

E-NEW HORIZONS

NASW VERMONT CHAPTER *E-NEWSLETTER*



Special points of interest:

Happy New Year!

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Vermont's Health Care "Vision" and Social Workers

We have all heard (and perhaps chanted) the national mantra of health care reform—Access, Quality and Cost. There are two additional facets of reform that do not get as much play but do cut across Access, Quality, and Cost. They are Financing and Organization.

Where is Vermont in all this?

Access--Vermont is a national leader in expanding access to insurance and health care (two different things). When Howard Dean was governor, Vermont was one of a select group of states funded by the Robert Wood Johnson Foundation to explore different approaches to expanding access. One of the results was our Dr. Dynasaur program for children. Later Vermont expanded access to insurance by creating the Catamount program, which makes insurance available to people who are not in groups and also offers some subsidies for those who cannot afford the premiums. Significant strides have been made in organizing for access, e.g., the [same application form](#) is used for Catamount as for VHAP, Dr. Dynasaur, and Medicaid. This is no small achievement.

Quality—the [Vermont Program for](#)

[Quality in Health Care](#) (VPQHC) is a national leader in examining evidence-based service and outcome trends and variations in the state. VPQ is a central figure in preparing primary care practices to use technology effectively and to organize practices for better efficiency. VPQ also publishes an annual health quality report that provides data to support quality improvement initiatives.

Cost—The current budget crisis springs in part from falling revenues but also in part to skyrocketing costs of health care. These rising costs come both from expanded access

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Still Need ETHICS credits?

Need 3 more cues to meet the licensing criteria?

NASW-VT Presents: *Ethics in Social Work Practice*

Just in time for the January 31st deadline.

See page 12 for details and registration or go to: www.naswvt.org

****NEW training!****

See page 15 for details

NEW HORIZONS

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2009- 2010

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AD & COPY DEADLINES:

June 15 th	July/August issue
August 15 th	Sept/Oct issue
October 15 th	Nov/Dec issue
December 15 th	Jan/Feb issue
February 15 th	March/April issue
April 15 th	May/June issue



When your contact information changes, please keep us at NASW-VT in the loop! It is easy to do. Here

are the steps:

1. Access the internet and go to <http://my.socialworkers.org>
2. Enter YOUR sign-in information and click "sign on."
3. Your NASW membership file will appear.
4. If you have changes and additions to make, click on "edit." Use this page to update any contact information already in your file. When you are done, click "submit."

Are We Getting What We Pay For?



*By Rilla A. Murray,
M.S.(Soc Adm.) DrPH
Executive Director*

focused consideration of value.

Because 85% of the state's budget goes to health and human services, corrections, and education, there is no way to avoid cuts. Even if we completely eliminated the other 15%, we would still have to make significant cuts to health, human services, corrections, and education. The current approach assumes "we all have to share in the pain." But across-the-board cuts do not necessarily distribute pain evenly, nor do they take into account who can bear the pain and who might not be able to bear it. Recently the "Tiger Team" looking at the Department of Mental Health proposed that \$10.5 million could be cut from the effective Community Rehabilitation and Treatment (CRT) program offered through community mental health centers. This represents about one-third of the program's budget. The CRT clients are those who, without the support of the program, are most likely to return to the hospital or show up in emergency rooms in crisis (and in turn cost taxpayers a lot more than the CRT program does). Could the program be more efficient? Probably, but cutting one-third seems like an awfully big swipe. This is only one example of a proposed program cut. We will hear about more.

This and other talk about budgets and fiscal woes in general in both the public and private sectors raises some questions in my mind. For example, at what point does a program begin to look top heavy—too much money going into administrative costs and not enough into services? I do not have the answer to that question, but I would like to suggest that we start asking it of every program funded through state

These days I am thinking about getting the maximum value out of every dollar I spend. Unfortunately "value" has not seemed to enter into state budget discussions much. The approach of asking for across-the-board decreases from agencies has not been a

government or regulated by state government. The question is appropriate to any program—forest management as well as child welfare, health insurance as well as motor vehicle registrations.

Here is an example of where I believe we are NOT getting the full value of our dollars. In the private insurance sector (not Medicaid and not self-insured organizations)

Vermonters and their employers who pay premiums for health insurance are guaranteed mental health parity—or the same access to mental health and substance abuse services that one gets to medical services. In fact, private insurers are required to report annually the amounts actually spent to pay claims for mental health and substance abuse services and the residual amounts that go to administrative costs and "profit" (some are non-profit so the term "profit" technically does not apply—there are no shareholders who receive dividends). Vermont is the only state that requires this reporting and we have data that span eight years or more.

A snapshot of 2008 is now coming into focus and will become public in mid-January when the *2010 Mental Health and Substance Abuse Report Card of the Act 129 Task Force on Mental Health and Substance Abuse** is delivered to the legislature. Here is what we are getting for our private insurance dollar. If you have health insurance through your employer (except state government) or purchase it on the open market, you are experiencing this right now.

- Between 69 cents and 79 cents on the premium dollar is being spent on paying claims – providing service. That means between 21

"...at what point does a program begin to look top heavy—too much money going into administrative costs and not enough into services?"

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Happy Holidays from Cathy Rouse, President NASW VT



Cathy Rouse,
President, NASW-VT

what I hope I can achieve and we, as an organization, can accomplish.

Last year was a grand year for me and so much better than the previous year had been. What a difference a year makes! George Bush was finally out of office and Barack Obama brought in a fresh new hope for our country. I had gotten a new horse and had a terrific season of personal bests and equestrian accomplishments. Professionally I took office as NASW-VT's president and a new job at Central Vermont Hospital's Mountainview Medical Oncology practice. I love my job and am awed and honored every day I go to work as I am privileged to be a part of such courageous and wonderful people's journey through cancer survivorship. I am also involved in developing an integrated behavioral health initiative at this same practice working with the internal medicine docs as well. This means my day is rarely the same and I see such a diverse group of people with such rich and interesting stories working their way through life, figuring out ways to cope successfully and unsuccessfully as the case may be. I can honestly say I haven't had such a fun and rewarding job in a long time. I also had the opportunity to study Reiki, and have completed the first and second degree course. More on that to come. When I'm not riding my horse or working at Mountainview Medical, I work as a consultant developing and running trainings on De-escalation Techniques, Workplace Violence Prevention and Conflict Resolution within the Clinical Setting, a program designed for nurses.

At NASW-VT, we too, have been successful. We were worried early on with the country in such fiscal crisis that we would have to make tough decisions about our own operating budget and ultimately what we could and

couldn't do as an organization. But the good news is we have weathered that storm and are relatively stable financially. We have had several very successful trainings and conferences and we thank all of our speakers for their thoughtful

presentations and expertise as well as our participants and their valuable feedback. We have new board members who are fun, talented and hard working. As our board only meets about four times a year, we do a lot through our

committees. We have two committees in particular that have been very active, our Diversity committee and our Education committee. They in fact came together to merge their forces to create our annual conference and what a success that was. Pat Shine, diversity committee chair and recipient of the Social Worker of the Year Award, is so organized and energetic, she was able to mobilize her committee members to meet both in person and by phone conference to develop and organize with "multi-tasker" Kelly Mills-Dick, Education Committee Chair and her members, a wonderful day for Social Workers at the Capital Plaza. I know I came away with new appreciation for the richness of Vermont's diverse Cultures, a new awareness of the growing immigrant populations and an introspective look at my own assumptions about the world based on how I perceive my social class. I met delightful social workers with whom I would love to have lunch with again and continue to share stories of our own lives as we did that day.

Other committees worked hard as well including our Social Work Month Committee, chaired by Cathy Hartshorn and Brenda Pitmon, both 2009 recipients of social Work Volunteers of the Year Award for 2009. Sandy Conrad has been instrumental in recruiting and soliciting nominations for board openings, committee members and award recipients for NASW-VT, in her position as chair of the Nominations and Leadership Committee. I would be remiss if I didn't include the hard work put forth by both Rilla Murray, executive director and

(Continued on page 5)

"As President of NASW-VT, I want to continue to reach out to prospective members and seasoned members as well, to build our membership and encourage you all to get involved."

V.A. Offers Telepsychiatry at the Richford Clinic

The [White River Junction VA Mental Health Service](#) and the [Richford Health Center](#) have begun a unique program to bring VA telepsychiatry services to veterans receiving primary care services at the Richford clinic. Funded by a grant from the Department of Veterans Affairs office of Rural Health, services at Richford began in October. Richford veterans in need of mental health expertise can now meet with a psychiatrist located at the VA Medical Center in White River Junction or [Colchester](#), using state of the art interactive audiovisual telecommunications. Previously, such care required a 60-90 minute drive to the nearest VA outpatient clinic in Colchester or a 2-3 hour drive to White River Junction. In addition, VA providers can also provide specialized care to members of the Vermont National Guard and their families under a contract between the VA and the National Guard.

Richford is the pilot site for the rural health grant. At present, VA is developing similar programs in Randolph and Wells River, Vermont, as well as Colebrook and Berlin, NH. All are expected to open in early 2010. Talks are in progress with two other potential sites as well. Pending the success of this demonstration project, VA hopes to extend the program to healthcare facilities throughout its catchment area, which covers all of Vermont and the northern counties of New Hampshire.

The White River Junction VA has earned national recognition for its Mental Health/Primary Care integration program, which has eliminated waiting times for new appointments and made mental health care a routine part of primary care. As part of that program, it has been providing telepsychiatry services to its community based clinic in Bennington since 2004. The telepsychiatry program is the first effort nationally to integrate VA mental health services with a nonfederal primary care clinic."

If you have any questions about this capability, please contact Desk 60 at the Veteran's Hospital in White River Junction at 802 295 5760.

From the President

(Continued from page 4)

Betsy Cody, chapter coordinator. They really are the brains, brawn and heart of NASW-VT. They accomplish so much and are available to so many. Just look at our Web site, our newsletters or call the office and ask a question. They work selflessly for all of us to ensure greater solidarity among social work professionals and sustainability of our professional organization by their prudent fiscal management. They do this with limited resources, abundant creativity and an enormous amount of commitment. Thank you both for all that you do.

As we look towards the coming year, for me I can only hope for the opportunity to continue to grow professionally and personally. Both, means pushing myself out of my comfort zone and meeting my challenges knowing the measure of my success will be in the doing. As President of NASW-VT, I want to continue to reach out to prospective members and seasoned members as well, to build our membership and encourage you all to get involved. We have committees that need Chairs and Chairs of committees that need members. If you like to know what's going on in the legislature and help influence our State government to be aware of the needs of Social Workers and the people we serve, our legislative committee awaits you. If you like elections, and knowing the candidates who run in them, then we need your help on the PACE committee. Both the Ethics and Education committees are looking for volunteers and this coming year these two committees will join forces to create some exciting trainings. Of course we have the Social work Month Committee, and see if you can out do the great work that was done last year. Don't be a couch potato, call or email us your interests and join your colleagues in forming NASW-VT's future for 2010.

My New Year's Resolution is to be a better rider, a better clinical social worker, a better board president and a better person...oh yes and to lose the eight pounds I put on last month. What's yours? I hope it includes joining a committee or becoming a member of NASW-VT. Happy Holidays to all of you and thank you.

Cathy

Cathy Whittier Rouse, LICSW

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(more people in the system) and from ever-increasing insurance premiums and costs of Medicaid (care costs more).

Many in Vermont believe that we can make the greatest impact on cost by altering the **organization of care** and focusing on integrated care of the type represented by a "primary care medical home" or a "health care home." Indeed early results in our pilot [Blueprint for Health](#) communities are promising. Not only does the Blueprint propose a new way of organizing care, it also

Prevalence of Behavioral Health Disorders in Primary Care

From a review by Maruish (2000)

Major depression	6 to 16%
Anxiety/Anxiety Disorder	10 to 20%
Alcohol abuse/dependence	5%
Mood disorder	26%
Somatization	50%
Any MH diagnosis	10 to 30%

From a presentation by C.J. Peek, PhD, and Macaran A. Baird, MD, MS, University of Minnesota, at the November 16, 2009 "Bridging the Divide: Fostering Collaboration between Primary Care, Mental Health, Substance Abuse, and Behavioral Health Practitioners."

involves **financing care in new ways** so that community support services can be part of the care, especially for those with chronic conditions. In addition there is growing interest nationally and in Vermont in shifting the basis of payments for care from services to evidenced-based care and outcomes. The latter is critical to the ultimate control of cost, but it will take time to develop models and then transfer that knowledge to the field. This could happen more rapidly if Medicare is the starting point.

There is also a growing call for a single-payer system in Vermont. This is reflected in new bills being introduced this year in the legislature as well as the consideration of bills introduced last year. NASW is on record as supporting universal access to health care.

Where is the face of professional social work in Vermont's health care reform efforts? Where are the connections?

After mental health, medical social work is the second largest practice focus among social workers. This area of practice is expected to increase sharply as the integrated approach to care expands. **Primary care medical homes include social workers on staff now in many locations in the state.** The social workers are on the care team, working arm in arm with patients to understand blocks to controlling chronic disease and provide short-term therapies, such as motivational interviewing, to engage the patient in needed behavior changes. These social workers work with patients who present a wide variety of problems. In one sense, they are generalists within the health care setting. For those patients who need specialty care, they make referrals and help the patient to connect with a mental health specialist for ongoing assessment, diagnosis, and treatment.

The compelling argument for adding professional social workers to the primary care team is that a **shockingly high proportion (perhaps as many as 70%) of patients who go to a primary care provider have psychosocial drivers underlying their presenting problems.** Their presenting symptoms may be treated (for example, anti-depressants or pain medication is prescribed, or a smoking cessation or weight loss program is recommended) but the underlying causes of the depression, headaches, addiction or obesity are not addressed as fully as they might be by a specialist professional social worker.

Approximately 50% of all mental health "care" is provided by primary care providers—this is almost exclusively in the form of prescriptions. Of all the psychoactive drugs prescribed, 67% are prescribed by primary care providers.

This information is emerging at a time when the state (and nation) is looking for ways to improve care and reduce costs, so mental health services in primary care is not a surprising focus. More appropriate or adjunctive treatment can be provided by professional social workers, freeing the physician or nurse practitioner to focus on their specialties. In fact, **medical social work as an area of practice is expected to increase sharply as the integrated approach to care expands.**

But how to insure that social work specialists outside of primary care can provide ongoing or more specialized treatment when needed?

Efforts are underway to get information about *your services* to primary care settings. PTOPHelp.org is Vermont's one-stop, interactive site for mental health referrals. In fact, an NASW-VT Board member, Karin

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cents and 31 cents of the dollar is NOT going to pay for services.

- Between 14% and 26% of the dollars are claimed by the insurers as “administrative cost.” This means that, in comparison to the Medicare gold standard for administrative costs of 4%, privately insured Vermonters are paying 14 cents to 26 cents on the premium dollar to administer mental health and substance abuse services in the private sector.

The actual dollar total for those administrative costs for 2008 was \$4.3 million dollars. What did we get for our money?

Let’s assume that the underlying premise of managed care is to control costs and assure that appropriate care is provided. Both are important. Limitations of the cost reporting data do not permit us to evaluate the “appropriate care” aspect of this. We know from our mealtime phone calls that many insurers are trying to get members enrolled in wellness plans and other “appropriate care” efforts.

The data do permit us to see in the 2010 Report Card that in 2008 we bought a total of 204 denials for care for the \$4.3 million dollars paid to third parties to manage the costs of mental health and substance abuse services. That is \$21,075 per denial. If we were to add in the rest of the dollar that goes to profit, the cost per denial would be much higher.

This does not appear to be a good buy. Several years ago the Vermont Medicaid program ended its contract with a third party to manage mental health and substance abuse services because it simply did not result in a net savings. But the state continues to permit managed care “carve-outs” for mental health and substance abuse services.

In December, Senator Jay Rockefeller (D-WV) proposed an amendment to the health care reform legislation as it wound its way through the labyrinth known as the U.S. Senate. He called for limiting the administrative costs of health insurance to 10%, a generous 250% more than Medicare costs. NASW-VT voiced our support for this concept to the Vermont

delegation. We don’t know at this time if the amendment was included in the bill that passed.

Now it is time to bring the same concept to the attention of our state lawmakers as they anguish over budget cuts and consider health care reform. How much are we willing to pay to administer a program? On what basis will we determine that amount? What kind of value do we expect from all our government programs and services? What steps could we take as citizens and professionals to move the administrative cost burden toward that Medicare gold standard? [Contact your legislator today](#) and start discussing value in budget decisions.

“...we bought a total of 204 denials for care for the \$4.3 million dollars paid to third parties to manage the costs of mental health and substance abuse services. That is \$21,075 per denial.”

Rilla

**Professional social workers are represented, by statute, on the Act 129 Task Force, which meets quarterly in Montpelier. Rilla Murray represents social workers currently.*

H1N1 has not gone away!

H1N1 flu vaccine is now available to any Vermonters who wish to obtain protection against this form of the flu (referred to as swine flu). It is likely there are clinics near you. To check on the latest news and availability, consult the State Department of Health website, <http://www.healthvermont.gov/>.



Seasonal flu shots are also available and should be considered especially if you have chronic health problems or are over age 65.

Vermont's Health Care "Vision" and Social Workers continued from pg 6

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Hammer-Williamson is the PTOPHelp Project Coordinator. If you would like to learn more about how to enroll, contact [Champlain Valley Area Health Education Center](#) (for northern Vermont) at 802-527-1474 or the [Southern Vermont Area Health Education Center](#) (for southern Vermont) at 802-885-2126. Karin is also available to take your calls at 802-527-1474, extension 11.

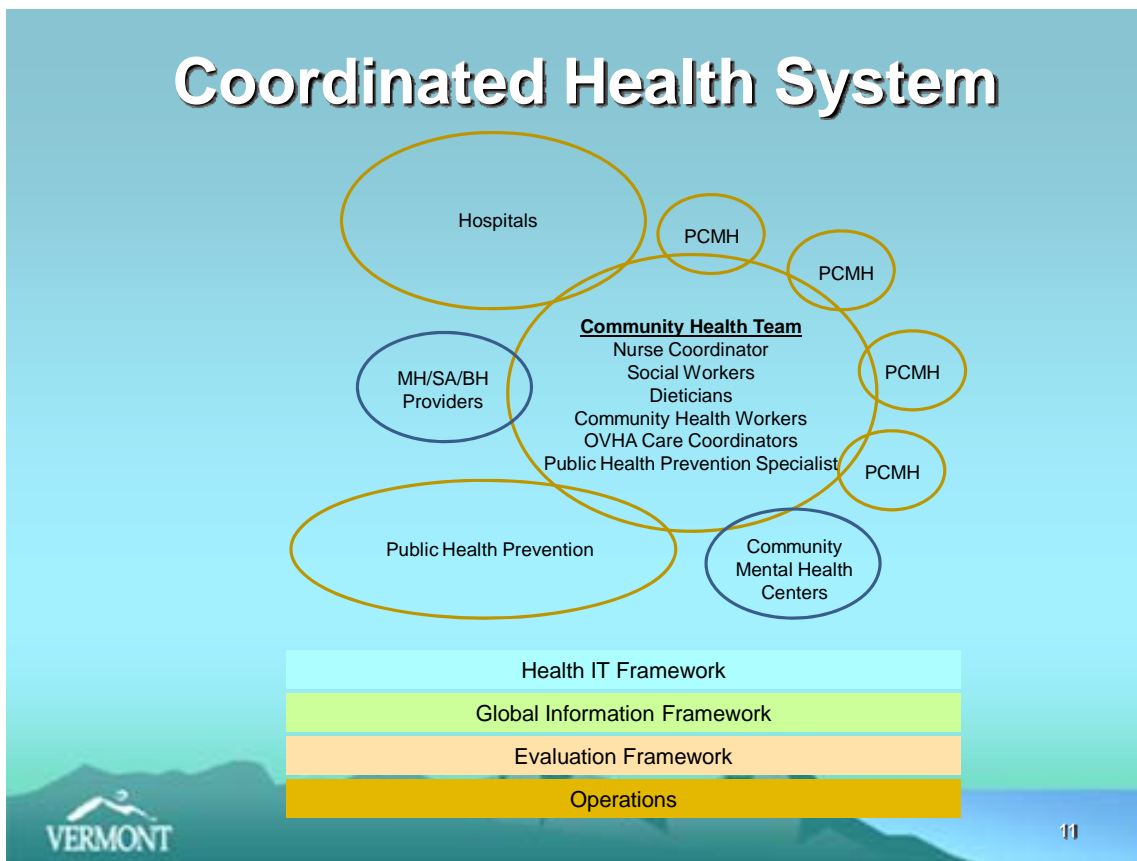
Other individuals in private practice have sent letters introducing themselves to primary care providers in their area that explain their specialties and what types of problems they work on with clients. These efforts have had mixed success because they often do not include follow-ups and the type of more personal contacts that build trusting relationships—an essential component for referrals. Sending introductory letters is fine—but it is not enough. If there is a social worker in

the primary care practice, consider reaching out and establishing a relationship with that person and provide information about your services.

The important thing to know **at this point in the evolution of health care reform in Vermont is that social workers, including private practitioners, ARE in the picture, i.e., part of the vision.** See the figure below, which is provided courtesy of the Vermont Office for [Health Care Reform](#). Find your face in it. The good news is you're there—whether in the MH/SA/BH Providers circle, on the Community Health Team, in the Primary Care Medical Homes, in hospitals or community mental health centers, or in prevention efforts. And those of you that are not directly in it will connect to it—from homeless shelters and community-based services that are not predominantly health-focused.

Don't tune this out thinking your practice will not be affected. Eventually it will be. Stayed tuned.

Where is YOUR face in the system vision depicted below?



Tips to Prevent Holiday Stress and Depression

When stress is at its peak, it's hard to stop and regroup. Try to prevent stress and depression in the first place, especially if the holidays have taken an emotional toll on you in the past.

- **Acknowledge your feelings.** If someone close to you has recently died or you can't be with loved ones, realize that it's normal to feel sadness and grief. It's OK to take time to cry or express your feelings. You can't force yourself to be happy just because it's the holiday season.
- **Reach out.** If you feel lonely or isolated, seek out community, religious or other social events. They can offer support and companionship. Volunteering your time to help others also is a good way to lift your spirits and broaden your friendships.
- **Be realistic.** The holidays don't have to be perfect or just like last year. As families change and grow, traditions and rituals often change as well. Choose a few to hold on to, and be open to creating new ones. For example, if your adult children can't come to your house, find new ways to celebrate together, such as sharing pictures, emails or videotapes.
- **Set aside differences.** Try to accept family members and friends as they are, even if they don't live up to all your expectations. Set aside grievances until a more appropriate time for discussion. And be understanding if others get upset or distressed when something goes awry. Chances are they're feeling the effects of holiday stress and depression too.
- **Stick to a budget.** Before you go gift and food shopping, decide how much money you can afford to spend. Then stick to your budget. Don't try to buy happiness with an avalanche of gifts. Try these alternatives: Donate to a charity in someone's name, give homemade gifts or start a family gift exchange.
- **Plan ahead.** Set aside specific days for shopping, baking, visiting friends and other activities. Plan your menus and then make your shopping list. That'll help prevent last-minute scrambling to buy forgotten ingredients. And make sure to line up help for party prep and cleanup.
- **Learn to say no.** Saying yes when you should say no can leave you feeling resentful and overwhelmed. Friends and colleagues will understand if you can't participate in every project or activity. If it's not possible to say no when your boss asks you to work overtime, try to remove something else from your agenda to make up for the lost time.
- **Don't abandon healthy habits.** Don't let the holidays become a free-for-all. Overindulgence only adds to your stress and guilt. Have a healthy snack before holiday parties so that you don't go overboard on sweets, cheese or drinks. Continue to get plenty of sleep and physical activity.
- **Take a breather.** Make some time for yourself. Spending just 15 minutes alone, without distractions, may refresh you enough to handle everything you need to do. Take a walk at night and stargaze. Listen to soothing music. Find something that reduces stress by clearing your mind, slowing your breathing and restoring inner calm.
- **Seek professional help if you need it.** Despite your best efforts, you may find yourself feeling persistently sad or anxious, plagued by physical complaints, unable to sleep, irritable and hopeless, and unable to face routine chores. If these feelings last for a while, talk to your doctor or a mental health professional.

Take control of the holidays

Don't let the holidays become something you dread. Instead, take steps to prevent the stress and depression that can descend during the holidays. With a little planning and some positive thinking, you may find that you enjoy the holidays this year more than you thought you could.

Borrowed from the www.Mayoclinic.org

What's in a Profession? *By Martha Molpus*



Article written by NASW-VT
Immediate Past President, Martha
Molpus.

When I was in social work school, I remember some emphasis on social work as a profession.

Yeah, sure, I probably thought...let's get on with it. I took for granted that social work was a profession. I certainly did not have a full appreciation of what that meant.

At that time and for years afterward I lived in an area in which social work was recognized as a profession. An MSW was the price of admission to many jobs and soon licensing became a requirement. When I said I was a social worker it did not seem necessary to say that I was a professional social worker.

When I came to Vermont I had been told that social work jobs were competitive. What I did not know was that there were "social work" jobs that did not require a social work degree. **We need title protection for our professional identity as social workers.** Consumers deserve to know whether they are receiving professional "social work" services. I have recently revisited information about the characteristics of a profession. Here are some reasons to better appreciate our identity and value as professionals and to help explain it to others.

The most obvious aspect of professionalism is our **specialized education**. Schools of social work have earned accreditation, which is a form of educational quality assurance. Our education is extensive, based on an identified body of knowledge, and includes our practicing social work skills in supervised fieldwork. To earn our social work degrees, we must demonstrate theoretical and practical knowledge. Our clients receive the benefit of well-trained professionals.

Another step in establishing our professionalism is becoming licensed social workers.

Licensing is a further recognition of our professional competency because of the professional accomplishments we must demonstrate. Many professions require licensing for practice. In Vermont our clinical license requires completing a specialized test as well as supervised practice, with ongoing **continuing education** to maintain our professional development. Other states require licensing for all social workers as a way to recognize only those with professional preparation as "social workers."

A characteristic of a profession that is less well-known but is critical to the protection of our clients is the role of a **Code of Ethics**. This code sets professional standards of conduct and provides for disciplinary procedures for those who violate them. Our ethics code includes not only responsibilities such as self-determination and confidentiality but also informs us to ensure that we are culturally competent in our practice and to avoid any

conflicts of interest. Do those who do not have professional social work training recognize these ethical responsibilities? Do consumers of "social work" services deserve any less? In working for title protection, we are working for a recognition of what we are and what we have to offer.

"Licensing is a further recognition of our professional competency because of the professional accomplishments we must demonstrate."

What we have to offer is professional social work skills. Other helpers may have positive personal attributes and good intentions; they are not professional social workers. Membership in other professions is recognized by the title of the members. These titles cannot be used by those who have not



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What's in a Profession? *Continued from page 10*

earned them. Why should anyone be able to use the term social worker without having the credentials?

Title protection for social workers would limit use of the title "social worker" to those who have earned a social work degree. This would help support the recognition of social work as a profession. 35 states and 2 territories have title protection for social workers. When will we achieve title protection in Vermont?

We must use our advocacy skills for ourselves, not just for those we serve. If we are to have the respect and recognition of the professionals we are, we must be willing to identify ourselves as professional social workers and help others understand our professional competence. We need to bring title protection to Vermont!

Please join our NASW-VT Professional Identity Task Force to help us attain title protection. Mark Gagnon

and I are co-chairs, and we welcome your participation. Mark can be reached at mjgvt@yahoo.com and I am at mmolpus@sover.net Help starts here.

MEDICARE UPDATE: *Discriminatory Mental Health Co-Pay Begins Phase Out*

Beginning January 1, 2010, Medicare will begin reimbursing providers for outpatient psychiatric services at 55 percent, while the patient copay will drop to 45 percent from the current 50 percent copay. The new rates are mandated by the Medicare Improvements for Patients and Providers Act of 2008 and the first step in the gradual elimination of the [discriminatory copayment rate](#) for outpatient mental health treatment. The reimbursement rate to providers will increase to 60 percent in 2012, 65 percent in 2013 and 80 percent in 2014, the same as for all other medical services.

Burdened by student loans?



The Higher Education Act and the College Cost Reduction Act of 2007 include loan forgiveness provisions for social workers. *NASW does not determine*

loan forgiveness eligibility, nor does NASW disperse loan forgiveness funds. However, you can find out if you are eligible for these programs by contacting the **Federal Student Aid Information Center at 1-800-433-3243.**

For additional information concerning these and other loan forgiveness programs, please visit NASW's loan forgiveness site at <http://www.socialworkers.org/loanforgiveness>.

www.socialworkersspeak.org

Have you spotted something in the news about social workers? Or would you like to comment on how social workers are portrayed in movies, TV shows, and book?



This new site, offered by NASW, gives you a chance to share things you have seen, comment on other media portrayals, or simply sound off about why you chose social work for your profession and how you feel about that now.

The site is easy to use with many different choices for ways to interact. How about [offering your perspectives?](#)

Ethics in Social Work Practice

(speaker and detail coming soon)

Friday, January 22, 2010

First Unitarian Universalist Society

152 Pearl Street (top of Church St.)

Burlington, VT

8:30 Registration/9:00to 12:15 Workshop

Due to limitations of the setting, we are not able to offer you coffee.

Please feel free to bring your own!

All Materials Included

*Applications for CEU approval pending for LMFTs, LMHCs, OTR, SLP, and Psychologists

Please mail this form with payment to: NASW-VT Chapter, PO Box 1348, Montpelier, VT 05601 **OR** register online and pay your fee through PayPal at www.naswvt.org.

IMPORTANT: *If you pay with PayPal, you will not be registered until we receive this form.*

Please attach to an email to: bcody@naswvt.org, fax to: 802-229-4318 or mail to above address.

Name: _____

Address: _____ Town: _____

State: _____ Zip: _____ Phone: _____ NASW#: _____

Your area of practice or employer: _____

Email: _____

*****Confirmations will be sent via email ONLY. If one is not available to you, please call (toll free) 1-888-260-7398 to receive confirmation.**

**VTMHCA Member yes no

	Early (by Jan. 9, 2010)	Regular (after Jan. 9, 2010)
NASW Member**	\$60.00	\$ 75.00
Non NASW Member	\$75.00	\$ 95.00
Student NASW Member	\$30.00	\$ 40.00
Student Non NASW Member	\$40.00	\$ 50.00

Final Registration DEADLINE: January 15, 2010 – no refunds for cancellations after that date.

** NASW-VT member discount available to VTMHCA members.

SPACE IS LIMITED – SIGN UP NOW!

AGENCY PROFILE: RU12? Community Center



By Dawn A. Palladino, RU12? Intern and MSW student at UVM

The RU12? Community Center is located in a small house on a one-way street in downtown Burlington. A large rainbow flag waves proudly outside the front door—for some individuals, the only indication that inside is an organization created to be helpful to people who don't fit into a traditionally normative gender or sexual orientation category. If those individuals did ever enter the Center, they would find a wide range of services, a friendly and open group of staff and volunteers, and a space where all people are encouraged to be whoever they would like to be and to have a voice that will be heard.

The mission statement of RU12? is to celebrate, educate and advocate with and for lesbian, gay, bisexual, transgender and queer (LGBTQ) Vermonters. The Center strives to meet these goals in a variety of ways. To celebrate the LGBTQ community, RU12? houses a large (and growing) lending library, free community meeting space, the David Bohnett Cyber Center, the Dialogue Project (a multi-generational, multimedia project that travels across the state) and, throughout the year, various social gatherings organized by staff and volunteers.

Education means a variety of different things at RU12?. The Center participates in educating future service providers. Sharon Moran and I are both interns at the Center this year. We have spent a great deal of time so far learning how to collaborate and coordinate with service providers and community members. We have had the opportunity to work on many different projects, such as organizing the Transgender Day of Remembrance, creating new groups at the Center, putting together a resource guide for the LGBTQ community, and in general learning about macro-level social work practice. But education doesn't end with students at RU12?.

The Center offers free, anonymous HIV testing. People can obtain information regarding LGBTQ-friendly service providers, such as doctors and counselors. The website is constantly being updated with the latest news about upcoming events around the entire region, current events in the state and federal government, and various resources that are available to the community. The Center also attempts to help educate the larger community about LGBTQ specific issues. Staff members are often active in training service providers about the unique

concerns of the LGBTQ community.

Hannah Hauser, the Director of Health and Wellness and a recent graduate of the University of



Photo above is of staff and interns at RU12? Left to right front-Sharon Moran (MSW intern), Mike Cartier (HIV Prevention Program Coordinator), Dawn Palladino (MSW intern), back row left to right Brenda Pitmon (Direct Services Advocate), Kara DeLeonardis (Executive Director) and Ann Atkins (SafeSpace Program Director).

Vermont Master's of Social Work program, stresses the importance not only of educating the community, but also being educated by the community. She discusses how vital it is to ask questions of community members about whether or not they are getting culturally-competent health care; what else they need to have good physical, mental and emotional health; and how the Center can support getting those needs met. Hauser is also involved in increasing RU12?'s visibility in order to inform as many people as possible about what the Center offers. Kara DeLeonardis, the Executive Director of RU12? and another graduate of UVM's MSW program, mentioned that a big role of her job was education as well, but on a larger scale. This role requires her to utilize some of her social work skills, such as meeting people where they are, building bridges, and finding common ground to start from in order to educate the entire community about the issues facing the LGBTQ community.

Testifying to the growing need of the larger community to receive training around LGBTQ issues, the SafeSpace Anti-Violence program at RU12? (along with a committee of representatives from many organizations

(Continued on page 16)

What's New on the Chapter Website?

Resources for Veterans and the Social Workers who serve them



Following the November workshop on Traumatic Brain Injury, we decided to add a section to the website that focuses on community-based resources for veterans and their families. Some of these resources may also be of use to social workers who are working with veterans or members of their families. To look at what is available, go to our website, www.naswvt.org, and click on [Resources](#) and look for *Resources for Veterans*. This information includes a range of resources from peer-to-peer recovery programs to links to services at the Veterans Administration or our Vermont Office of Veterans Affairs. When you use it, please take a moment to give us some feedback in the space provided. We want to keep updating and improving this section. If you don't find exactly what you are looking for, OR have something additional to offer, please call the Chapter Office and we will try to help you find it. Toll-free 888-260-7398.

Social Work Month 2010: Social Workers Inspire Community Action

Our Social Work Month 2010 information and resources are on the home page this year. How will your agency celebrate? What can you do during March 2010 to promote the social work profession? Make a presentation at Rotary or your local high school? Write a letter to the editor? Write an Op-Ed? Organize for recognition of the professional social workers in your community or organization? Make the case for your agency to pay NASW -VT dues for social workers on the staff?

This section of our website has links to the Toolkit available from national NASW. This includes sample letters to the editor, posters, etc. In addition we have other resources you might consider:

- Sample presentation to a high school audience
- Why Hire a Social Worker – for your agency director or HR director
- Sample letter to the editor for Vermont

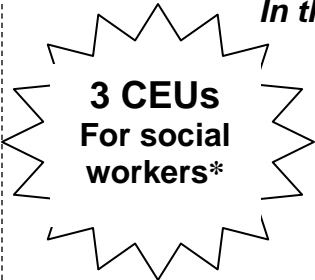
If you don't find exactly what you are looking for, OR have something additional to offer, please call the Chapter Office.

Toll-free 888-260-7398.



When Too Much of a Good Thing is Sexual: Assessment and Treatment for Compelling Sexual Behaviors

with **Gale Holtz Golden, LICSW**, author of
*In the Grip of Desire – A Therapist at Work with Sexual
Secrets*



Friday, April 23, 2010
First Unitarian Universalist Society
152 Pearl Street (top of Church St.) Burlington, VT

SPACE IS LIMITED – SIGN UP NOW!

9:30 Registration/10:00 to 2:15 Workshop
with lunch break from 12:00 to 1:00

Due to limitations of the setting, we are not able to offer you morning coffee.

Please feel free to bring your own! Lunch will be on your own (next to Church Street mall)

All Materials Included

* Applications for CEU approval pending for LMFTs, LMHCs, OTR, SLP, and Psychologists

Please mail this form with payment to: NASW-VT Chapter, PO Box 1348, Montpelier, VT 05601 **OR** register online and pay your fee through PayPal at www.naswvt.org.

IMPORTANT: *If you pay with PayPal, you will not be registered until we receive this form.*

Please attach to an email to: bcody@naswvt.org, fax to: 802-229-4318 or mail to above address.

Name: _____

Address: _____ Town: _____

State: _____ Zip: _____ Phone: _____ NASW#: _____

Your area of practice or employer: _____

Email:*** _____ **VTMHCA Member ___ yes ___ no

*****Confirmations will be sent via email ONLY. If one is not available to you, please call (toll free) 1-888-260-7398 to receive confirmation.**

	Early (by April 2, 2010)	Regular (after April 2, 2010)
NASW Member**	\$60.00	\$ 75.00
Non NASW Member	\$75.00	\$ 95.00
Student NASW Member	\$30.00	\$ 40.00
Student Non NASW Member	\$40.00	\$ 50.00

Final Registration DEADLINE: April 16, 2010 – no refunds for cancellations after that date.

** NASW-VT member discount available to VTMHCA members.



(Continued from page 13)

in the field) recently hosted a conference to provide LGBTQ training to staff of various agencies, such as correctional facilities, police departments and shelters. The conference was a huge success with over one hundred attendees, and the planning for next year's conference has already begun.

The SafeSpace program has been very active in advocating with and for community members who have been victims of violence or discrimination. Brenda Pitmon, another MSW graduate from the program at UVM and an NASW-VT Board member, is the Direct Service Advocate in the SafeSpace program. Her role is to work with survivors of violence or discrimination to support them in whatever action they want to take—she is a strong proponent of self-determination. Advocacy can take place in a hospital or with the police, or it can take the shape of discussing discriminatory practices with a local business. Pitmon also facilitates a survivor of violence support group, one of the multiple support groups (many of them peer-led in attempt to empower people who are marginalized in an already marginalized community) offered at the Center to connect community members with each other.

When asked how the social work training has helped in her work, Pitmon described how she is more aware of social justice and human rights issues. She also pointed out that she often uses self-reflection to inform her practice. As a person who does not identify as a part of the LGBTQ community, she works diligently to make visible heterosexist practices in society operating to marginalize the people she works with. Pitmon also illustrated how important using a strengths perspective was in her role as a SafeSpace advocate.

DeLeonardis commented about how important advocacy is in her work as well, but much of the advocacy she does is for the larger community of LGBTQ Vermonters. She described advocacy as a long process in which you first have to learn about the community and their needs and then work with and for them in order to promote change. DeLeonardis highlighted some of the other social work skills she thought were vital in her role. She often uses her group and interpersonal skills whether she's working with the board of directors on the vision and goals of the Center, hiring and supervising staff, fundraising or running programs. DeLeonardis said that the most important parts of her job are meeting the needs of the LGBTQ community in Vermont and making the

community visible in the larger community in order to let everyone know how to help support equality and improve



Pictured in above photo is Mike Cartier and Hannah Hauser (Director of Health & Wellness Program)

the entire state. When I asked DeLeonardis if there was anything she wanted readers of the NASW newsletter to know, she responded, “As an agency, RU12? is attempting to help improve the whole community. We are always changing and responding to the needs of the community; therefore, if other organizations need information, training or resources that we have, we are happy to share.”

The RU12? Community Center is a small, grassroots organization. Many of the principles guiding the Center's work are closely aligned with social work values. The Center is always changing and growing. The group of people who staff RU12? are aware of how important it is to be responsive to the needs of the community as they define them. The Center needs to know what those definitions are in order to respond to them, though. Everyone is encouraged to stop in and chat. This helps to contribute to the collaborative approach the Center attempts to take in carrying out its mission statement.

Please contact us if you need resources, information, client referrals, or to subscribe to our newsletter. Or just stop by and check us out! RU12? Community Center is located at 34 Elmwood Avenue in Burlington; the phone number is 802.860.7812, our website is www.ru12.org or you can email us at: thecenter@ru12.org.

National Council of Certified Dementia Practitioners



The newest component of the NCCDP Alzheimer's and Dementia Staff Education Week 2010 (February 14th to the 21st) is the free tool kit and power point in-services. The Free Tool Kit is available for download beginning November 2009 to March 2010.

In an effort to bring awareness to health care professionals about the importance of comprehensive dementia education, the NCCDP is once again offering a wide variety of topics regarding dementia as power point in-services and is a free download.

The tool kit was developed To Bring Awareness to staff and nurse educators about Alzheimer's and dementia training, certification in dementia care, and to promote dementia education by means of a face to face/interactive classroom environment.

Currently, there are no national standards for dementia education. The regulations regarding dementia education are different from state to state. The NCCDP recommends at minimum 8 hours of comprehensive dementia education to be provided to all staff. NCCDP recommends that ongoing dementia topics be presented throughout the year. Ongoing dementia education should address new advances, culture change, policies, new regulations and innovative interventions.

In addition to facilitating the Train the Trainer programs, The NCCDP promotes certification of all staff as Certified Dementia Practitioners. The NCCDP recognizes the importance of trained and educated dementia unit managers and certifying the Dementia Unit Manager as a Certified Dementia Care Manager.

Front Line First Responders need comprehensive Dementia training and the NCCDP provides Alzheimer's and Dementia training to First Responder educators and certification as Certified First Responder Dementia Trainer and Certified First Responder-Dementia (Dementia Trained).

The free tool kit contains In-services (Power Point Presentations), Resources, Proclamation, Press Kit, Word Search Games (to be used with in-services), and Promotional Items. In-services download separately.

The tool kit also includes:

- Associate and Corporate Membership Applications
- Nurse Educator of the year nomination forms
- Alzheimer's and Dementia Staff Education Week Contest
- 97 Ways to Recognize Alzheimer's and dementia Staff Education Week February 14th to 21st 2010.
- 20 Reasons Why You Should Provide Comprehensive Alzheimer's and Dementia Training to Your Staff by A Live Instructor
- Dementia Word Search Games and Interactive Exercises
- Reading List: Movies and Books About Alzheimer's You Don't Want To Miss
- Proclamation and Sample Agenda for Opening Ceremony
- Sample Letter to The Editor
- Contest Entry Forms- Staff Education week
- Sample Certificates for in-services
- Alzheimer's Bill of Rights and Alzheimer's Patient Prayer
- List of Alzheimer's Songs to Inspire Your Staff

Each year the National Council of Certified Dementia Practitioners reaches out to media, health care magazines, health care associations and long term care settings to support Alzheimer's and dementia staff education week to encourage comprehensive

(Continued on page 20)

February is Black History Month

Black History in the Green Mountains

The history of African-Americans in Vermont is a mighty river that flows through our state. Did you know that:

- *Vermont* was the first American territory to abolish slavery in its Constitution on July 2, 1777.

- [Lucy Terry](#) (c.1730-1821) is the author of the oldest known work of literature by an African American. Terry was stolen from Africa and sold into slavery as an infant. A successful free black man, Abijah Prince, purchased her freedom and married her in 1756. In 1764, the Princes settled in Guilford, VT where all six of their children were born. In 1785, when a neighboring white family threatened the Princes, they appealed to the governor and his Council for protection. The Council ordered Guilford's selectmen to defend them. A persuasive orator, Terry successfully negotiated a land case before the Supreme Court of Vermont in the 1790s. She argued against two of the leading lawyers in the state, (one of who later became the Chief Justice of the Supreme Court of Vermont) and won her case against the false land claims of Colonel Eli Bronson. Samuel Chase, the presiding justice of the Court, said that her argument was better than he'd heard from any Vermont lawyer.

- [Alexander Lucius Twilight](#) (1795-1857), pictured right, was born free in Vermont. He was the first black to earn a bachelor's degree from an American college or university, at [Middlebury College](#). In 1836 he was the first African American elected to public office as a state legislator, serving in the Vermont General Assembly.

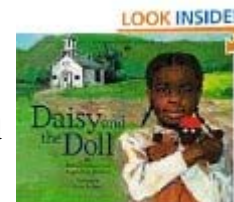


- [Martin Freeman](#) (1826 – 1889) born in Rutland, also graduated from Middlebury College as

Salutatorian in 1849. In 1854, he was appointed Professor at the Allegheny Institute near Pittsburgh, Pennsylvania (which later became Avery College) where he gained renown in mathematics and science. He was appointed President of the school in 1856, the first African-American to hold the position of College President.

But of particular interest is the story of [Daisy Turner](#). In the early 1980s folklorist Jane C. Beck, executive director of the [Vermont Folklife Center](#), recorded over 80 hours of audio and video interviews with Daisy Turner, an African American woman who was born and raised in Grafton, Vermont. Daisy, who had already passed her 100th birthday when Jane met her, possessed an encyclopedic memory and her stories reached back to the time of her grandfather's birth in Africa. The interviews include material that encompasses the entire spectrum of African American experience in this country: from being taken as a slave, to the crossing, being sold on the auction block, life on a Virginia plantation, the tumult of the Civil War, relocation in the north, and Daisy's own experiences growing up and living in Vermont. The collection also includes interviews with other family members. The main body of research documents the family's experience back to the 1850s and includes a variety of family photographs.

In the children's book, *Daisy and the Doll*, written by Angela Shelf Medearis and Michael Medearis, and illustrated by Larry Johnson, Daisy tells the story of how she was discriminated against in school by a white teacher and how she turned it around, winning a prize for the best poem. The last week of school the girls were each given a doll that was supposed to look like them, and they were to recite a poem about the doll, written by the teacher. The children laughed at Daisy. Daisy says, "for the first time in my life I felt ashamed of the



(Continued on page 19)

February is Black History Month

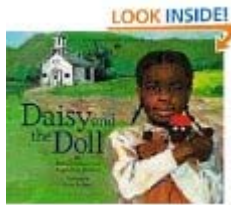
Black History in the Green Mountains continued from page 17

(Continued from page 18)

way I looked." and her doll which was crafted in a way that is looked upon by society as "ugly".

In the book, Daisy states,

Finally, it was my turn. My feet felt like lead as I walked to the center of the stage. I hung my head and stared down at my shoes. I tried to say the words Miss Clark had written but they caught in my throat like a bone. Someone coughed. It sounded like Papu [name for her dad].



I looked out into the crowd. His smile warmed me like the sun. I took a deep breath and stood tall, just like the pine trees that surround our house. I reciting a poem, but I did not say the verses that Miss Clark had written. Anger turned my voice to a high pitch.

***You needn't crowd my dolly out,
Although she's black as night,
And if she is at the end of the show,
I think she'll stand as good a chance
As the dollies that are white.***

Miss Clark turned red. She stood up as if to stop me from speaking. Papu rose and started down the aisle. I was scared, but the words continued to pour out of some deep place in my heart.

***My Papu says that half the world
Is nearly black as night.
And it does no harm to take a chance
And stay right in the fight.
So sit up, dolly!
Look hard and straight
At the judges on your right.
And I will stand close by your side,
Though I do look a fright.
The teacher's face is all conceit
Is redder than a beet
And Daddy came up from the back
And led her to her seat
And gave to me that famous Turner look
So I just sat down and shut my mouth
Just like a book.***

When I finished, everyone stared at me in shock. A strange silence filled the room as I took my seat. It was as if the audience was holding its breath. The two judges whispered to each other for a long time.....

"Miss Turner" Mr. Beck [the judge] said, "that was the most original and honest presentation we have ever heard on a children's program. You let us know just how you felt. You are the winner of the end-of-school program. Here is your prize. [ten dollar goldpiece]

The history of African-Americans in Vermont and throughout the United States is a history of struggle, resistance, persistence and hope. Would that we all speak so clearly, loudly, honestly and eloquently as Daisy Turner!

This article was based on information provided by Paj Wadley-Bailey, Patricia Shine, and various internet sites including the Vermont Folklife Center and Wikipedia. Thank you!

For additional resources related to Black History in the Green Mountain State:

To learn about African Americans in Burlington from 1880 – 1900 http://www.vermonthistory.org/journal/75/11_Whitfield.pdf

For a rare opportunity to hear an African American voice unmediated by white interpreters, you can read this letter from Aaron N. Freeman, born in Charlotte, VT in 1888 or 1829 http://www.vermonthistory.org/journal/75/06_Williamson.pdf

A fascinating audio recording (from the 1980's), *Green Mountains, Black Voices* produced by Mary Kasamatsu and Mark Greenberg (for Horizons and broadcast on NPR). People from all walks of life tell about their experience as Afro-Americans living in the Green Mountain State <http://www.upstreetproductions.com/Media.html>

Alzheimer's and Dementia Staff Education Week - February 14 – 21

(Continued from page 17)

education by trained dementia instructors and encourage competence in the field of dementia care by meeting the educational demands of professional dementia certification (CDP) for all qualified health care professionals.

The National Council of Certified Dementia Practitioners® was formed in 2001 by a group of professionals with varying work and personal experiences in the field of dementia care. Their backgrounds include Nursing, Psychiatry, Dementia Unit Managers, Alzheimer's and related Dementia Care Specialist, Therapeutic Recreation, Social Services, Therapist, Pharmacists, Long Term Care Administration, Elder Law, and Home Care Administration. The Council was formed to promote standards of excellence in dementia education to professionals and other caregivers who provide services to dementia clients. As the number of dementia cases continues to increase nationally and worldwide, there is a great necessity to insure that care givers are well trained to provide appropriate, competent, and sensitive direct care and support for the dementia patient. The goal of the Council is to develop and encourage comprehensive standards of excellence in the profession and delivery of dementia care.

www.NCCDP.org



Practice Updates for Clinicians

- Clinical Social Workers Be Aware: The ICD-10-CM is Coming <http://www.socialworkers.org/assets/secured/documents/practice/clinical/1109a.pdf>. This is a very important practice update which informs members of changes in diagnostic codes beginning October 1, 2013. If a clinical social worker is not in compliance on this date, all of their reimbursement claims submitted on this date and afterwards will be denied without recourse.
- When A Clinical Social Worker In Solo Or Group Practice Dies <http://www.socialworkers.org/assets/secured/documents/practice/clinical/1109b.pdf>. This practice update offers helpful hints to clinical social workers preparing a professional will and provides direction to the executor of the estate or designee when the clinical social worker dies without a professional will.

March 2010 Social Work Month

Social Workers Inspire Community Action

Watch our [website](#), emails, and newsletters
for more information as
Social Work Month 2010 nears.



ANNOUNCING NEW ALCOHOL & DRUG INFORMATION CLEARINGHOUSE

Alcohol and Drug Information for Vermonters

Friends of Recovery- Vermont (FOR-VT) is pleased to announce the addition of the [Vermont Alcohol and Drug Information Clearinghouse \(VADIC\)](#). VADIC is the newest program located within the FOR-VT and VAMH office in Montpelier. This expansion of FOR-VT services greatly enhances substance abuse education in the form of publications and media readily available to all Vermonters.

VADIC provides access to a comprehensive list of substance abuse materials and resources for individuals and communities, including print materials (pamphlets, posters, directories, activity books, etc.) as well as books and videos (DVD, VHS). These materials are available for distribution through the mail, in person, and in a downloadable PDF format. The print materials are available to order for personal use or wider distribution in schools, colleges, community education settings, and service provider organizations. Videos and books are part of a lending library.

The Clearinghouse, which was previously located at the Vermont Health Department (VDH), Division of Alcohol & Drug Abuse Programs in Burlington, was acquired by Friends of Recovery-Vermont (FOR-VT) in the spring of 2009. FOR-VT was awarded the VADIC grant through an RFP process, hired a VADIC Outreach Assistant, designed the VADIC website, and has since begun filling requests for VADIC materials.

In addition to offering an online request process, the VADIC website will serve as a hub for events, trainings, and job listings for the substance abuse workforce. On the VADIC website, you will find an up-to-date calendar of prevention, intervention, treatment, and recovery [training opportunities](#). Employers are encouraged to submit [job listings](#) to be posted onto the site.

The Vermont Association for Mental Health (VAMH), host agency for FOR-VT (www.friendsofrecoveryvt.org), is the National Institute of Mental Health (NIMH) Outreach Partner. VAMH provides free resources for issues related to mental illness, and can be found online at www.vamh.org.

To see a full list of VADIC publications, and to request materials, please visit the VADIC website at www.vadic.org, or call **Toll-Free: (800)-769-2798** to reach Rita Johnson, VADIC Outreach Assistant.

WELCOME NEW MEMBERS OF NASW!!

NASW Vermont would like to welcome the following new members to NASW!! We look forward to working with you for years to come on making a difference in our profession and in our communities. Please join us in welcoming:

Rindi Gordon - Underhill Center
Jessica Rodd - Williston
Benjamin Newman - Montpelier



Attention—Alzheimer's and Dementia Professionals

In honor of Alzheimer's and Dementia Staff Education Week February 14th to the 21st, National Council of Certified Dementia Practitioners is offering as a complimentary service a free tool kit and free in-services for staff educators to educate their staff on Alzheimer's and dementia. [Learn more](#) and download a toolkit for use yourself or with staff and community members.

SAVE THE DATE

AN EVENING WITH HOWARD DEAN

Monday, January 11th, 2010

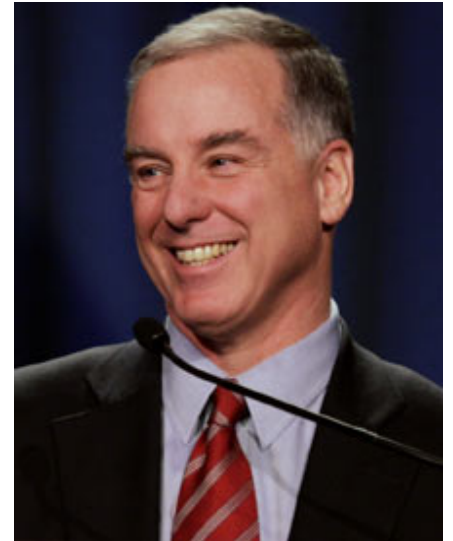
7:00 pm to 8:15 pm

***In support of the
Vermont Association for Mental Health***

And In Collaboration with the Vermont College of Fine Arts

***Fundraiser for Our
CAMP DAYBREAK PROGRAM***

(Voluntary) Suggested Donation of \$10



This event will be held at the Vermont College of Fine Arts Chapel in College Hall, Located at 36 College Street, Montpelier

**Vermont Association for Mental Health
PO Box 165, Montpelier, VT 05601-0165
802.223.6263**

Email: vamh1@aol.com * www.vamh.org * www.campdaybreak.com

FACES of HOPE



***Seeking**...exceptional individuals with a desire to transform lives and build brighter futures by sharing **hope** with others; and making every day count.*

Child and Family Services

A division of Rutland Mental Health Services And the Community Care Network

▶ **Intensive Family Based Services Clinician**
Master's Degree, Full time

Responsible for providing in-home, family based clinical and support services to families with children in risk of out of home placement or in need of reunification. The clinician will work closely with other agencies to coordinate services. Experience working with children, parents and/or families required. Master's degree; license preferred.

Please visit our website for more information.

www.rmhsccn.org EOE

802-775-2381



COMMUNITY CARE
NETWORK

We love our jobs.
You can see it in our faces.

Send resume and a cover letter to the
Human Resources Department
Rutland Mental Health Services
P.O. Box 222, Rutland, VT 05702

HOPE LIVES HERE

Social Work Month Lauds Community Action

A long history exemplifies how social workers have used their skills to advocate for others.



By Paul R. Pace, NASW News Staff

National Professional Social Work Month in 2010 will highlight the many ways social workers answer the call to improve their communities.

Celebrated each March, the theme for this year is: "Social Workers Inspire Community Action." NASW Executive Director Elizabeth J. Clark said advocacy is the cornerstone of the profession and a requisite part of the Code of Ethics. "Without advocacy, there would be no social work profession," she said.

"A major part of Professional Social Work Month is educating the public about the many ways social workers help their communities and advocate for others..."

Social workers choose to work in health and mental health care settings despite what others may see as only setbacks. "Social workers have the capacity to prevent

hopelessness, to restore hope and to change society for the better," Clark said. "We have the potential — the social work potential — to make a great difference."

There is a long history that exemplifies how social workers have used their skills to advocate for others and improve their communities, Clark pointed out. They include:



- **Jane Addams**, who founded the settlement house movement in the United States. She worked with the poor and oppressed immigrant communities in Chicago

and later became a passionate advocate for the peace movement during World War I.

- Secretary of Labor **Frances Perkins**. She led the effort to establish a federal relief program that distributed federal funds to states as well as federal labor standards.



- **Whitney M. Young Jr.** As head of the National Urban League, he helped shape President Lyndon B. Johnson's War on Poverty legislation.

- **Alfred J. Kahn**. He was an expert on social policy, particularly as it relates to child welfare. He served as chairman of the Committee on Child Development Research and Public Policy of the National Academy of Sciences in the early 1980s.



- **Dr. Dorothy I. Height**, president emeritus of the National Council of Negro Women. She helped open the YWCA to girls of all backgrounds, and continues to work on behalf of families and children in need.



"...advocacy is the cornerstone of the profession and a requisite part of the Code of Ethics."

Social workers carry on this legacy today by founding and leading community-focused organizations throughout the country, including such places as the Center for Community Building and Civic Engagement in Michigan; the [Turn 2 Foundation](#), an organization that motivates young people to turn away from drugs and turn to a healthy lifestyle; the [Transition Institute of Marin](#), which helps give power to women facing difficult situations; and [True Colors Inc.](#), which advocates for lesbian, gay, bisexual, transgender and questioning youth.

"This is just a snapshot of the many social workers nationwide who are improving communities through their work every day," said Amber Johnson, public relations associate at NASW.

Clark said only social workers can make sure the great traditions of the profession — social justice, advocacy and hope — will be just as vibrant and valued decades from now.

A major part of Professional Social Work Month is educating the public about the many ways social workers help their communities and advocate for others, Johnson said. As in the past, the association is assisting chapters and schools of social work in spreading the word about the profession on a local level by providing them with a media and community outreach toolkit at www.SocialWorkers.org.

Announcement-Live In Job Opportunity

A family is seeking an individual to live with and support a developmentally delayed young adult male in Central Vermont.

The individual is high functioning in many aspects and does not require 24/7 monitoring. The required schedule has flexibility to allow for other employment or education while in residence. The responsibilities will require someone patient and consistent with experience and/or education in emotional and behavioral challenges and management.. You will be required to work with the individual toward specific goals to increase his independence and to regularly report on the progress. At minimum you will need to pass back ground checks and have a CPR certification in place. Stipend is available for CPR requirement if needed. The preferred candidate would be a male, between 30 and 50 years of age, but we will consider anyone with qualifications. You should be able to provide significant and pertinent references regarding your skills and experience in this area. This young man has a delightful sense of humor, and has experience and success at working toward new goals within a managed behavioral plan. He takes pride in his progress and responds very well to feedback, both positive and suggestive. He has many strengths and opportunities already in place for growth into further independence but requires additional support and mentoring. He currently lives in an independent setting with external supports, has a driver's license and vehicle. He is able to do much of his own cooking and cleaning; some of his own banking and health management, but needs additional teaching and motivational supports in these areas. He needs stimulation and exposure to broaden his social skills and interests, as well as hands on involvement with his academic learning to increase his understanding of the material he is studying. It may be necessary for you to audit some college level classes to support his study as well. Fees would not be your responsibility. The living arrangement allows for you both to have a private bedroom and bath. Non-smokers only need apply. Respite will be available.

To be considered for an interview and discuss compensation arrangements please send resume with cover letter, personal and employment references to Seeking Mentor, P.O. Box 558, Waterbury, VT 05676



Brattleboro Retreat

2010 Midwinter Luncheon Series

Once again the Brattleboro Retreat is pleased to offer four free mid-winter luncheons as part of our continuing education offerings for mental health and substance abuse treatment professionals. Each luncheon provides one free continuing education unit (CEU) plus a complimentary lunch. *Registrations will be accepted by phone only.* [Click here](#) to find more information and learning objectives. To reserve a seat please call Gay Maxwell at 802-258-4359.

Understanding Deliberate Self-Harm in an Adolescent Population

Tuesday, February 2, 2010
Noon to 1:00 pm
Jessica Shepley, Psy.D.

Making Your Practice Trans-Friendly

Tuesday, February 9, 2010
Noon to 1:00 pm
Julie Praus, MD

Many Meanings of Recovery: History and New Initiatives in Addictions Treatment

Tuesday, February 16, 2010
Noon to 1:00 pm
Kurt White, LICSW

Mindfulness & Acceptance-Based Treatment of Trauma Related Disorders

Tuesday, February 23, 2010
Noon to 1:00 pm
James S. Bastien, MSW, MHD

NASW VT Approved CEU Listings

Report Generated: *Listed Chronologically By Month* Tuesday, January 05, 2010 11:31:47 AM

January 2010

<u>Date</u>	<u>Event Name</u>	<u># of CEUs</u>	<u>Location</u>	<u>Provider</u>	<u>Phone</u>
1/8/2010	Metaphor, Meaning, and Mindfulness: Constructing Change in Psychotherapy	6	Burlington, VT	Exquisite Mind	802-660-8043
1/22/2010	Ethics in Social Work Practice	3 Ethics	Burlington, VT	NASW Vermont Chapter	802-223-1713 toll free: 888-260-7398

February 2010

<u>Date</u>	<u>Event Name</u>	<u># of CEUs</u>	<u>Location</u>	<u>Provider</u>	<u>Phone</u>
2/5/2010	Telemedicine and Distance Learning: Increasing Quality, Access and Collaboration in Vermont	5.5	Burlington, VT	Behavioral Health Network	802-262-6124
2/11/2010	Ethical Issues in Rural Settings: Confidentiality, Dual Relationships, & Boundaries-Meeting the Challenge	6 Ethics	Montpelier, VT	Northeastern Vermont Area Health Education Center	802-748-2506
2/4/2010	Confidence & Compassion, NOT Control: Assisting Challenging Clients"	3	Newport, VT	Northeastern Vermont Area Health Education Center	802-748-2506

April 2010

<u>Date</u>	<u>Event Name</u>	<u># of CEUs</u>	<u>Location</u>	<u>Provider</u>	<u>Phone</u>
4/23/2010	When Too Much of a Good Thing is Sexual: Assessment and Treatment for Compelling Sexual Behaviors	3	Burlington, VT	NASW Vermont Chapter	802-223-1713 toll free: 888-260-7398

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with

Gary Bailey, MSW, ACSW,

Associate Professor Simmons College School of Social Work;
Past President National Association of Social Workers, and Massachusetts Chapter;
Chairperson of the National Social Work Public Education Campaign

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NOTE: Vermont LICSWs may earn up to five (5) CEUs in this manner every two years.