual assault call, I serve as the victim's advocate. Being a sexual assault advocate is not for everyone, as you are put in a crisis situation. As you will see, you need a great deal of education before going on calls, but more importantly, you need a great deal of support after going on a call.

The first call I responded to was for a 38-year-old woman who had suspected someone put drugs into her drink and raped her. She was spending the night at one of the casinos in Atlantic City and was enjoying herself on the casino floor, or so she thought. The woman blacked out for several hours and woke up in hysterics. That is when she called for an



ambulance. I was ready for this call. I had been trained for hours and talked extensively with other counselors about their experiences responding to sexual assault calls. I knew what to do and what my role was going to be.

"Terri"

When I arrived at the hospital, I introduced myself to "Terri" and told her why I was there. At this point, I was already extremely nervous. I did not know what to expect, and all of a sudden, I forgot what to do. Terri looked

frightened and was dressed in a hospital gown. We made our way to the grieving room where we had some time to talk before the exam was to be conducted.

I explained confidentiality and the agency's support services. Terri kept trying to explain what had happened the night before. She was frantic, running through the details of what she remembered. What bothered Terri most was that there was about a 5-hour period in which she did not remember anything. When talking about this, Terri began to cry. I reminded her to keep breathing. I almost wanted to cry, and I had to concentrate hard not to. Terri wondered if her reaction was normal and if I had seen a lot of this. I told her however she felt was normal and that this was the first call I had responded to. She didn't seem to care that I had not done this before—she was just glad someone could be there with her. Despite frequent calls to her ex-husband and her mother, no one came to the hospital to support Terri. This made her more grateful for my presence, because she was scared.

The Exam

I explained to Terri how the nurse was going to perform the exam and that she was in control of what happened. If she at any time felt uncomfortable, she could make the exam stop. I told her that swabs would be taken from her mouth and her vagina, and if anal penetration was suspected, also from there, as well. Her hair would be combed out for evidence, the inside of her nails would be swabbed, and pictures would be taken. Also, I told Terri she would have to put her feet in stirrups, like at the OB/GYN, so the nurse could check the inside of her vagina for any abrasions or bruises. Terri was more concerned with finding out about STDs and HIV. When she heard herself say those words, she became nauseous but did not throw up. She kept looking at me in such a way that literally broke my heart. Her eyes said to me, "Please just hold me and tell me everything is going to be okay." I resisted the urge to do so, as I knew not to touch the clients.

The nurse finally came in the room and took information from Terri for 50 minutes about the entire night, what

she could remember. This situation was more difficult because Terri did not remember an assault, only suspected one, and she had no information on penetration areas or the number of perpetrators involved. It was finally time for the exam, and I asked Terri if she would like me to come in the room with her. She said she would like to have me there with her. We headed down the hall toward the exam room, and many thoughts were running through my head. I was nervous for Terri and hoped I was doing all that I could to support her. I was nervous, because I had never seen a rape exam being performed before. I was nervous for both of us for what we might find out.

As soon as we got into the room, Terri sat on the table and started looking around her own body. She had not showered yet, so the nurse would be able to collect more evidence. All of a sudden, Terri started yelling, "Oh my God!" and jumped up from the table crying hysterically. Neither the nurse nor I knew what she had seen, so I attempted to calm her down and asked her to take deep breaths. Internally, I was trying to calm myself down, as well, because I did not expect a reaction like that. Once again, I almost lost control of my own emotions. She had found a bruise on her upper, inner thigh. The nurse told Terri that the bruise could be from anything, and to not jump to any conclusions. I knew she already had, though. I would have, too. The nurse performed the exam. I looked at the floor, the ceiling, and anywhere else besides at the nurse performing the exam.

Going Home

When the exam was over, I got Terri some new clothes from the hospital closet. I gave her some sweatpants, a sweatshirt, and hospital-type slippers. She was glad to be out of the gown. We headed back to the grieving room, when Terri said all of her belongings were still at the hotel room. She was adamant about not going back there. She was also in no frame of mind to drive back home 45 minutes away. An Atlantic City Police Department detective had now joined us in the grieving room. I explained to Terri her possible options,

and she decided she would spend the night in the Atlantic County Women's Center shelter. The detective would pick her up in the morning, get her things from the hotel, and drive her to her car. Terri called the hotline and completed an intake for shelter, and she was approved. I was relieved Terri had made the decision not to drive home, because she was going through many different emotions. Terri looked forward to taking a shower and getting a good night's sleep. The detective took Terri in his car and they followed me to the shelter. Terri was greeted by the supervisor, given a tour, and shown her room. Now my part in Terri's life was over. I wanted to stay longer with her, but she needed her rest. Besides, I think I wanted to stay for me, not for her.

I went home shortly after getting back to the shelter. I couldn't stop thinking about Terri. I felt sad for her, because she had no friends or family come to the hospital. She was scared to death of what might have happened, and even though I was there, she was still all alone. When she went home the next day, who would be there for her? I wouldn't know. I would know nothing else of Terri's case. Was she the victim

of a drug-facilitated rape? Did she have too much to drink and pass out? Did she get an STD? Would the police catch her perpetrator? I would never know.

I had a hard time concentrating on anything on the television, so I tried to go to sleep. That didn't work, either. I decided to call work and talk to a co-worker who offered her ears after I went on the call. I processed the day with her and felt better enough to fall asleep. Now I understood why the people I worked with were so close—because they were always there to support each other.

Even though I had been on my first call, I knew I would always be nervous anytime I had to respond to one. Each call is so different and affects me in different ways. All the training about sexual assault calls prepares you as an advocate and how to support a victim. No amount of training can prepare you for the emotions you feel as a person.

I went home that night with the understanding that I am one step away from being Terri.

Brianna Bernath-Gorneau, BSW, is a graduate of The Richard Stockton College of New Jersey. She works as a crisis support counselor/case manager at the Atlantic County Women's

Center. Brianna was recently accepted to Monmouth University's advanced standing MSW program.

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Self-Analysis: The Story of a Girl

by Kimberly Holsclaw, MSW

"You can do anything you set your mind to," he said as he tucked his little girl into bed that night.

With stars in her eyes and dreams in her heart, she believed him and dreamed of one day conquering the world. The next day, the little girl went to the fair with her parents, and as she was being pushed in a wheelchair through the crowds of anxious parents, sticky children, and bright-eyed onlookers, they passed a funhouse. "Oh, daddy, can I go in and play in the funhouse and climb the net to the top?" she asked eagerly, watching the other kids wrestling to the top of the tower.

"No," he answered sternly. "You know you can't do that."

"Yes, I can," she protested.

This little girl had been diagnosed with cerebral palsy when she was one year old, and even though in her father's mind she could do anything she set her mind to, there were limits to her "power and control."

According to Anderson, Carter, and Lowe (1999) in the book *Human Behavior in the Social Environment*, "Since power is an energy function, it is finite; energy expended to influence the behavior of others may deplete the system's power potential" (p. 120). People represent a system within the suprasystem of society. We are molded and shaped by the culture, feedback, and boundaries we experience in our family lives.

The family in this example is a piece of a whole, also known as a subsystem within society, which is an example of a suprasystem. The father represented the little girl's authority, and she did not question it. She would pout and fight back the tears that started in the pit of her stomach, swearing that one day she would prove him wrong. Anderson et al. (1999) said, "In social systems thinking, feedback is the means by which systems accomplish adaptation and self-direction" (p. 37). Her father's feedback helped give the girl goals and expectations for her life. "The family system is centrally important in defining social expectations



and in providing resources necessary for growth, in every phase of the person's life cycle" (p. 186).

While the little girl's family's thoughts and opinions were important to how she viewed the world, she was also greatly influenced by her "society." According to Anderson et al. (1999), society can be defined as "a group of people who have learned to live and work together" (p. 44). When the girl was not at the fair, she walked on two canes, but no matter where she went, children would stop and stare at her. She would walk by children and their parents and hear the children demand at the top of their lungs, "What is wrong with the girl that walks funny?" The mothers would blush and whisper, "She needs them to help her walk." When she was small, this bothered her. "Why do they stare at me?" she would inquire of her mother. "Because you are different and special, and other kids just don't understand what is different from them. They don't mean to hurt your feelings," came the gentle reply. Her mother's comment gave her strength and encouraged her not to see things as the world saw them. After all, she could conquer the world. Anderson et al. said, "A person's growth and development is a pattern of expansion, a movement outward" (p. 198). She came to understand that people judged her based on her appearance.

For the girl, these interactions had been a kind of crisis in her life. A crisis "contains elements of both 'danger' and 'opportunity.' Crisis is not necessarily a negative state of affairs but rather an unavoidable occasion that requires some sort of coping" (Anderson et al., 1999, p. 204).

These interactions allowed the girl to see through a "looking-glass self" and see how others saw her. She did not like what she saw. She had always heard never to judge a book by its cover. "Isn't that what these kids were doing?" she thought. "Judging me based on what they see?" It was right then and there in the midst of encounters with others that she decided to prove them wrong. Appearances were not what made the person; it was the inside that counted.

"You can do it," she said with fire in her eyes. "Never give up." Her therapist was yelling encouragement down to the other end of the hall where the girl felt as if she was shaking like a leaf. As the little girl took her first steps across the cold hallway floor, her heart seemed to stop. This was the first time in her life she had ever taken steps unassisted. The hallway was long and intimidating. She took a deep breath as she inched one foot after another across the floor. The little girl was crossing a boundary—although she didn't know it at the time, she was changing her future.

A boundary is located "where the intensity of energy interchange is greater on one side of a certain point than it is on the other, or greater among certain units than among others" (Anderson et al., 1999, p. 28). This girl's boundary was located in between her walking unassisted and being in a wheelchair or on crutches. When she took her first steps in the "walking world," she had crossed a boundary. "Boundaries can be identified only by observation of the interaction of the parts of the system and the environment" (p. 29). It did not matter if her father or anyone else observed her crossing the boundary. What mattered was that she realized the importance of that moment in her life. She had proven to herself that she could overcome anything she set her mind to.

According to Anderson et al. (1999), the girl had experienced a morphogenesis or a structure-changing event, because she no longer saw herself as someone dependent on others. Instead, she saw she had just as much "power" to be independent as everyone else had.

"So what is wrong with you?" the girl with red hair and glasses asked as

they were having gym class alone. The other students in the class were playing a sports game that she could not play, so the teacher had allowed her to take one friend in a room full of giant blue mats to “work out” instead. “I have cerebral palsy,” she replied with some hesitation, because she feared what this strange girl would say next. “So will you have to walk with canes for the rest of your life?” she shot back as she walked across a big blue mat that had been rolled up in the middle of the floor. The girl gulped. “No, I won’t. My doctor said that if I exercise really hard and practice a lot, I could eventually walk without using canes.” She said this in a quiet voice while looking at the floor. “Let’s get started today then,” the girl with glasses said as she started to pull the other girl to her feet.

“Autonomy is achieved and maintained by feedback cycles that are continually initiated by the system” (Anderson et al., 1999, p. 32). While this girl had

**Yes, I can.
Just watch
me.**

crossed the earlier boundary of walking, that in no way means to imply she felt she had arrived. While the red haired girl’s comments may have made the

little girl uncomfortable because of the direct nature in which they were presented, “Mead stated that we do not respond to the acts of others; rather, we act on our interpretation of their intentions and judgments” (p. 61).

The girl who walked with canes had interpreted the other girl’s comments as a gesture of friendship and helpfulness, and because of this, chose to believe again not only in herself, but also in her dreams for her future. In the illustration of this relationship, it was not the “walking” that mattered. It was the building of character. It helped to prove to the little girl that she could not be a “lone ranger.” She had to be willing to depend on others for emotional and physical support. This friendship is an example of the formation of a growth group. Growth groups tend to use support, openness, and the powers of acceptance and validation to function.

Change is needed for growth to occur, and growth has to occur to stay at a steady state or a constantly changing state.

“You can’t do that, and even if you could, how are you going to pay for

it?” he asked in a demanding tone. She looked him straight in the eye and said, “Yes, I can. Just watch me. I am not sure how I am going to pay for it, but God will make a way for me, because this is what he has told me to do.” The girl had learned through her experiences with herself and others that she could capture her dreams. True, she was scared and nervous, but she knew in her heart that she was capable of success in graduate school. She was going to prove her father wrong and climb this rope.

“The major means of control is energy applied to, or withheld from a member” (Anderson et al., 1999, p. 160). In this conversation between father and daughter, the balance of control has been changed. The small girl is now old enough to make up her own mind and have power in her life. She is no longer dominated by what her family thinks or feels she should do. So the means of control have been withheld from her father.

Anderson et al. (1999) said, “In fact, human systems tend to seek situations that are stressful as a means to achieve synthesis and wholeness” (p. 26). The girl wanted to challenge herself while her father wanted things to go the way he “thought” they should go and be very predicable in how he saw things. Maybe in his own way, he was trying to challenge his daughter to achieve her full potential, but only he knows for sure.

In this small girl’s life, she has experienced many different types of feedback and power. She has also been a part of many different kinds of growth groups and others that have challenged how she sees the world. In fact, this journey will never end, because each day is a new day in that journey and a new challenge to face. Sometimes to overcome the “world,” one has to overcome herself and her inner conflicts.

To be self-sufficient or independent, systems have to be continually challenged to go further to achieve a better understanding of self-development. Anderson et al. (1999) stated that “self development or development of the self connotes that a major ongoing task of the system is the establishment of its identity, its steady state, its character, and the traits that are characteristic of the system” (p. 33).

I see the “world” quite differently from when I was five, but I realize that as long as I stay open to change and know nothing is impossible, then I will conquer my world. Clients we work with as social

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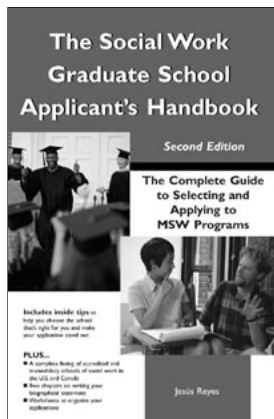
workers also have this power—power to conquer their “world” if only they are equipped with the tools they need to see it—the tools of hope, encouragement, love, and patience. These tools cannot be instilled in individuals overnight. They have to be planted, watered, and given time to grow. With each tool we work to plant in others, we in turn build a stronger foundation within ourselves to better equip ourselves and those we work with. “The art of progress is to preserve order amid change and to preserve change amid order” (Anderson et al., 1999, p. 24).

Reference

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Kimberly Holsclaw received her Master of Social Work from East Carolina University in May of 2005. She also earned her Bachelor of Arts in Communications at East Carolina University in May 2003. She is currently working with an adoption agency in North Carolina.

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Is a Psychiatric Unit the Right Setting For You?

by Jasmine Appleberry, MSW, LCSW

The phrase “psychiatric unit,” for many, conjures up horrifying images, such as *One Flew Over the Cuckoo’s Nest*. Having worked on psychiatric units, as an intern and as a full-time social worker, I see the unit as a nest, but not of cuckoos—rather of transitions, dreams, healing, and new lives. To be a part of that nesting place, which is both a temporary respite and a pivotal life stage, is to watch beauty unfold every day, and to be a part of it. It is not without frustration, pain, and disappointment, but it is also immensely fulfilling and worth considering, either as a learning experience as an intern, or as a full-time career.

The inpatient psychiatric unit is a unique environment, and unique career path, in many ways. As I have confronted the best and worst parts of this experience, I have settled on a love for this intense and interesting place, and a sense of what elements are crucial to know if one hopes to embark on this path. This career, like any in social work, holds many challenges and rewards. Some of

the salient features of work on the unit are highlighted below. These may vary from unit to unit, but represent my own experiences.

Diversity of Workload: Want to work with individuals, couples, families, groups, organizations, and communities? You will have all these opportunities on an inpatient psychiatric unit. In fact, the biggest constant in my day is change: change from one activity to the next, from one case to the next, from one meeting to the next, with little warning. Being able to shift gears quickly is critical, as is tolerance for interruptions and frequent changes in plans. When you are able to move through the many different tasks of one day successfully, the hours flow by until the day is over but still vivid, and the long and varied list for the next day has emerged.

Diversity of Cases: It’s hard to estimate how many of my patients are dealing with which diagnoses. There is always a range in mental status and other characteristics. Since mental illness and

hardship know no divisions, patients are of all backgrounds and communities. Some have had dozens of hospitalizations and have difficulty living independently. For some, their inpatient status is the mark of a dramatic life change that has sobered, scared, or frustrated them, and just accepting this change is much of the work of their stay.

Groupwork: All of these patients are brought together by various missing pieces: the puzzles of their lives have broken down, and much does not fit as it did before. Perhaps pieces have been missing or misplaced for some time. Sitting before the group leader are people unable to name

the year, people who believe they are the president, and people who eloquently articulate philosophical concepts. In a mix of homeless and privileged, sober and addicted, depressed and psychotic, the great equalizer is *crisis*. Much as patients might bond over the restrictive rules, they build strong relationships based on the broken structure of their lives before their stay, and they together face the fears of returning. Watching the most diverse patients form the strongest of bonds, especially as groups unfold, is an ever-inspiring joy.

One-on-One Time: Sitting and talking with patients is very different than in outpatient psychotherapy, and there is little time for daily, extended conversations. So I find meaning and connection however I can, largely in initial assessments, which provide the opportunity for a social work view to be added to the medical model. Patients have gone through other interviews already, and they are still trying to integrate this new experience into their views of themselves and the world. They often bloom with a few words of reassurance, the chance to tell their story anew, and the opportunity to hear more about resources available to them. Some patients may be completely unable to connect initially but be very available a few days later. Either way, you’ve made a connection at a time when many people feel at their most disconnected. Being available to patients throughout their stay, in whatever limited ways possible, lends continuity to their experience, satisfaction for the social worker, and a valuable aspect to the treatment process.

Family Work: Families are often terrified, angry, despondent, confused, and anxious regarding their loved one’s situation. While doctors and other professionals on the unit simply don’t have time to speak with every family, we make it a point to (with patients’ permission). Our efforts are typically greatly appreciated. While I often hear from angry family members, the fury tends to abate as they have the chance to tell their own stories, fears, and perspectives. In such conversations, I explain a mystifying process, provide information, and gather pieces of the mysterious story that is our new patient, and provide those pieces to

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As I have confronted the best and worst parts of this experience, I have settled on a love for this intense and interesting place, and a sense of what elements are crucial to know if one hopes to embark on this path.

the team. Whether I learn of a history of head trauma, an addiction, a recent change in behavior, or a personality unknown to us, I get closer to understanding the person outside of this unit. In an environment where assessment and treatment happen quickly, my contribution is one piece of the plan for healing. In family meetings, the work of restoring basic communication, if not the work of restructuring a family, happens quickly and often successfully. The great taboo of mental illness is dealt with openly, usually with great relief and satisfaction. I participate in a rebuilding process.

Collaboration: Many social work careers involve interdisciplinary teams, but rarely is the chance so prominent to benefit from everyone's input. Doctors, nurses, mental health workers, occupational therapists, psychologists, students, and social workers sit side by side in a rich discussion. If autonomy is highly important to you, this may be a struggle, as psychiatrists are the primary providers in this environment. However, never have I known such an opportunity to learn, discuss, and share, and the frustrations and mysteries of cases are dealt with together, constructively.

Linking to Resources: Patients often come to the unit isolated, underprivileged, and confused. They feel they have no options; together, we work to discover them. Every patient is an opportunity to provide outlets, supports, and information. Social workers also have the key role of scheduling outpatient appointments and coordinating services. To find patients suitable follow-up, in their own languages, at a reasonable fee, in a reasonable time, is a great challenge, and satisfying when achieved.

Quick Rewards: Although the rapid pace of a unit can leave one gasping for air, it also involves fast progress. In a contained environment, changes in medications, psychotherapy, and other approaches can happen quickly, and the

structure itself can be stabilizing. In the space of (for instance) a week's time, a person can begin to carry on an appropriate conversation again, or want to live again, or lose fears of persecution. Having worked in outpatient mental health, I know how many real-world obstacles patients face. Away from these outside stressors, patients can practice new skills, gather support, and utilize numerous treatments, intensively and powerfully. Many face great difficulties at discharge. Some do return. But the moments of connection and insight that occur are carried with them. We are in the business of hope and new chances. That renewed hope emerges in the words of patients and touches me every day.

Challenging Realities: I am keenly aware of the difficulties to which patients must return. I struggle with my own unfulfilled desires every day, for my patients and the world. I wish for safe housing, rehab beds, comprehensive outpatient services, and solid support networks. Many of these dreams are elusive. We may have to discharge patients sooner than is optimal, because of insurance. But we discharge patients with skills and with whatever resources we find. Many patients do build new lives out of this momentary nesting ground.

Unfinished Stories: Social work always involves unanswered questions and incomplete tales. We often wonder what has happened to our former clients. In a hospital, a great portion remains untold.

I sometimes wonder how outpatient treatment is proceeding. In general, no news is good news. I don't have weekly updates, and I'm not able to watch goals unfold over months or years. But I do have a crucial moment in someone's life.

Safety Issues: While it would be foolish to pretend risk is limited to certain environments, this setting does involve sporadic violence, both emotional and physical. I am lucky; I am not required to intervene when someone throws a chair. The staff here is well-trained. But I do need to understand how acute illnesses can affect patients' self-control. I need to be prepared for anything, especially to de-escalate a situation quickly. While people with mental illnesses are more likely to be victims of violence than perpetrators, emotional and behavioral dysregulation are common symptoms here. Fortunately, we have terrific resources, especially the staff, and the contained environment. In spite of the unpredictability, I feel safer here than I did while working alone in the community.

Shared Space: Don't expect a lot of privacy or independence on an inpatient unit. Desks are often situated together. The pressure to meet deadlines and work within the treatment plan is significant. Much of the unit experience, whether in groups with patients or in teams with staff, is about building new truths, and new treatments, together. Magic happens every day, and it is shared, discussed, *Psychiatric—continued on page 23*

Jasmine's Typical Work Day

8:30	Arrive at work.
8:35	Unit meeting, led by doctor, with all patients and staff.
8:50	Review list of new patients.
9:00	Team meeting.
9:30	Meet with patient re: outpatient follow-up.
9:40	Review new charts. Consult with teams.
10:05	Family meeting.
10:40	Psychosocial assessment of new patient. Discuss family issues.
11:00	Provide info on rehabs to patient.
11:10	Confer with BSWs re: insurance reviews and discharge planning.
11:15	Psychosocial assessment of new patient. Discuss stressors leading to overdose.
11:40	Assist patient to call court.
11:50	Call two family members re: patients' status. Text-page doctor.
12:25	Lunch.
1:15	Lead "Interpersonal Skills" group. Topic chosen: assertiveness.
2:05	Patient's state social worker arrives unannounced: meet with her and patient.
2:35	Assist patient with disability form.
2:45	Speak with patient's college counselor re: whether he can return this semester.
3:05	Psychosocial assessment of new patient. Patient faces away throughout interview.
3:20	Meet with patient re: domestic violence issues and community resources.
3:45	Call family member. Formulate timeline of patient's decompensation.
4:05	Call mental health center. Obtain patient's baseline status and treatment history.
4:20	Finish daily progress notes. E-mail doctors with relevant info.
4:55	Complete treatment plans and weekly progress notes.
5:20	Call family member available only in evenings.
5:45	Leave (get stopped by patient on the way out; make plan for tomorrow).
5:50	Think about cases, and dinner, on the way home.

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University of Missouri-St. Louis social work students participate in clothing drive. Shown (left to right): Sara Oddi, Shannon Oesch, Katherine Murphy, and Susana Thompson.

Rising Star

We are an average school. We have an average reputation. Technically, our social work program has a typical number of applicants. However, at the **University of Missouri-St. Louis (UMSL)**, you will find anything but your run of the mill social work students. These are individuals—and yes, I use the term individuals, not loosely, but with conviction! These individuals are mothers, daughters, even welfare recipients, but first and foremost, hard workers. We do not have Ivy League programs or monetary support, but we do have the most unique group of individuals around. These students are in our program for one reason: passion. Each one of us has his or her

own story, and when I leave this place, I will remember the power of each one's unique dedication.

When I first entered the school of social work, there was no structure for those individuals who wanted to reach out into the community and—with the help of a cliché—make this world a better place. There was only a dire need for leadership and the willingness to invest. Another bright student, Josaline Hunter, brought this truth to my attention. We then began to advance what is now proudly named the **Student Social Work Association**.

Our organization started simply with one goal: publicity. We wanted students to know who we were and

that they had the prospect of getting the community service opportunities they desired. We held elections the following fall semester, and our student leaders took part in campaigning, which is an invaluable practice in itself. We have participated in monthly service activities with the Catholic Newman Center, and our greatest achievement to date was our fall clothing drive, which benefited the St. Patrick's Center in downtown St. Louis. We are currently working on a service and networking project involving St. Louis University, Washington University, and UMSL students. We are proud of our growth and increasing participation, and we hope that future students will continue the positive trends that we have set for our community.

By Shannon Oesch, president, Student Social Work Organization.



Students at Nazareth College of Rochester rake lawns to raise money for Sojourner House. Shown (left to right): Nadine Roman (SW), Wendy Houser (SW), Kelvi Rolle, Catherine Faltisco (SW), Clare Henrie, Karen Vecellio, Randi Clinch (SW), and Amanda Freeze (SW). SW indicates social work students.

Raking in Thanksgiving

During the first weekend in November 2006, more than 30 student members of the **Nazareth College of Rochester (NY) Association of Social Work Students (ASWS)**, Amnesty International, and the Women's Studies Club raked area lawns to raise money for Sojourner House. The event raised more than \$1,100, which was then used to purchase Thanksgiving dinner nonperishables and grocery store gift cards for families residing at Sojourner House. The students were recognized for their hard work in the *Democrat and Chronicle*.

Sojourner House provides transitional housing for women in crisis who are committed to rebuilding their lives. Women and their children can live there for up to six months. Sojourner House provides shelter and basic needs, such as food, personal care products, laundry facilities, bed linens, and towels. It also offers a structured schedule, shared household responsibilities, and enforced accountability (drug tests, room inspections), and provides one-on-one counseling and crisis intervention, support, and encouragement.

The Association of Social Work Students (ASWS) strives to maintain a professional atmosphere in which all social work students, as well as anyone else interested, are encouraged to interact with classmates and faculty to provide an atmosphere in which students can gain further insight into the professional arena. The main goal of ASWS is to help students integrate their social work skills, knowledge, values, and experience with the academic and social aspects of Nazareth College and the surrounding community. Activities include, but are not limited to, social, educational, informational, and community action activities. Activities are open to all students.

Instruments of Peace at Franciscan University of Steubenville

“**Instruments of Peace,**” a club for Franciscan University of Steubenville social work majors, encourages students to organize in their interests, to provide support to one another, to provide educational and professional development activities, to promote an identity as a social worker, and to participate in community service activities.

Students have focused their efforts on community service activities and volunteer work. Each semester, the students have sponsored an on-campus bake sale with proceeds going to various organizations in the Steubenville community. These have included the local children’s home, a mental health program for youth, and a shelter for victims of domestic violence. Students have twice hosted mission retreats where recreation, food, and faith are shared with children and their families. Students have also served as mentors to youth at the children’s home. Club members will soon assist

with a fundraiser for Big Brothers Big Sisters.

Students also plan and provide educational activities on topics of interest for members. These have included child abuse and the value of graduate education. Senior field students hold panel discussions for future field students. The club also provides recreational outings for members.

University of Pittsburgh DSO

The **School of Social Work Doctoral Student Organization (DSO)** was formed in Fall of 2004 with the purpose of supporting and enhancing the academic achievement of social work doctoral students throughout their tenure at the **University of Pittsburgh**

by providing a forum for: collegial support, free exchange of ideas, scholarly presentations, and discussion of critical issues related to the social work doctoral program.

Examples of DSO activities include new student orientation potlucks, guest lectures by social work faculty members, and peer evaluation of presentations (for conferences or job talks).

In addition to activities and events, the DSO publishes a “semesterly” newsletter. The purpose of the newsletter is to highlight the scholarly achievements of doctoral students, announce upcoming lectures (sponsored by the DSO, School of Social Work, Center on Race and Social Problems, or other organizations around campus that are relevant to scholarly pursuits), focus on faculty achievement, and introduce new students.



Faculty and doctoral students at the University of Pittsburgh School of Social Work celebrate the end of the academic year, April 2006. Back row (L-R) Dr. Gary Koeske, Shaun Eack, Kya Conner, Latika Davis-Jones, Chris Gjeffeld, Jeongim "Grace" Heo, Hyunzee Jung. Front row (L-R) Dr. Esther Sales, Cathy Breneman, Lindsey Smith, Hanae Kanno, Cindy McCrea, Vanessa Mayers, Jonathan Singer.

Psychiatric—continued from page 21

and sometimes debated. You may have to prove yourself to a team that knows little about your skills or training. But your value can shine through.

On my desk, a scribbled, never-ending list unfolds, based largely on interruptions that became priorities. The power, the intensity, and the hopefulness of my work keep me always curious to see the next page. Each day is a new learning experience, a new opportunity to connect, and a new perspective on this nest, this shelter, this healing home that constantly evolves to encourage

growth. The days of long-term inpatient treatment are largely over, but this unit inspires me just as it is, with all its rapid-fire charms and challenges. At the end of the day, I am exhausted, but deeply satisfied to be a social worker.

Jasmine Appleberry, MSW, LCSW, received her MSW from Boston University. She completed a field placement on an adult inpatient psychiatric unit in Massachusetts and is currently employed as Clinical Social Worker on the adult inpatient psychiatric unit of a Rhode Island hospital.

Private Practice: When It's Not Right For You

by Sheila Peck, MSW, LCSW-R

A few years ago, I wrote an article for *The New Social Worker* on when to start private practice. Later on, I realized that I had left out something important, something that I had hardly considered. Let my experience with Charlene tell you what I mean.

I teach classes on “How to Start Your Practice, How to Build Your Practice,” at several schools of social work in New York. “Charlene,” a member of one group, blew into the first meeting with breathless enthusiasm. The air conditioning currents in the October too-warm room atmosphere feathered her long blonde hair around her face as she said, “I just got my LCSW, and I’m ready to begin!”

Her behavior underlined her excitement. As the class progressed, I saw how eager she was to learn. Her pen scratched busily over her pad as we talked about various aspects of starting private practice, and she eagerly participated in our discussions.

At the start of the first session of each class, I usually begin by inquiring, “Who has clicked?” This is a shorthand way of asking, “Have you really committed to the hard work and necessary expenditure of time and money to create or build a private practice?” And I ask the question again at the beginning of each of our meetings. Every time I asked the “click” question, Charlene was one of the first to raise her hand.

In December, when the group finished, Charlene rushed up to me, shook my hand, and said, “I want to thank you. You gave me some important information and really clarified my thinking.”

Inside, I was pleased as my ego secretly gave itself a hug at another job well done. Then Charlene explained what she meant. “I’ve decided that I’m NOT ready for private practice now—that I’m happy with the way things are. I have a job and two private clients, and I also want to have a life. If I put all that time into expanding my practice, I couldn’t have lunch with my friends or go to the gym or have time to just lie around and loll.”

I must have looked surprised. “But I never would have discovered that without this class,” Charlene informed me in her breathless way. “I would have gone into building my practice ineffectively

without knowing what I had to do—all the tasks, the time, the expenditures, that were necessary. And I wouldn’t have done it right.”

As she left, she added, “But one day I might well be ready for this, and then I’ll be aware of what it takes. Thank you.” She breezed out the door, leaving me disappointed and nonplussed—until I thought about it more diligently.

Charlene was absolutely right: there is a time and a feeling that must exist when you take on the difficult job of being your own boss, even taking into account the idea that this condition may generate expanded income and job satisfaction. But readiness is important, and I have incorporated this concept into later classes.

**Have you “clicked”?
Have you really
committed to the hard
work and necessary
expenditure of time and
money to create or build
a private practice?**

For example, when “Steven” participated in a later class, I was ready to steer him in a different direction. He was an LMSW who had been a computer specialist in his first profession. (Many clinical social workers have had previous careers.) Although he came to class to learn how to build a practice, he didn’t quite seem to fit. During the course of our work, it became clear that he loved working with computers and was reluctant to give that up. Together, as the class went on, we discovered a possible alternative niche for him, one that would incorporate both his clinical and technical skills. He decided indeed to build a practice—but not the kind that we had been talking about in class. Steven’s idea was to develop Web sites for clinicians. And he did so quite successfully, using the marketing principles we had discussed in class.

So how does all this apply to you? If you are contemplating that jump to private practice, now or in the future, how

do you know whether you are or aren’t ready?

Given appropriate licensing and experience, you will still have to make that inner decision to go ahead. Some think it’s easy. It isn’t, but if you have the “click,” it’ll give you a lot of the motivation you need to continue.

Besides motivation, what DO you need in order to help yourself “click”? You certainly need to understand that being in private practice means you’re in business. You’ll have to develop business and marketing skills. Starting with a simple business plan will help. You can find information about how to go about doing this at <http://www.bplans.com/dp/> and many other sites, as well (try Google). Completing such a plan will help you focus.

Next, begin to develop a marketing plan. You can download this from *The New Social Worker’s* Web site at <http://www.socialworker.com/marketingplan.doc>.

It’ll also be important for you to have a budget, to figure out how much you’ll need to spend and how much you’ll need to earn to cover your expenses and support yourself, too. Many social workers overlook the idea that one part of being in private practice is the necessity of being a good boss to yourself. If your budget shows that you cannot earn enough to give yourself some vacation or other time off, then it probably is not the time for you to enter private practice. You can download a budget form at <http://www.socialworker.com/budgetform.doc>.

Many people begin private practice by gradually cutting down on hours they put in on their “day jobs,” thereby retaining an income and, equally important, health insurance. As you consider this, decide whether or not you have the energy to put in all those hours. Some clinicians decide to use Saturdays specifically for private practice. Might this work for you?

Two more questions to ask yourself are: (1) whether or not you need additional education to sustain a private practice, and (2) whether the possible feeling of isolation that private practice might engender will be overwhelming for you. Be honest with yourself.

That leads to the important idea that you’ll need a clinical supervisor,

and you'll be financially responsible for paying for this service. In New York (and several other states), if you are an LMSW, you are required to have supervision to be in private practice, even if you only have one or two clients. Make sure you check out your state's requirements before going forward.

Do you have a psychiatrist to work with? Presumably, some of the people you work with will need to be evaluated for medication. And, very important, do you have an accountant? When anyone, even a clinician, begins a business, she needs to keep accurate books that will allow her to easily retrieve information about income, profit, and taxes. Probably the person who helps you with your taxes can advise you about how to set up your books, but do this at the beginning of practice so you don't get confused. When I got a computer some years ago, my first act (after learning how to use the darned thing) was to set up client and financial records. I use FileMaker for the former and Quicken for the latter. At tax time, I just need to click on a few buttons and I have all my expenses and income for my Schedule C.

"And what is that?" some of you may ask. A Schedule C is the form you file with your taxes if you are in business. You'll need to know all about it even if you don't do your taxes yourself, because it can profoundly affect your return.

There are many other considerations. You'll need to be familiar with marketing, forms, and policies for clients. Use the short checklist on this page to think about additional items. You don't need all of them, but you ought to be aware of what they are and how to get them. If it all seems to be too much, just work on one of them at a time. Or

Private Practice Checklist

- ___ Office space (where will you see your clients)
- ___ Patience (it takes time to build a practice)
- ___ Business cards, brochures, Web site
- ___ Managed care and getting on panels
- ___ Niches (what you're offering to the public)
- ___ Referral sources (who might be sending you clients)
- ___ Networking (developing referral sources)

you might decide that it's not yet the right moment to enter private practice.

This may seem overwhelming and "click"-aversive. And if you feel that it's too much, then it's probably NOT time—at least not yet—to go into private practice. But at least you're now thinking in the right direction. Perhaps you're even unconsciously preparing yourself to learn what you need to learn so you will be ready in the not-too-far future.

That's what seems to be happening with Charlene. She called a few days ago to schedule a consultation to talk over beginning her private practice. As she said, "I've clicked." And perhaps you will, too. If not, that's fine. You will have made a responsible decision as to what's right for you. That's what we try to help our clients do—and we should do the same for ourselves.

Sheila Peck, LCSW-R, is a practice-building consultant and family therapist who works in Island Park, NY. Co-president of the Nassau Chapter of the New York State Society for Clinical Social Work, Sheila also edits several professional social work newsletters and teaches at Adelphi University and Hunter College Schools of Social Work (continuing education). She may be reached at Sheila2688@aol.com.

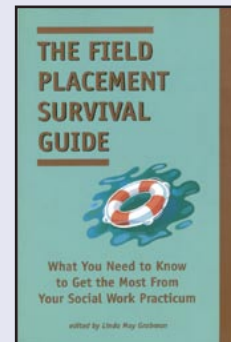
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How to Snag a Job in International Social Work

by Ann McLaughlin, MSW

As Director of NGOabroad, I assist people to get into international humanitarian work, either paid or voluntary. My experience and therefore my comments below pertain to humanitarian, not corporate, work in Asia, Africa, Central and South America, the Caribbean, the Pacific, and Eastern Europe. The comments below answer the oft asked question, "How do I get a paid international humanitarian job?"

Let's start with the challenge and then address the steps to deal with that challenge.

The Challenges

1. Paid international humanitarian jobs are highly competitive. There is a huge bottleneck getting into paid international humanitarian work. The majority of the grassroots humanitarian organizations in Asia, Africa, and South America are run on the commitment of their members; they do not have money to host volunteers or pay expatriates. In countries with 20-40% unemployment, the grassroots jobs rightfully belong to the people in those countries. The niche for expatriates is with the international NGOs (non-government organizations). Highly qualified candidates from all over the world—Philippines, Uganda, Tajikistan, India—are applying for these jobs with the international NGOs. If you thought the competition was fierce when you applied for a job in your town, global competition is fiercer, because there are far more people applying for only a few positions. But honestly, don't let that stop you. Just know it takes a lot to get your foot in the door.

2. What does it take to get paid international social work? You need:

- years of domestic social work experience
- international experience
- knowledge of the culture that you will work in
- attitude: humility, resourcefulness (can hit the deck flying)
- determination, tenacity for the search itself
- language is very helpful but often in-country colleagues translate

3. International experience is a must. If you look at most international job announcements, they specify how much international work experience is required. They will say things like "five years experience in the Great Lakes necessary." (Not Lake Michigan or Superior, but Lake Kivu, Tanganyika, Victoria, and Nyasa.) The Great Lakes is the tumultuous region that encompasses Rwanda, Burundi, and Zaire/the Congo. You must have plenty of street smarts there. There are milder places to begin to get your first international experience!

4. Volunteering is a great way to get international experience. International volunteering that gives you pertinent experience is a great way to build your foundation for international work. You usually need 2-3 posts of volunteer work to get the foundation of experience. International experience is not just window dressing; it is essential. International work is complex. You can't just transplant your skills into another culture. You must know that culture. Employers are looking for people who "know the ropes" and understand how international work is different from their work back home. Because most international humanitarian work is funded by projects, you must be able to "hit the ground running."

So get volunteer experience that is pertinent to your long-term goal.

5. Cultural experience helps immensely. People who have cultural roots in the country where they wish to work are at a distinct advantage: they likely know the language, beliefs, and interaction patterns, so they know how to connect and get things done in that culture.

6. Class experience is equally valuable. If you are going to work in a poor country, then experience with poverty, hardship, and despair helps you "get" it. The biggest step that most North Americans and Europeans will make is not onto the airplane but across the class divide. One eighth of the world population consumes seven eighths of the world resources,



leaving only one eighth of the resources for the other seven eighths. This is a world of Have-Lots and Have-Nots.

7. Have lots of experience and something valuable to contribute. Get your experience at home.

Don't expect to learn professional skills in another country where you will be coping with cultural differences and snafus. By bringing plenty of skills and savvy, you don't drain their organization, but you contribute to it. Most international positions do not require you to carry out a task but require you to teach others to do it. You "download" your skills. In the terms used in international work, you partner as equals to build capacity.

8. Partnering as equals. Many people think that international social work means that you do the same tasks that you do here, simply transplanting them into another culture. Not true. People are very capable all over the world. They can do things for themselves. So they don't want you doing things for them.

Your job is to mentor. This is where it helps to have years of experience, including supervisory experience. You will have to know your subject so well that you can see where the snags are for them, or how to apply a new innovation or approach into a different cultural or religious context. That's where it gets tricky. You need resourcefulness and the ability to improvise—to hang things together with "duct tape and baling wire."

To partner as equals, you need a tremendous amount of humility. To be honest, Americans flunk this test. All over the world, we have a reputation for our arrogance. Most Americans come in thinking that they are hot stuff. Capacity building is recognizing and building the skills of your team rather than showboating. Canadians come in much more gently and accomplish far more. What can each of us do to change that attitude and way of presenting?

9. *Study the cultures and countries that interest you. Ascertain their needs.* This will help not only when you are in-country but when you approach people about paid or voluntary work. Remember Richard Bolles' job strategy in *What Color Is Your Parachute?* Determine the unmet needs in the organization. If you can meet the unmet needs, you are more likely to be hired. Help solve what vexes, baffles, bewilders, and plagues them. Don't just focus on an organization, but consider the culture at large. For example, in countries that have no budget for health and education, then there are few social services to meet human needs. Therefore, there are few jobs but lots of needs to fulfill—thus, lots of room to start programs.

10. *Find burgeoning grassroots organizations.* Social work has a role to play at all levels of a nation's social service infrastructure. Paid jobs in well established organizations are available to those with the necessary qualifications. But those may not be the real plums. I believe the most exciting jobs are those on the cutting edge: assisting with the growth of the grassroots citizens organizations (often in a volunteer role).

In poor countries, there is very little money that can be devoted to social services, but social services are growing nonetheless. In the last 10 years, there has been an explosion of organizations started by citizens, not by the government. The growth of infrastructure is from the ground up, not the top down.

11. *What skills are needed?* In the new grassroots organizations, community organization skills are incredibly valuable in helping with organizational and program development. Grant writing and fundraising skills are more in demand—although I believe that we must look at how monies are allocated. In very poor countries, how do you decide who gets the funding? Someone proposed that the village itself makes that decision.

In paid positions, managerial skills are often required, as you may wear the hats of both director and service provider. The clinical skills that you may have acquired in North America may or may not be applicable. Psychotherapy is a very foreign notion in most of the world; counseling is a luxury.

Your people skills, broadly speaking, are what are treasured everywhere. Social work is one of the most important

professions in international work because of our emphasis on poverty.

Getting Your Foot in the Door

1. *Identify prospective organizations and contact people.* This is where much of the preparatory work is. You could spend years researching possibilities.

2. *Write a culturally-sensitive, compelling cover letter and résumé.* In the industrial world, you want to impress people with your qualifications. When writing to South America, Africa, Asia, Central Asia, or the Balkans, it is offensive to receive a letter from “me-big-kahuna” in corporate America. A boasting tone that prevails in North America will backfire. “Who needs a Big Kahuna? Big Kahunas give me a headache. We need someone who can help.” Be more humble.

3. *Outline how your skills will help meet their needs.* For voluntary work, rather than say that you are a Big Kahuna, explain that you can help them set up their domestic violence program or a livelihoods program in a refugee camp. You can help teach how a media campaign changes attitudes toward “gender based violence” or you will work with the slum dwellers on advocacy programs.

4. *Steer clear of the crowd.* If the problem is this global bottleneck, then target

organizations that no one else has heard of.

5. *Hang tough. Keep at it.* Go into an international job search knowing it is a marathon. Take breaks along the way. Pace yourself. Persist. In the course of searching, you learn an immense amount about how international work is “wired,” which is invaluable on the job.

6. *It is worth it!* International humanitarian work is amazing! It is likely to be one of the highlights of your life. The field of international NGOs is quickly changing as NGOs fill a niche that many governments neglected. The world needs people contributing their skills to address humanity's problems.

The needs are clearly there. It is just a matter of finding your niche. Your niche may be voluntary rather than paid work. Keep at it, because we need you and your skills.

Ann McLaughlin MSW, a social worker by trade with a passion for world cultures and international affairs, founded and directs NGOabroad. NGOabroad is a service that matches your skills to international needs. Ann assists with the international job search through career consulting to identify goals and strategies, polishing résumés and cover letters, and providing lists of opportunities for paid or voluntary work to shave years off of your search. See <http://www.ngoabroad.com/> for more information.

Martin—continued from page 3

use on campus. We drew 60 students. The forum was very successful.”

Majewski attributed the selection of Martin by her peers to her maturity. “She's very solid, with a lot of self-confidence and a sense of where she's going in the profession,” she explains. “Greta definitely has a leadership quality and a commitment to social justice.”

Another reason might be Martin's attitude, suggests Mei. “What's distinctive about Greta is the fact that she's always happy, not afraid of challenges or obstacles. I have never seen her being down in spirit,” she says. “She enjoys people.”

Martin also loves dance in all forms, but especially jazz and modern. She managed to take enough dance classes to minor in it. Martin also enjoys “what college kids do”—movies, board games, and reading, especially mysteries. But there's little time for fiction, because, she explains, “I'm always reading textbooks.”

Martin currently has a “long-distance relationship” with Nick Goodman, who recently took a position in the DC area after completing his master's in accounting. “Nick is very supportive,” she says. “He encouraged me to stay here and continue my education.”

Long-distance relationships may not be easy, but travel is something Martin otherwise relishes. During her freshman year of college, she participated in a 10-day “study abroad” program in Italy “to learn about the culture and places.” Between her junior and senior years, she spent a month at the University of Liverpool, with weekend trips to Ireland, Germany, Holland, and Belgium. “Anytime there's a chance to travel, especially abroad, I'm very interested,” she says. “I hope to go around the world some day.”

Barbara Trainin Blank is a freelance writer in Harrisburg, PA.



Books

Rose, D. (2005). *Ellie: A Story of Profound Loss and Abuse*. Baltimore, MD: PublishAmerica. 97 pages, \$14.95 paperback.

Ellie's life story starts out wonderfully. She and her brother and sister are loved and adored by both her mom and dad. At age seven, her life is ripped apart immediately following the unexpected deaths of her parents. She is then tossed from relative to relative, year after year, enduring sexual abuse at the hands of her Uncle Gordon, emotional neglect and abuse at the hands of other caregivers, and through it all, she prays to God to help her make it through each day.

Ellie struggles with making and keeping friends, settling down, feeling welcome in the world, and trying to feel comfortable in her life. Most of her teenage years and young adulthood are spent hiding from her abusive uncle, who tracks her down and consumes her life almost everywhere she goes. This young girl, though, has the resolve of an angel and never gives up. At age 23, she graduates from nursing school. She later marries and becomes a mom.

I experienced almost every emotion reading this book. The book brought tears as well as laughter, and I feel blessed I had the opportunity to read this book. This is a must-read for every social work student who wants to work with children, teens, or young adults. It should be required reading for anyone who wants to become a therapist, work in a homeless shelter,

develop a teen support group, have children, or interact with children. This is a recommended read for social work clients who have experienced or are currently experiencing similar struggles, because they will relate with Ellie and the challenges she overcomes in her life.

Social work educators will benefit from the reading of this book, as it provides true-to-life, graphic insight about the disgusting atrocities associated with sexual abuse. I would highly recommend this book to anyone in the helping professions, including pastors, nurses, educators, therapists, and physicians. *Ellie* is a sobering, valuable book that may be too graphic for some readers, but is definitely worth the inspiration it provides.

Reviewed by Marian L. Swindell, Ph.D., MSW, Assistant Professor, Mississippi State University.

van Dam, C. (2006). *The Socially Skilled Child Molester: Differentiating the Guilty from the Falsely Accused*. New York: Haworth Press. 149 pages, \$24.95.

This book should be required reading for every social work student who wants a career working with children and families in any capacity. Not only is this an excellent book for social work students, social work educators, and all those in the helping professions, but it is also an excellent resource for parents. The book provides a thorough description of the sexual predator who lives right next door—the person we would never suspect of being a molester and would even invite over for dinner or coffee or say “hi” to as we greet them in

church on Sunday morning. This is an eye-opening book that educates social work educators, students, researchers, and practitioners to the realistic, true-to-life, wake-up-and-smell-the-coffee problem of increasing child molestation.

Dr. van Dam takes the reader into the mind and thought processes of the offender. We learn their thought processes, modus operandi, personality types, and methods they employ to hone their predation skills. Chapters introduce the reader to the problem, the child molesters' natural habitat, current practices with children and offenders, the different types of molesters, common misperceptions, differentiating dangers, understanding the problem, interviewing, predicting risk, and incorporating evidence.

Several examples are provided throughout the book to assist the reader in understanding the different types of molesters and their behavioral patterns. The book also provides strong examples of methods to distinguish between the falsely accused and the molester.

Social work students should be required to read this book, as it explains human behaviors and the theory driving such behaviors. Students also will benefit from this book because it provides an inside look into the mind and mannerisms of the pedophile.

This book is helpful for practitioners and others currently working with molesters or their victims. Community social workers will benefit from this book by learning the predictor behaviors of molesters and then educating communities they serve.

Reviewed by Marian L. Swindell, Ph.D., MSW, Assistant Professor, Mississippi State University.

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Linda M. Grabman

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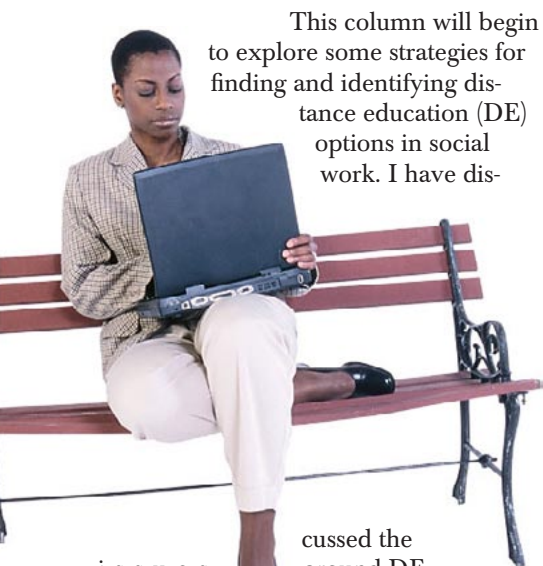
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Toward a Guide to Distance Education in Social Work



This column will begin to explore some strategies for finding and identifying distance education (DE) options in social work. I have dis-

issues in this past, so I now. I'm visit these time in the future. But for now, let's just consider the question of how to find DE courses and programs in social work.

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visit these issues from time to time in the future. But for now, let's just consider the question of how to find DE courses and programs in social work.

What is available via distance education in social work?

Unfortunately, at this point, there is no easy, "one-stop" way to determine what is available via distance education in social work. For example, if you Google for "distance education" and "social work," you will probably receive results that will include 50% or higher links to social work education in other countries (usually Canada, but increasingly Australia and others). The other 50% will probably be for programs in the United States. It is important to pay close attention to where your DE course or degree program originates, since future employers may be concerned about whether it is accredited by the Council on Social Work Education (CSWE) or not.

Of course, Googling for possible professional education may not be the best way to proceed. You can go to CSWE's Web site (<http://www.cswe.org/CSWE/accreditation/>) and attempt a search of the latest *Directory of Accredited Social Work Education Programs* for "dis-

tance education" or even "online," but you will not receive any useful results, because this directory only contains contact information for each accredited program. At least, however, it is the best authoritative source for whether a program is accredited or in the process of applying for accreditation (i.e., "in candidacy").

To search for any particular program's information about whether it offers distance education or not, go to the two files I maintain, which contain all of the latest URLs for both BSW and MSW programs:

<http://www2.hawaii.edu/~smithml/bsw.htm>

<http://www2.hawaii.edu/~smithml/msw.htm>

But, this is still not helpful in efficiently tracking down up-to-date qualitative information on the kinds of courses, concentrations, and specializations offered by each social work education program and whether distance education is used to deliver courses and/or entire degree programs. CSWE used to publish a separate directory of graduate (MSW) programs that contained details like this on each school, but apparently this publication has not been updated since 2004.

I have begun to develop a WIKI, which I hope to be able to announce soon. It will permit existing accredited social work education programs to post their own information on their distance education offerings. Perhaps I will be able to discuss it in my next column in a few months.

Having said the above, I want also to say that what is available via distance education in social work is growing almost daily. I would like to be able to list some of the more obvious colleges and universities that currently offer social work education via distance education, but I am sure to omit someone in such a list. To be fair to all who are clamoring to compete in this arena, I will not attempt to publish the list for now, but hope to be able to do so soon. Just know that if you are persistent in your search, you will be rewarded with many options.

One last comment about what is available via distance education. Do not just search for "online" courses or

programs. This will limit you to Internet-delivered education. Distance education opportunities exist via interactive television, polycom conferencing, even telephone-delivered content. In addition, there are courses that rely on written materials that are mailed using the U.S. Postal Service on a regular basis (the old "tried and true" correspondence course). Remember, it is important to seek a modality with which you are comfortable, as well as to insure that the course/program is accredited by CSWE.

What are the advantages and disadvantages of distance education?

There is much controversy over the delivery of social work education via distance education. People will question, "How can you learn to relate to people and help them if you are not interacting with them face-to-face?" First, this question fails to understand that while some content is delivered in a DE format, the application of the acquired knowledge is usually practiced face-to-face, and always under the supervision of an approved social worker who serves as your supervisor and mentor. Sometimes, this mentoring/supervision may take place over teleconferencing or interactive TV, but it usually involves being assigned to a social service agency where you will perform your work face-to-face and receive supervision in the same manner.

Much of your coursework may take place via interactions over the Internet (online) or using interactive TV (on-screen), in which you may initially feel uncomfortable, but will probably develop increasing professional skills at interaction, relationship building, assessment, helping, and so forth. The best example I can give here is that, for 30 years, I taught in the social work program at the Rochester Institute of Technology, where the National Technical Institute for the Deaf is located. In every class I taught, about half the students enrolled were deaf or hard-of-hearing. I witnessed incredibly sensitive skill levels of my deaf students just in their e-mail communications. When asked to participate

in online chats or threaded discussions, deaf social work students often would outshine hearing students, because they have had so much more opportunity to use these media for serious day-to-day communication. I always said to my hearing students, "If your deaf colleagues can develop relationships and deliver real helping interventions relying on text messaging, then hearing professionals have a lot more they can learn about the helping process using the same media."

In short, I am saying that distance education is not for every student. Some will find it inappropriate for maximizing their learning, but others will thrive on it and find new ways to teach the rest of us about this new frontier.

Is this program/course legitimate?

I have already mentioned the *Directory of Accredited Social Work Education Programs*, available from the CSWE Web site, but I did not mention that this is the best way to know if a particular social work school is legitimate. There are some higher education programs that call themselves "social work," which is

legal—but programs are not permitted to label themselves "accredited social work education" unless they have gone through the rigorous process overseen by CSWE. If you want to know whether a particular program is accredited or not, do a search of its Web site for either the "Council on Social Work Education" or "CSWE." If this does not show up in either its Web site or in its published materials, ask the admissions office. If the program is unable to confirm that it is accredited by CSWE, continue your search.

Recently, there have been some "for-profit" institutions that want to offer social work degrees and have either inquired about becoming accredited or have begun the process. But, to date, as far as I know (search the CSWE directory!), no commercial education institutions have achieved accredited social work status.

What are the implications of taking non-accredited social work courses/programs?

Why am I cautioning current and potential social work students to be so careful of insuring their courses/programs are CSWE-accredited? You may,

in fact, attend a non-accredited program and receive a similar education in some respects, but there is no guarantee. Let the buyer beware! Unaccredited social work education may even be taught by social workers, and they probably have a lot to offer as teachers. But when graduates seek employment, often employers will want to know that your degree is from a CSWE-accredited university or college. For one reason, employers often seek professional social workers for staff positions because they can receive reimbursement for services provided by these staff from third-party payers (i.e., insurance companies, government, and health maintenance organizations). Staff with unaccredited degrees may have similar skills, but are usually not approved for such reimbursement to agencies.

In addition, every state finally has either professional certification or licensing legislation in place for social workers. Increasingly, this legislation requires the social worker who holds such authorization to possess a professional degree from a CSWE-accredited institution.

Marshall L. Smith, Ph.D., is Professor and Coordinator of Distance Education at the School of Social Work, University of Hawai'i at Manoa.

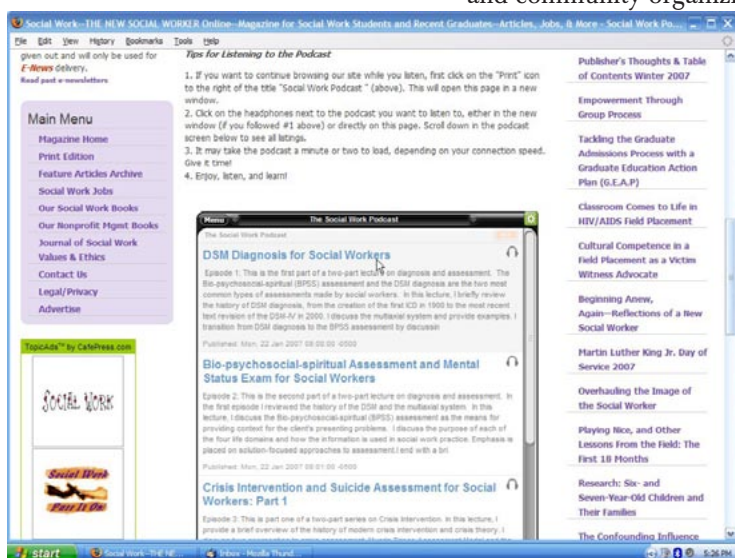
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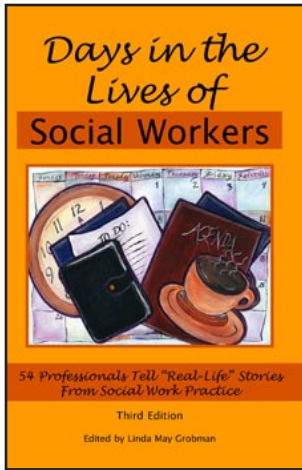
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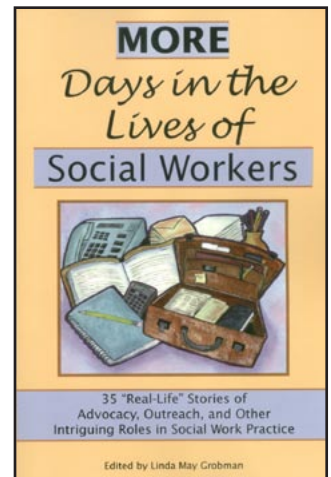
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