⊙ NASW FOCUS

National Association of Social Workers
MASSACHUSETTS CHAPTER

Vol. 37, No. 9   24 pages   September 2010

NASW Celebrates Legislative Victory for Social Workers

Rebekah Gewirtz
DIRECTOR OF GOVERNMENT RELATIONS AND POLITICAL ACTION

On August 9, 2010 Governor Deval Patrick signed into law **House Bill 4681, *An Act to Improve Emergency Access to Mental Health Services*.** This important bill gives LICSWs in Massachusetts the legal tool they need to assess clients for their immediate danger to themselves or to others, and to fulfill their professional responsibility in the most dire and acute clinical situations.

Currently, LICSWs are completing Section 12s (also known as "pink papers" or assessments of dangerousness) and then potentially putting themselves, their client, and the public at risk while they scramble to find another professional, such as a psychologist or psychiatrist, to sign off on the assessment. In some cases, the person signing off on the assessment has never seen the client, and in other cases the signer, such as a police officer, may have no formal mental health training. In the worst cases, the time it takes for a social worker to find another professional to sign off can make the difference between life and death for the patient or others. Passage of this bill puts LICSWs on the same standing as other independent clinicians like psychologists
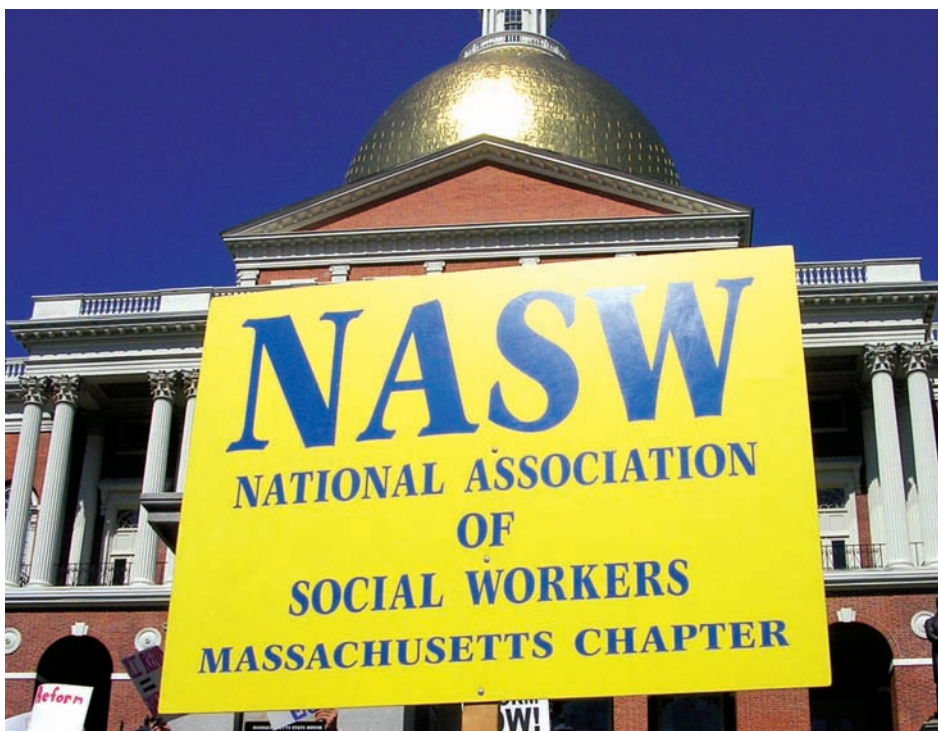
by authorizing them to sign Section 12s.

It's important to note that a Section 12 is *not* an involuntary commitment. A Section 12 is a commitment request that authorizes an involuntary transport to a hospital where the client is immediately evaluated by a physician to determine if he or she needs to be committed to an inpatient facility for no more than 72

hours. Only the evaluating physician can make the commitment determination.

Social workers are mandated reporters and bound by the Duty to Warn. Yet, before the passage of this bill, they did not have that legal authority. Indeed, clients depend on social workers to keep them safe and to fulfill their duties such as the duty to protect, but without Section 12

authority social workers were not fully able to meet that responsibility.

As a real life example, the man who went on a homicidal rampage at Virginia Tech had been in the care of a social worker. She recommended inpatient treatment but was not able to sign off on a transport to the hospital where he could have been further evaluated, and as a result he received outpatient treatment. After the tragedy, Virginia changed its laws to allow social workers to sign section 12s.

Passage of this bill marks just one of the many successes of the 2009-2010 legislative session, including four other NASW MA Chapter priorities that became law or were included in the budget as a result of the Chapter's advocacy efforts or working in coalition with other groups *(see page 2)*.

Thanks to all the NASW members who advocated for this bill and called their legislators when they got the request from the Chapter!

To join your colleagues in the NASW MA Chapter's legislative advocacy initiatives call **Rebekah Gewirtz** at (617) 227-9635 x 12 or email GEWIRTZ@NASWMA.ORG Your participation makes our efforts successful! ❖

NASW HAS YOUR CES...
FOR THE SEPTEMBER 30TH LICENSING DEADLINE:

- **2 CEs in this FOCUS,** p6
- **Regional Programs,** p4-5
- **CDs and Podcasts,** p24
- **Live Programs & Films,** p11-14

JUST ADDED / 10-PERSON LIMIT...

PERCEIVING SPACE IN ART: IMPLICATIONS FOR PSYCHOTHERAPY

September 25th, 12-2pm
Davis Museum, Wellesley College

2 CEs / Members: $40
E-mail Chapter@naswma.org

Contents

PACE Endorsements 2010

NASW-MA PACE (Political Action for Candidate Election) has endorsed the following candidates.* PACE urges you to support and vote for these candidates in the upcoming elections.

Governor & Lieutenant Governor
- Deval Patrick & Tim Murray

Incumbent Senators
- Cynthia Creem - 1st Middlesex and Norfolk
- Patricia Jehlen -2nd Middlesex
- Sue Fargo - 3rd Middlesex
- Sal DiDomenico - Middlesex, Suffolk, & Essex
- Jamie Eldridge - Middlesex and Worcester
- Sonia Chang-Diaz - 2nd Suffolk
- Harriette Chandler - 1st Worcester

New Senate Candidates
- Sheila Lyons - Cape and Islands
- Ron Patenaude - Hampden
- Katherine Clark - Middlesex and Essex
- Debbie Silberstein - 2nd Middlesex and Essex

Incumbent Representatives
- Cleon Turner - 1st Barnstable
- Matthew Patrick - 3rd Barnstable
- Sarah Peake - 4th Barnstable
- William "Smitty" Pignatelli - 4th Berkshire
- Steven D'Amico - 4th Bristol
- David Sullivan - 6th Bristol
- Mark V. Falzone - 9th Essex
- Barbara L'Italien - 18th Essex
- Pam Richardson - 6th Middlesex
- Tom Sannicandro - 7th Middlesex
- Caroline Dykema -8th Middlesex
- Ruth Balser -12th Middlesex
- Jason Lewis -31st Middlesex
- Carl Sciortino -34th Middlesex
- Jen Benson -37th Middlesex
- Martha "Marty" Walz - 8th Suffolk
- Byron Rushing - 9th Suffolk
- Liz Malia - 11th Suffolk
- Anne Gobi - 5th Worcester

New Representative Candidates
- Paul Mark - 2nd Berkshire
- Dave Dennis - 8th Bristol
- Jesse Reich - 1st Middlesex

MARK YOUR CALENDARS

PRIMARIES
September 14th

GENERAL ELECTION
November 2nd

- Jerry Wasserman - 13th Norfolk
- Josh Cutler - 6th Plymouth
- Karen Payne - 6th Suffolk
- Paul Sullivan - 10th Suffolk
- Ken O'Brien - 1st Worcester

Contact **Genevieve Coyle**, Chair, at COYLE.GS@GMAIL.COM or **Rebekah Gewirtz** at GEWIRTZ@NASWMA.ORG with any election questions or to get involved in PACE. All NASW-MA Chapter members are invited to join PACE!

PACE endorsements to date. Look for complete list in October FOCUS. ❖

STUDENTS & NEWER PROFESSIONALS! page 23

2009-2010 NASW Legislative Accomplishments

SOCIAL WORK–SPECIFIC SUCESSES

PROFESSIONAL ISSUES

HB 3465 An Act Improving Emergency Access to Mental Health Services
SIGNED INTO LAW, **August 9, 2010**
Summary: This legislation improves acute mental health services by including LICSWs to the list of physicians, psychologists, psychiatric nurses and police officers who may authorize emergency restraint of dangerous persons for the purpose of emergency examination if a person is in danger of harming themselves or someone else. *Lead Sponsors: Rep. David Sullivan and Sen. Jamie Eldridge*
(See article on page 1)

HB 174 An Act to Modernize the Board of Registration of Social Workers
SIGNED INTO LAW, **November 2009**
Summary: This legislation changes the composition of the social work licensing board to increase its effectiveness. The legislation adds two additional members, increases to 3 the number of LICSWs on the board, and removes certain designations within the board.
Lead Sponsors: Rep. Rodrigues and Sen. Morrissey

ECONOMIC EQUITY / WORKPLACE ISSUES

Revenue Measures with Working Family Agenda Coalition
SIGNED INTO LAW, **2009**
Summary: NASW co-chaired the statewide coalition in 2009 that worked together to successfully advocate for more than $1 Billion in new revenue, which significantly helped to offset the state budget deficit. This new money supports services and programs critical to the Commonwealth.

HOUSING / HOMELESSNESS

Mass Rental Voucher Program (budget line item 7004-9024)
Summary: MRVP is a budget item that helps low income working families, the disabled, seniors and others experiencing housing uncertainties to avoid entering shelter and to quickly move homeless households into stable housing. The FY2010 funding request is between forty and fifty million. The program was funded at $33,047,202 in FY 09.

CRIMINAL JUSTICE

HB 3523 An Act to Reform CORI, Restore Economic Opportunity & Improve Public Safety
SIGNED INTO LAW, **August 6, 2010**
Summary: Comprehensive legislation reforming the sentencing system and Criminal Offender Record Information (CORI) system in MA. *Lead Sponsors: Rep. Liz Malia & Sen. Harriett Chandler*

PRIORITY BILL NASW OPPOSES

Casinos or Slots in Massachusetts
Summary: NASW-MA is in opposition to casinos in Massachusetts including the introduction of slot machines. This legislation was headed for passage in the legislature but stalled because the Governor opposed the slots provision.

NASW is proud to have worked with our coalition partners to let legislators know how harmful and damaging slot machines are to individuals, families, and communities. We are also concerned about government seeking to capitalize on people's losses to support the state budget. Read Rebekah Gewirtz's testimony online at WWW.NASWMA.ORG

To learn more about NASW's legislative advocacy initiatives contact **Rebekah Gewirtz,** Director of Government Relations and Political Action: (617) 227-9635 x 12 or GEWIRTZ@NASWMA.ORG ❖

LEADERS SOUGHT

NASW-MA CHAPTER'S 2011 ELECTED POSITIONS

Nominate a Colleague or Yourself
for the following positions:
(Candidates must be NASW members)

Officers:
First Vice President (3 year term)
Secretary (3 year term)

Board of Directors:
Central Region (3 year term)
Greater Boston Region (3 year term)
Northeast Region (3 year term)
BSW Student Representative (1 year term)
MSW Student Representative (1 year term)

Nominating Committee:
Central Region (2 year term)
Northeast Region (2 year term)
Pioneer Valley Region (2 year term)
BSW or MSW Student Representative (1 year term)

Send in your nomination using the coupon below by October 31, 2010
or go to www.naswma.org for more information and to nominate.

Mail to: NASW, 14 Beacon Street, #409, Boston, MA 02108

I nominate_____ for

position _____

Nominee Name: _____
Nominee Address: _____
Nominee Day Phone: _____
Nominee E-Mail: _____

Your Name: _____
Your Address:_____
Your Day Phone:_____
Your E-Mail: _____

Please Return Form by October 31, 2010

MESSAGE FROM THE PRESIDENT

Betty Morningstar

Greetings from your new president! I am writing this column in July, just as I begin my term, and I already love the job! I am so impressed by the fine staff and volunteers that keep the NASW-MA Chapter vital. Accordingly, one of my major priorities for my tenure is to increase our visibility and to let the outside world know about the depth and range of our expertise.

The skills, talents, and expertise of our members are extraordinary and receive little fanfare. We need to raise public awareness, not just of what we do, but also about how expertly we do it. We can and should be the go-to people for outsiders who seek professional opinions on a wide array of social and mental health issues. On Beacon Hill our clout is increasing at a steady pace. Last week I heard from a social worker in the state house that five years ago many legislators barely knew about NASW. Now when an issue comes up, they want to know right away what NASW thinks about it.

Highlights of Chapter accomplishments:
- Successful lobbying efforts saw passage of the bills that:
  - Protect social workers from frivolous lawsuits.
  - Eliminate restrictive covenants for social workers in clinical settings.
  - Expand child mental health services.
  - Modernize the social work licensing board.
  - Extend mental health parity.
  - Extend Section 12 authority to LICSWs.

NASW-MA BOARD OF DIRECTORS

PRESIDENT
Betty Morningstar

1ST VICE PRESIDENT
Beverly Sealey

2ND VICE PRESIDENT
Jennifer Kane Coplon

TREASURER
Helene Kress

SECRETARY
Stephanie Kilbride

BERKSHIRE REGION
Katy Miller

CENTRAL REGION
Ken Ayers

GREATER BOSTON REGION
Nancy Levine
Beth Mayer
Amy Pearlman
Cate Solomon
Ray Walden

NORTHEAST REGION
Yvonne Ruiz

PIONEER VALLEY REGION
William Davila

SOUTHEAST REGION
Tracy Medeiros

BSW REPRESENTATIVE
Eryn Tobin

BSW STUDENT
Stephanie Bernandez Jacques

MSW STUDENT
Emily Gloss

EXECUTIVE DIRECTOR
Carol J. Trust

- The MA Chapter has taken the lead in establishing a Task Force on Workplace Safety that has the potential to become a national model.

- Our Chapter nominated National NASW's "Elected Official of the Year Award" winner, Rep. **Ruth Balser** from Newton. Ruth was the key architect for the Mental Health Parity Law.

- Our Social Work Reinvestment Task Force produced a broadcast-quality video that highlights the breadth and

PRESIDENT'S MESSAGE

PRACTICE & POLICY

CLINICAL PRACTICE TODAY (CPT)

Understanding Clients' Involvement in Online Role-Play Games – *Part I*

Bet MacArthur, LICSW, CPT Editor
and **Michael Langlois**, LICSW

Clinical practice in 2010 is far more complex and technical, administratively and scientifically, than it was 10 years ago. This column is where we share questions, controversies, ideas and proposals about clinical work with NASW's clinical community, from beginners to veterans.

Chances are very good that at least one of your clients participates in a multi-player interactive game on the Internet. Has any reference to online gaming been made in sessions? Do you know how to inquire about and assess the meaning of this aspect of your client's life?

This two-part column (September and October FOCUS, 2010) takes a look at the world of online gaming and providing psychotherapy to clients who may be involved in this new, global and virtual subculture.

Consulting this month is **Mike Langlois, LICSW**. Mike teaches clinicians about the world of online gaming in detail in seminars, and offers a thoroughly psychodynamic way to investigate, evaluate, and exploit this aspect of clients' lives to deepen the therapy process.

Nearly twelve million people worldwide (and more every week) are meeting on the Internet in groups of five to forty to play World of Warcraft (WoW), a Massively Multi-player Online Role-Playing Game (MMORPG).

There are many similar shared games online that occupy millions of players, including poker, bridge, chess, and even Dungeons and Dragons. But WoW is by far the biggest, most complex, and culturally most influential of them all at present.

And when a popular cultural figure such as MSNBC news analyst Dr. Rachel Maddow drops WoW argot into news items unrelated to it, she is winking to a global in-crowd; a signal to wise clinicians that it's high time to educate ourselves, for our clients' sakes.

There is already a very significant body of psychological and sociological research available to aid us in learning about this new global culture. The website www.daedalusproject.com is a good resource.

CPT: Why do people get involved in MMORPG's?

ML: People play for many reasons: for stress-relief, to seek community, just to enjoy fantasy, or to create a sense of progress or adventure in their lives.

The question is difficult, though, if it suggests a kind of cultural insensitivity. We don't ask, "Why do people play golf?" or "Why do so many people spend beautiful weekend afternoons in the house, watching football on TV?" because we are familiar with the culture of those games. If someone's life with golf were problematic, we could tell, because we have some sense of what non-problematic involvement in the world of golf looks like. Given the growing significance of global internet relationships and gaming, therapists ought to consider becoming much more informed about them.

Bet MacArthur, LICSW

It is quite helpful to think of online gaming and its players not as pathology but as a subculture, with the attributes of shared beliefs about time, space, nature and authority put forth in the scientific theory of culture. I refer to my practice as "gamer-friendly," i.e., culturally-informed and -attuned, rather than saying "I specialize in gaming addiction," which presumes pathology.

Yee's research (2009) indicates that there are great variations in why and how people use MMORPGs. He has identified three classes of motivation for online gamers: *achievement* motives, *social* motives, and *immersion/escapist* motives. Many gamers, of course, may possess a combination of these.

Achievement-motivated players value the rousing competitive aspects of play, or the opportunity to advance, or to learn to manipulate the mechanics of the game.

People motivated by *social* needs welcome the opportunity to share a common interest, to form relationships or friendships which may have options for real-time friendship; and to experience carefully-structured teamwork, which in itself generates new social skills and social experiences.

Those motivated by the opportunity for *immersion* in the online culture and game value discovery, the creativity and vicarious powers of role-playing, and the obvious seduction of true escape into another world (escape not unlike the thrilling leap into other worlds experienced by the first readers of *Treasure Island* and *Moby Dick*, 130 and 160 years ago -- vast fables which take place in a faraway, mysterious, and highly dangerous other world).

CLINICAL PRACTICE TODAY

REGIONAL EVENTS

CENTRAL REGION

The Central Regional Council presents...

Identifying and Managing Ethical Dilemmas in Social Work

with **Nancy Levine**, LICSW

Wednesday, September 29, 2010
9AM-12PM (Registration 8:30 am)
Children's Friend, 21 Cedar St., Worcester, MA

Approved for 3 CEs for Social Workers

MAIL with check to "NASW": NASW, 14 Beacon St. Ste. 409, Boston, MA 02108
or FAX with credit card information: (617) 227-9877
or REGISTER ONLINE with credit card: www.naswma.org

Name _____ Member # _____

Address _____

City _____ State _____ Zip _____

Day Phone _____

Email _____
                                 Please print. Required to recieve acknowledgement and directions.

Indicate payment amount: ❑ $25 NASW Member   ❑ $40 Non-NASW Member

Payment Options:
❑ Check payable to "NASW" **(POs not accepted)**
❑ Credit Card - **by Fax ONLY***   ❑ Visa   ❑ Mastercard   ❑ Discover
Credit Card Number _____ Exp. Date _____
Signature _____ 3 digit CVV Code _____

9/29/2010 CENTRAL

New credit card security standards require that we no longer accept credit card numbers via mail. To pay by credit card, fax this form to 617-227-9877 or register at www.naswma.org

---

The Central Regional Council presents...

Central Region Book Club

Tuesday, October 19, 2010, 6-8PM

Department of Children & Families
121 Providence Street, Worcester

Participants will read the book **Nineteen Minutes** by **Jodi Picoult**

Discussants **Deborah Bunker**, LICSW and **M. Julie Mahoney Lesure**, Esq will address the role of peer pressure and popularity in teen development and how it relates to bullying, and school violence. Also examined will be parenting a child who is being bullied, and how school systems handle bullying/violence prevention.

To register, send check payable to "NASW" with your name, address, day phone, and "10/19 Book Club" to: NASW, 14 Beacon St. #409, Boston, MA 02109

Approved for 2 CEs for Social Workers

Central Awards Nominations!

The NASW-MA Central Regional Council is seeking nominations for two recipients of Central Regional Annual Awards to recognize during Social Work Month 2011.

Giving Award: An NASW member, in good standing, who has demonstrated exemplary public service in his/her profession including volunteerism and mentoring.

Community Impact Award: Any person or agency in Central Massachusetts who has made a significant contribution to assist those in need.

Please nominate a colleague who you believe has made a change in the world, and plan to attend our Annual Awards Recognition Dinner in March. Watch FOCUS for details.

Nomination for Central Regional Awards 2011
Mail to: NASW, 14 Beacon Street, Suite 409, Boston, MA 02108, Attn: Jennifer Gendron

For the _____ Award, I nominate...

Candidate's name _____
Title _____
Agency _____
Day Phone _____ E-mail _____

Name and contact information of another professional who supports this nomination:
Name _____
Day Phone _____ E-mail _____

Why should this person be nominated? (In less than 200 words; attach additional page)

Your Name _____
Day Phone _____ E-mail _____

Nominations must be postmarked by September 30, 2010

CALENDAR

BERKSHIRE
Info: Jeff Schrenzel 413-782-1757 jschrenz@wnec.edu

SEPT 23, Thurs.   **Crisis: Intervention and Opportunity**
12:00-1:30pm   *Michael Brady M.S. LMHC, former clinician/supervisor on*
1.5CEs   *The Brien Center Crisis Team, currently in private practice*
(FREE / Non-Memb. $5)   The Brien Center, 1 Fenn Street, 3rd Floor, **Pittsfield**
                          (meeting in East Street conference room; for directions call 413-499-0412)

CENTRAL
Info: Jenn Gendron 508-783-2597 jgendron6@verizon.net

SEPT 29, Wed.   **Identifying & Managing Ethical Dilemmas in Social Work**
3CEs   (See announcement at left)

OCT 19, Tues. - 2CEs   **Central Region Book Club** (See announcement at left)

NORTHEAST
Info: Edna Lezotte 781-758-0786 ednamlez@aol.com

SEPT 17, Fri. - 3CEs **Intro. to Internal Family Systems** (See announcement next page)

OCT 24, Sun.   **Fall Networking Brunch** (See announcement next page)

PIONEER VALLEY
Info: Jeff Schrenzel 413-782-1757 jschrenz@wnec.edu

SEPT 20, Monday   **Private Practice Shared Interest Group (SIG) Meeting**
8:30-10:30am   *Led by Sue Davis* (suedavis.psychotherapy@yahoo.com)
                                     Hotel Northampton, 36 King Street, **Northampton**

SEPT 23, Thurs.   **Our Federal Budget Deficit: Who's at Fault and**
7:30-9:00pm (7:15 pm registration)   **What Should We Do?**
1.5CEs   *Jeff Schrenzel, PhD, LICSW, Professor, Western New England College*
(FREE / Non-Memb. $10)   Dewey Common Rm, Smith College, **Northampton**

OCT 1, Friday   **Private Practice Shared Interest Group (SIG) Meeting**
9:00-10:30am   *Led by Sarah Hawrylak* (sehawrylak@gmail.com, 413-253-9858)
                     Franklin Medical Center, 164 High Street, Conference Room **C**, **Greenfield**

SOUTHEAST
Info: Sue Landers 617-872-0205 sulanders@aol.com

SEPT 24, Fri.   **The Role of Psychic Experience in End of Life Care & Grieving**
2 CEs   (See announcement below)

SOUTHEAST REGION

The Southeast Regional Council presents...

The Role of Psychic Experience in End of Life Care & Grieving

with **Beth Wechsler**, LICSW

Friday, September 24, 10AM-12PM

Hospice & Palliative Care of Cape Cod, 765 Attucks Lane, Hyannis

50% of widows and widowers say that they have seen, smelled, heard the voice of, or experienced a "sign" from their spouse who recently died. Called "Apparitions," these and other psychic experiences have a real contribution to make in end-of-life care and grief counseling. Workshop will introduce clinicians to the parapsychology literature and to state-of-the-art approaches to clinical work with dying and grieving clients. For more, visit www.NASWMA.org to download NASW's homestudy course *Psychic Events In the Lives of Clinicians & Clients.*

Approved for 2 CEs for Social Workers

MAIL with check to "NASW": NASW, 14 Beacon St. Ste. 409, Boston, MA 02108
or FAX with credit card information: (617) 227-9877
or REGISTER ONLINE with credit card: www.naswma.org

Name _____ Member # _____

Address _____

City _____ State _____ Zip _____

Day Phone _____

Email _____
                                 Please print. Required to recieve acknowledgement and directions.

Indicate payment amount: ❑ $30 NASW Member   ❑ $45 Non-NASW Member

Payment Options:
❑ Check payable to "NASW" **(POs not accepted)**
❑ Credit Card - **by Fax ONLY***   ❑ Visa   ❑ Mastercard   ❑ Discover
Credit Card Number _____ Exp. Date _____
Signature _____ 3 digit CVV Code _____

9/24/2010 SOUTHEAST

New credit card security standards require that we no longer accept credit card numbers via mail. To pay by credit card, fax this form to 617-227-9877 or register at www.naswma.org

NEW NASW MEMBERS

Berkshire
Jacque Marling-Milewski

Central
Mona Tye

Greater Boston
Melanie Adem
Scherrhawn Brinkley
Erin Byrne
Krista Cardarelli
Riva Detweiler
Savann Donovan
Catherine Egan
Jeanette Forgey
Jasmin Hagen
Nathan Harris
Marley Hassler
Kiersten Hess
Elizabeth Hutchinson
Josh Lamkin
Karin Lauff
Jill Martinelli
Donna Morelli
Lisa Navarra

Alesha Needle
Kristin Neidig
Jana Oberheu
Sondra Papatsoris
Elena Puppo
Vivien Roman-Hampton
Leonard Russ, Jr.
Christopher Ryan
Jessica Salvin
Elizabeth Serraillier
Ann Sullivan
Erica Tamlyn
Melissa Targum
Diana Thomas
Jason Thomas
Susan Wayne
Julia Wise

Pioneer Valley
Joan Corbin
Deborah Grande
Jeffrey Kassis
Allyson Mazzuchi
Daniel Ritchie
Elizabeth Selden
Lauren Soules

Northeast
Rebekah Akusis
Krista Andberg
Rachel Angerhofer
Kelly Bridges
Holly Cande
Jayna Doherty
Catherine Eccles
Cristina Fagundo
Katharine Gamer
Elizabeth Geoffroy
Jillian Granese
Kailey MacArthur
Elizabeth Nunez
Sheila Payen
Amy Richmond
Randall Rogers
Lindsey Shuka
Julie-Ann Toll
Amanda Willard

Southeast
Deana Andrade
Sarah Clifford

Welcome!

NORTHEAST REGION

The Northeast Regional Council invites you to its...

Fall Networking Brunch
Sunday, October 24, 2010, 11AM

The Lyceum, 43 Church St, Salem MA (www.thelyceum.com)

Food & Friends is a Winning Combination.....

- Order from menu...a lot or just a taste
- Network and socialize with other regional members.
- Then take a walk in quaint downtown Salem…
        …lots of ideas to help you prepare for Halloween....

RSVP to Edna Lezotte at ednamlez@aol.com

We want to be sure we count YOU in.

The Northeast Regional Council presents...

Introduction to Internal Family Systems
with **Frances D. Booth**, LICSW, Clinician & Trainer

Friday, September 17, 2010

9:30AM-12:45PM (Registration 9AM)

Nevins Library, Methuen, MA
Directions: http://www.nevinslibrary.org/administration/directionshours.html

Internal Family Systems (IFS), a model of therapy founded by Richard Schwartz, PhD, views the multiplicity of the mind as our natural state and our inner personalities as "parts" that may be healed/transformed by allowing "Self" to emerge as a resource in a client's system.

Learning Objectives
1. Participants will examine some of the theoretical foundations of IFS and have beginning knowledge of the new emphases in IFS, the Self and parts.
2. Participants will be introduced to the categories of parts and the concepts of unblending, burdens, and the use of Self as a resource.
3. A guided exercise will facilitate an experiential understanding of Self and parts.

Approved for 3 CEs for Social Workers

MAIL with check to "NASW": NASW, 14 Beacon St. Ste. 409, Boston, MA 02108
or FAX with credit card information: (617) 227-9877
or REGISTER ONLINE with credit card: www.naswma.org

Name_____Member #_____

Address_____

City _____State_____Zip_____

Day Phone_____

Email_____
Please print. Required to recieve acknowledgement and directions.

Indicate payment amount: ❑ $40 NASW Member ❑ $60 Non-NASW Member

Payment Options:
❑ Check payable to "NASW" *(POs not accepted)*
❑ Credit Card - *by Fax ONLY* ❑ Visa ❑ Mastercard ❑ Discover
Credit Card Number_____Exp. Date_____
Signature_____3 digit CVV Code_____

9/17/2010 NORTHEAST

New credit card security standards require that we no longer accept credit card numbers via mail. To pay by credit card, fax this form to 617-227-9877 or register at www.naswma.org

---

NASW FALL FILM REVIEWS

Precious: Based on the Novel *Push* by Sapphire

Reviewed by Goldie Eder

SHOWING SEPT. 12TH 3 CES

"My name is Clareece Precious Jones… Mama say I can't dance…"

"But somethin' gon happen; I'm gon' break through. Someone gon' break through to me. I'm gon' be normal, gon' pay attention…someday."

So begins our heroine's journey in **Precious: Based on the novel *Push* by Sapphire.** Actually, preceding these words we see an obese adolescent girl playing with a bright orange scarf in her fantasy, then walking to school, then having another fantasy of being a star.

When we first encounter Precious (played to perfection by Gabourey Sidibe), she counters the harsh abuse and poverty in her life with these fantasies. She is ridiculed for her weight by her peers (though she is not above hitting back, we soon see), despised by her mother (played by Mo'Nique who completely deserved the Oscar she won for supporting actress), raped by her father—but given a chance by her school principal to go to an alternative high school and then actually nurtured by her teacher Miss Rain (Paula Patton) and finally listened to, validated and protected by her social worker, Ms Weiss (Mariah Carey) who, at long last, portrays a positive image of a social worker in the movies.

Having worked with adolescents like Precious, I found that the film accurately and compellingly portrayed the struggles of a survivor to rise above the circumstances into which she was born. Precious tries to end the cycle of trauma being passed from one generation to another. She comes to realize a child deserves to be nurtured and encouraged to build positive self esteem.

When she tests positive for HIV (via the sexual assault by her father), she says in class: "Why me…Love beat me, Love rape me, Love made me sick." To which her teacher replies "That wasn't love, Precious. Your baby loves you. I love you. Now WRITE." Her teacher believes that by writing about their experiences, flashbacks, hopes, fears and dreams, the girls in her charge can figure out who they want to become, and create more of their own destiny.

Finally, Precious comes to see that her mother, even though she shows her own hurt and vulnerability in a remarkable encounter in the social worker's office, must be accountable. She leaves the social worker's office to the final shot of her on the street with her two children in tow, smiling.

Discussants for this kickoff film of the Fall 2010 Film Festival are **Tien Ung, PhD, MSW,** faculty at Simmons College School for Social Work and former DSS worker, and **Charles Carter, PhD,** from Crittenton Women's Union.

NOTE: *This film has scenes with violence that may be triggers for some people.* ❖

NASW FILM FESTIVAL REGISTRATION, page 14

The Messenger
Reviewed by Goldie Eder

SHOWING SEPT. 19TH 3 CES

This movie unfolds like the stories of patients in our offices might. The gripping story concerns a young US Army soldier Sergeant Will Montgomery (played sensitively by Ben Foster) who has three months left on his tour of duty, having come back to the US following leg and eye injuries. He is assigned to the Casualty Notification Team, a detail where he must notify families that their loved one has been killed while on active duty in Iraq.

He is partnered with the more experienced Captain Tony Stone (played by Woody Harrelson), a seemingly tough gum-smacking soldier who tells Montgomery that his "baptism" was in Desert Storm. Stone orients Montgomery to the job, telling him mostly what not to do, mainly not to interact with the next of kin. He also tells his junior partner that "these are the rules—the job is somethin' else. You gotta do it before you can understand it."

And so we view the two men on these details, and just as our patients deliver their symptoms to us in treatment, so do these two characters deliver their ways of reacting and coping with the stress of the work and its impact on them. Stone, who we learn is a recovering alcoholic, attempts to keep himself together by following the rules and protocol the military has prescribed to help him keep the intense emotions of the families at bay.

However, even early on, it becomes apparent that despite his rhetorical stance of sticking to protocol, he has his own spin on what the army can do with its protocols. He challenges Montgomery to play by the prescribed rules and takes him to task when he shows any emotion or extra attachment to the families of the newly dead soldiers, and sometimes tries to shepherd him through particularly harrowing, hostile reactions of parents, such as that of a father played by the virtuoso actor Steve Buscemi in a heart wrenching scene. As Buscemi spits on Montgomery and calls him and Stone cowards, we see them drive away as Buscemi collapses into tears.

Montgomery goes home to his apartment on the base and wrestles with his own demons: flashbacks of combat, the uncertainty of his relationship with his girlfriend Kelly, recovering from his physical battle injuries and the emotional stress of questioning whether he really is a hero, and insomnia. Ultimately, Stone starts breaking down as Montgomery's questioning of "the rules" increases, though he tells Montgomery that the military higher-ups are concerned about

MESSENGER REVIEW

YOU ARE HOLDING 2 CEs IN YOUR HAND!
How it works: Read this CE program, complete the post-test and evaluation and mail to the Chapter office with your check.
Score 80% or better and NASW will mail you a certificate for your CEs. It's that easy!

Wraparound Process

Eric J. Bruns, PhD; Janet S. Walker, PhD; Patricia Miles, BS and the National Wraparound Initiative Advisory Group

Learning Objectivies

Course participants will be able to *identify* and *describe* the:

- Ten principles of wraparound
- 4 phases of wraparound
- Staff roles and activities of wraparound

The following continuing education article provides an introduction to wraparound. Wraparound is both a philosophy of care and a practice model being used in a variety of settings, including the Children's Behavioral Health Initiative (CBHI). The Children's Behavioral Health Initiative is an interagency initiative of the Commonwealth's Executive Office of Health and Human Services whose mission is to strengthen, expand and integrate Massachusetts state services into a comprehensive, community-based system of care, to ensure that families and their children with significant behavioral, emotional and mental health needs obtain the services necessary for success in home, school and community. The article below summarizes the principles of wraparound, the phases & activities of the wraparound process, the roles on the wraparound teams, and how to engage youth in the wraparound process.

The philosophical principles of wraparound have long provided the basis for understanding this widely-practiced service delivery model. This value base for working in collaboration and partnership with families has its roots in early programs such as Kaleidoscope in Chicago, the Alaska Youth Initiative, Project Wraparound in Vermont, and other trailblazing efforts. For many years, the philosophy of wraparound was expressed through the work of such local initiatives, but not formally captured in publications for the field. Critical first descriptions were provided by VanDenBerg & Grealish (1996) as part of a special issue on wraparound, and by Goldman (1999) as part of an influential monograph on wraparound (Burns & Goldman, 1999). These resources presented elements and practice principles that spanned activity at the team, organization, and system levels. In other words, some elements were intended to guide work at the team level with the youth, family and hands-on support people, while other elements described activities at the program or system level. For many, these documents were the best means available for understanding the wraparound process. They also provided the basis for initial efforts at measuring wraparound implementation.

I. What is Wraparound

The wraparound process is an intensive, individualized care planning and management process for children and adolescents with complex mental health and/or other needs. Wraparound is often implemented for young people who have involvement in multiple child-serving agencies and whose families would thus benefit from coordination of effort across these systems. Wraparound is also often aimed at young people in a community who, regardless of the system(s) in which they are involved, are at risk of placement in out-of-home or out-of-community settings, or who are transitioning back to the community from such placements.

Wraparound is not a treatment *per se*. The wraparound *process* aims to achieve positive outcomes for these young people through several mechanisms. For example, well-implemented wraparound provides a structured, creative and individualized team planning process that, compared to traditional treatment planning, can result in plans that are more effective and more relevant to the family. Additionally, wraparound plans are more holistic than traditional care plans in that they are designed to meet the identified needs of caregivers and siblings and address a range of life areas. Through the team-based planning and implementation process that takes place, wraparound also aims to develop the problem-solving skills, coping skills, and self-efficacy of the young people and family members. Finally, there is an emphasis on integrating the youth into the community and building the family's social support network.

During the wraparound process, a team of individuals who are relevant to the life of the child or youth (e.g., family members, members of the family's social support network, service providers, and agency representatives) collaboratively develop an individualized plan of care, implement this plan, monitor the efficacy of the plan, and work towards success over time. A hallmark of the wraparound process is that it is driven by the perspective of the family and the child or youth. The plan should reflect their goals and their ideas about what sorts of service and support strategies are most likely to be helpful to them in reaching their goals. The wraparound plan typically includes formal services and interventions, together with community services and interpersonal support and assistance provided by friends, kin, and other people drawn from the family's social networks. After the initial plan is developed, the team continues to meet often enough to monitor progress, which it does by measuring the plan's components against the indicators of success selected by the team. Plan components, interventions and strategies are revised when the team determines that they are not working, i.e., when the relevant indicators of success are not being achieved.

The wraparound process—engaging the family, convening the team, developing and implementing the plan, and transitioning the youth out of formal wraparound—is typically facilitated by a trained care coordinator or "wraparound facilitator," often in collaboration with family partners or family support workers and, increasingly, youth support workers (i.e., peers and "near peers"). The wraparound process, like the wraparound plan itself, is designed to be culturally competent, strengths based, and organized around family members' own perceptions of needs, goals, and likelihood of success of specific strategies.

Wraparound System and Community-Level Support

The wraparound process is intended to ensure that youth with the most complex needs in a system or community benefit from a coordinated care planning process that is responsive to their needs and the needs of their families. The wraparound process produces a single, comprehensive plan of care that integrates the efforts of multiple agencies and providers on behalf of a youth and his or her family. The wraparound plan is designed to ensure that the young person and family receive the support needed to live successfully in the community, and at home or in the most home-like setting possible. To achieve this, wraparound plans and wraparound teams require access to flexible resources and a well-developed array of services and supports in the community.

Providing comprehensive care through the wraparound process thus requires a high degree of collaboration and coordination among the child and family-serving agencies and organizations in a community. These agencies and organizations need to work together to provide the essential community—or system-level—supports that are necessary for wraparound to be successfully implemented and sustained.

Research on wraparound implementation has defined these essential community and system supports for wraparound, and grouped them into six themes:

1) *Community partnership:* Representatives of key stakeholder groups, including families, young people, agencies, providers, and community representatives have joined together in a collaborative effort to plan, implement and oversee wraparound as a community process.

2) *Collaborative action:* Stakeholders involved in the wraparound effort work together to take steps to translate the wraparound philosophy into concrete policies, practices and achievements that work across systems.

3) *Fiscal policies and sustainability:* The community has developed fiscal strategies to support and sustain wraparound and to better meet the needs of children and youth participating in wraparound.

4) *Access to needed supports and services:* The community has developed mechanisms for ensuring access to the wraparound process as well as to the services and supports that wraparound teams need to fully implement their plans

5) *Human resource development and support:* The system supports wraparound staff and partner agency staff to fully implement the wraparound model and to provide relevant and transparent information to families and their extended networks about effective participation in wraparound.

6) *Accountability:* The community implements mechanisms to monitor wraparound fidelity, service quality, and outcomes, and to oversee the quality and development of the overall wraparound effort.

Organizational Support

In addition to these system-level supports, the wraparound process requires that people in key wraparound roles—facilitators, family support partners, peer partners, etc.—have the right skills and the right working conditions to do their jobs. This means that the lead agency or agencies responsible for providing wraparound to families must also provide organizational supports for wraparound, including maintaining right-sized workloads (typically 6 – 15 youth/families per coordinator dependent upon paperwork expectations and other duties); empowering teams to make timely decisions regarding funding needed for individualized strategies to meet families' unique needs; and ensuring that primary staff receive comprehensive training, support and skill development. Many of the biggest challenges faced by organizations providing wraparound have to do with human resource issues: having the right people, with the right skills, available with sufficient time to complete a high quality wraparound process with each child and family.

Several of the key types of issues that organizations face include the following:

Role Definition: Wraparound initiatives often are implemented using a wide range of staff roles (e.g., facilitators, family partners, clinicians, youth partners, paraprofessional support workers, supervisors, coaches, and others). Expectations for each role must be clearly defined before professional development strategies for each can be implemented.

Training and Skill Development: Wraparound is a complex process involving many different skill sets. People with key roles for carrying out the wraparound process therefore require substantial training, as well as ongoing coaching and supervision, to ensure that they have the knowledge and skills they need. Most wraparound projects, at least in their early stages of development, rely to some extent on outside people for training and for consultation on how to set up ongoing procedures for staff development and quality assurance. Finding a consultant or trainer is not always easy, however, since wraparound is not a proprietary model. Thus, there is no single purveyor organization or consultant group that is recognized as the single entity with which a community or local initiative must contract for training, skill development, or other type of human resource development and support.

The wraparound process has four phases:

- *engagement and team preparation*
- *initial plan development*
- *plan implementation, and*
- *transition.*

Each phase has several core activities. Wraparound is also frequently described in terms of the ten principles or values to which practice must adhere.

II. The Ten Principles of Wraparound as presented by the National Wraparound Initiative (NWI)

At the outset of the NWI, the principles were relatively well understood, but it was determined that they might be more effective if they were: (1) confirmed and codified by the many experts and advisors that had convened to form the NWI, and (2) expressed purely at the family and team level. Many have expressed a need to move beyond a value base for wraparound in order to facilitate program development and replicate positive outcomes. However, wraparound's philosophical principles will always remain the starting point for understanding wraparound.

Principle 1: Family voice and choice

Family and youth/child perspectives are intentionally elicited and prioritized during all phases of the wraparound process. Planning is grounded in family members' perspectives, and the team strives to provide options and choices such that the plan reflects family values and preferences. The wraparound process recognizes the importance of long-term connections between people, particularly the bonds between family members. The principle of family voice and choice in wraparound stems from this recognition and acknowledges that the people who have a long-term, ongoing relationship with a child or youth have a unique stake in and commitment to the wraparound process and its outcomes. This principle further recognizes that a young person who is receiving wraparound also has a unique stake in the process and its outcomes. The principle of family voice and choice affirms that these are the people who should have the greatest influence over the wraparound process as it unfolds.

This principle also recognizes that the likelihood of successful outcomes and youth/child and family ownership of the wraparound plan are increased when the wraparound process reflects family members' priorities and perspectives. The principle thus explicitly calls for family voice—the provision of opportunities for family members to fully explore and express their perspectives during wraparound activities—and family choice—the structuring of decision making such that family members can select, from among various options, the one(s) that are most consistent with their own perceptions of how things are, how things should be, and what needs to happen to help the family achieve its vision of well-being. Wraparound is a collaborative process (principle four); however within that collaboration, family members' perspectives must be the most influential.

The principle of voice and choice explicitly recognizes that the perspectives of family members are not likely to have sufficient impact during wraparound unless *intentional* activity occurs to ensure their voice and choice drives the process. Families of children with emotional and behavioral disorders are often stigmatized and blamed for their children's difficulties. This and other factors—including possible differences in social and educational status between family members and professionals, and the idea of professionals as experts whose role is to "fix" the family—can lead teams to discount, rather than prioritize, family members' perspectives during group discussions and decision making. These same factors also decrease the probability that youth perspectives will have impact in groups when adults and professionals are present.

Furthermore, prior experiences of stigma and shame can leave family members reluctant to express their perspectives at all. Putting the principle of youth and family voice and choice into action thus requires intentional activity that supports family members as they explore their perspectives and as they express their perspectives during the various activities of wraparound.

Further intentional activity must take place to ensure that this perspective has sufficient impact within the collaborative process, so that it exerts primary influence during decision making. Team procedures, interactions, and products—including the wraparound plan—should provide evidence that the team is indeed engaging in intentional activity to prioritize the family perspectives.

While the principle speaks of *family* voice and choice, the wraparound process recognizes that the families, who participate in wraparound, like American families generally, come in many forms. In many families, it is the biological parents who are the primary caregivers and who have the deepest and most enduring commitment to a youth or child. In other families, this role is filled by adoptive parents, step-parents, extended family members, or even non-family caregivers. In many cases, there will not be a single, unified "family" perspective expressed during the various activities of the wraparound process. Disagreements can occur between adult family members/ caregivers or between parents/caregivers and extended family. As a young person matures and becomes more independent, it becomes necessary to balance the collaboration in ways that allow the youth to have growing influence within the wraparound process. Wraparound is intended to be inclusive and to manage disagreement by facilitating collaboration and creativity; however, throughout the process, the goal is always to prioritize the influence of the people who have the deepest and most persistent connection to the young person and commitment to his or her well-being.

Special attention to the balancing of influence and perspectives within wraparound is also necessary when legal considerations restrict the extent to which family members are free to make choices. This is the case, for example, when a youth is on probation, or when a child is in protective custody. In these instances, an adult acting for the agency may take on caregiving and/or decision making responsibilities vis-à-vis the child, and may exercise considerable influence within wraparound. In conducting our review of opinions of wraparound experts about the principles, this has been one of several points of contention: How best to balance the priorities of youth and family against those of these individuals. Regardless, there is strong consensus in the field that the principle of family voice and choice is a constant reminder that the wraparound process must place special emphasis on the perspectives of the people who will still be connected to the young person after agency involvement has ended.

Principle 2: Team-based

The wraparound team consists of individuals agreed upon by the family and committed to the family through informal, formal, and community support and service relationships. Wraparound is a collaborative process (see principle four), undertaken by a team. The wraparound team should be composed of people who have a strong commitment to the family's well-being. In accordance with principle one, choices about who is invited to join the team should be driven by family members' perspectives.

At times, family members' choices about team membership may be shaped or limited by practical or legal considerations. For example, one or more family members may be reluctant to invite a particular person—e.g., a teacher, a therapist, a probation officer, or a non-custodial ex-spouse—to join the team. At the same time, not inviting that person may mean that the team will not have access to resources and/or interpersonal support that would otherwise be available. Not inviting a particular person to join the team can also mean that the activities or support that he or she offers will not be coordinated with the team's efforts. It can also mean that the family loses the opportunity to have the team influence that person so that he or she becomes better able to act supportively. If that person is a professional, the team may also lose the opportunity to access services or funds that are available through that person's organization or agency.

Not inviting a particular professional to join the team may also bring undesired consequences, for example, if participation of the probation officer on the wraparound team is required as a condition of probation. Family members should be provided with support for making

informed decisions about whom they invite to join the team, as well as support for dealing with any conflicts or negative emotions that may arise from working with such team members. Or, when relevant and possible, the family should be supported to explore options such as inviting a different representative from an agency or organization. Ultimately, the family may also choose not to participate in wraparound.

When a state agency has legal custody of a child or youth, the caregiver in the permanency setting and/or another person designated by that agency may have a great deal of influence over who should be on the team; however, in accordance with principle one, efforts should be made to include participation of family members and others who have a long-term commitment to the young person and who will remain connected to him or her after formal agency involvement has ended.

Principle 3: Natural supports

The team actively seeks out and encourages the full participation of team members drawn from family members' networks of interpersonal and community relationships. The wraparound plan reflects activities and interventions that draw on sources of natural support.

This principle recognizes the central importance of the support that a youth/child, parents/caregivers, and other family members receive "naturally," i.e., from the individuals and organizations whose connection to the family is independent of the formal service system and its resources. These sources of natural support are sustainable and thus most likely to be available for the youth/child and family after wraparound and other formal services have ended. People who represent sources of natural support often have a high degree of importance and influence within family members' lives. These relationships bring value to the wraparound process by broadening the diversity of support, knowledge, skills, perspectives, and strategies available to the team. Such individuals and organizations also may be able to provide certain types of support that more formal or professional providers find hard to provide.

> *The wraparound process, like the wraparound plan itself, is designed to be culturally competent, strengths based, and organized around family members' own perceptions of needs, goals, and likelihood of success of specific strategies.*

The primary source of natural support is the family's network of interpersonal relationships, which includes friends, extended family, neighbors, co-workers, church members, and so on. Natural support is also available to the family through community institutions, organizations, and associations such as churches, clubs, libraries, or sports leagues. Professionals and paraprofessionals who interact with the family primarily offer paid support; however, they can also be connected to family members through caring relationships that exceed the boundaries and expectations of their formal roles. When they act in this way, professionals and paraprofessionals too can become sources of natural support.

Practical experience with wraparound has shown that formal service providers often have great difficulty accessing or engaging potential team members from the family's community and informal support networks. Thus, there is a tendency that these important relationships will be underrepresented on wraparound teams. This principle emphasizes the need for the team to act intentionally to encourage the full participation of team members representing sources of natural support.

Principle 4: Collaboration

Team members work cooperatively and share responsibility for developing, implementing, monitoring, and evaluating a single wraparound plan. The plan reflects a blending of team members' perspectives, mandates, and resources. The plan guides and coordinates each team member's work towards meeting the team's goals.

Wraparound is a collaborative activity—team members must reach collective agreement on numerous decisions throughout the wraparound process. For example, the team must reach decisions about what goals to pursue, what sorts of strategies to use to reach the goals, and how to evaluate whether or not progress is actually

being made in reaching the goals. The principle of collaboration recognizes that the team is more likely to accomplish its work when team members approach decisions in an open-minded manner, prepared to listen to and be influenced by other team members' ideas and opinions. Team members must also be willing to provide their own perspectives, and the whole team will need to work to ensure that each member has opportunities to provide input and feels safe in doing so. As they work to reach agreement, team members will need to remain focused on the team's overarching goals and how best to achieve these goals in a manner that reflects all of the principles of wraparound.

The principle of collaboration emphasizes that each team member must be committed to the team, the team's goals, and the wraparound plan. For professional team members, this means that the work they do with family members is governed by the goals in the plan and the decisions reached by the team. Similarly, the use of resources available to the team—including those controlled by individual professionals on the team—should be governed by team decisions and team goals.

This principle recognizes that there are certain constraints that operate on team decision making, and that collaboration must operate within these boundaries. In particular, legal mandates or other requirements often constrain decisions. Team members must be willing to work creatively and flexibly to find ways to satisfy these mandates and requirements while also working towards team goals.

Finally, it should be noted that, as for principles one (family voice and choice) and two (team-based), defining wraparound's principle of collaboration raises legitimate concern about how best to strike a balance between wraparound being youth and family-driven as well as team-driven. This issue is difficult to resolve completely, because it is clear that wraparound's strengths as a planning and implementation process derive from being team-based and collaborative while also prioritizing the perspectives of family members and natural supports that will provide support to the youth and family over the long run. Such tension can only be resolved on an individual family and team basis, and is best accomplished when team members, providers, and community members are well supported to fully implement wraparound in keeping with all its principles.

Principle 5: Community-based

The wraparound team implements service and support strategies that take place in the most inclusive, most responsive, most accessible, and least restrictive settings possible; and that safely promote child and family integration into home and community life. This principle recognizes that families and young people who receive wraparound, like all people, should have the opportunity to participate fully in family and community life. This implies that the team will strive to implement service and support strategies that are accessible to the family and that are located within the community where the family chooses to live. Teams will also work to ensure that family members receiving wraparound have the greatest possible access to the range of activities and environments that are available to other families, children, and youth within their communities, and that support positive functioning and development.

Principle 6: Culturally competent

The wraparound process demonstrates respect for and builds on the values, preferences, beliefs, culture, and identity of the child/youth and family, and their community.

The perspectives people express in wraparound—as well as the manner in which they express their perspectives—are importantly shaped by their culture and identity. In order to collaborate successfully, team members must be able to interact in ways that demonstrate respect for diversity in expression, opinion, and preference, even as they work to come together to reach decisions. This principle emphasizes that respect toward the family in this regard is particularly crucial, so that the principle of family voice and choice can be realized in the wraparound process.

This principle also recognizes that a family's traditions, values, and heritage are sources of great strength. Family relationships with people and organizations with whom they share a cultural identity can be essential sources of support and resources; what is more, these connections are often "natural" in that they are likely to endure as sources of strength and support after formal services have ended. Such individuals and organizations also may be better able to provide types of support difficult to provide through more formal or professional relationships. Thus, this principle also emphasizes the importance of embracing these individuals and organizations, and nurturing and strengthening these connections and resources so as to help the team achieve its goals, and help the family sustain positive momentum after formal wraparound has ended.

The wraparound process demonstrates respect for and builds on the values, preferences, beliefs, culture, and identity of the child/youth and family, and their community.

This principle further implies that the team will strive to ensure that the service and support strategies that are included in the wraparound plan also build on and demonstrate respect for family members' beliefs, values, culture, and identity. The principle requires that team members are vigilant about ensuring that culturally competent services and supports extend beyond wraparound team meetings.

Principle 7: Individualized

To achieve the goals laid out in the wraparound plan, the team develops and implements a customized set of strategies, supports, and services. This principle emphasizes that, when wraparound is undertaken in a manner consistent with all of the principles, the resulting plan will be uniquely tailored to fit the family. The principle of family voice and choice lays the foundation for individualization. That principle requires that wraparound must be based in the family's perspective about how things are for them, how things should be, and what needs to happen to achieve the latter.

Practical experience with wraparound has shown that when families are able to fully express their perspectives, it quickly becomes clear that only a portion of the help and support required is available through existing formal services. Wraparound teams are thus challenged to create strategies for providing help and support that can be delivered outside the boundaries of the traditional service environment. Moreover, the wraparound plan must be designed to build on the particular strengths of family members, and on the assets and resources of their community and culture. Individualization necessarily results as team members collaboratively craft a plan that capitalizes on their collective strengths, creativity, and knowledge of possible strategies and available resources.

Principle 8: Strengths based

The wraparound process and the wraparound plan identify, build on, and enhance the capabilities, knowledge, skills, and assets of the child and family, their community, and other team members. The wraparound process is strengths based in that the team takes time to recognize and validate the skills, knowledge, insight, and strategies that each team member has used to meet the challenges they have encountered in life. The wraparound plan is constructed in such a way that the strategies included in the plan capitalize on and enhance the strengths of the people who participate in carrying out the plan. This principle also implies that interactions between team members will demonstrate mutual respect and appreciation for the value each person brings to the team.

The commitment to a strengths orientation is particularly pronounced with regard to the child or youth and family. Wraparound is intended to achieve outcomes not through a focus on eliminating family members' deficits but rather through efforts to utilize and increase their assets. Wraparound thus seeks to validate, build on, and expand family members' psychological assets (such as positive self-regard, self-efficacy, hope, optimism, and clarity of values, purpose, and identity), their interpersonal assets (such as social competence and social connectedness), and their expertise, skill, and knowledge.

Principle 9: Unconditional

A wraparound team does not give up on, blame, or reject children, youth, and their families. When faced with challenges or setbacks, the team continues working towards meeting the needs of the youth and family and towards achieving the goals in the wraparound plan until the team reaches agreement that a formal wraparound process is no longer necessary. This principle emphasizes that the team's commitment to achieving its goals persists regardless of the child's behavior or placement setting, the family's circumstances, or the availability of services in the community. This principle includes the idea that undesired behavior, events, or outcomes are not seen as evidence of youth or family "failure" and are not seen as a reason to reject or eject the family from wraparound. Instead, adverse events or outcomes are interpreted as indicating a need to revise the wraparound plan so that it more successfully promotes the positive outcomes associated with the goals. This principle also includes the idea that the team is committed to providing the supports and services that are necessary for success, and will not terminate wraparound because available services are deemed insufficient. Instead, the team is committed to creating and implementing a plan that reflects the wraparound principles, even in the face of limited system capacity.

At the same time, it is worth noting that many wraparound experts, including family members and advocates, have observed that providing "unconditional" care to youth and families can be challenging for teams to achieve in the face of certain system-level constraints. One such constraint is when funding limitations or rules will not fund the type or mix of services determined most appropriate by the team. In these instances the team must develop a plan that can be implemented in the absence of such resources without giving up on the youth or family. Providing unconditional care can be complicated in other situations, such as the context of child welfare, where unconditional care includes the duty to keep children and youth safe. Regardless, team members as well as those overseeing wraparound initiatives must strive to achieve the principle of unconditional care for the youth and all family members if the wraparound process is to have its full impact on youth, families, and communities.

Principle 10: Outcome based

The team ties the goals and strategies of the wraparound plan to observable or measurable indicators of success, monitors progress in terms of these indicators, and revises the plan accordingly. This principle emphasizes that the wraparound team is accountable—to the family and to all team members; to the individuals, organizations and agencies that participate in wraparound; and, ultimately, to the public—for achieving the goals laid out in the plan. Determining outcomes and tracking progress toward outcomes should be an active part of wraparound team functioning. Outcomes monitoring allows the team to regularly assess the effectiveness of the plan as a whole, as well as the strategies included within the plan, and to determine when the plan needs revision. Tracking progress also helps the team maintain hope, cohesiveness, and efficacy. Tracking progress and outcomes also helps the family know that things are changing. Finally, team-level outcome monitoring aids the program and community to demonstrate success as part of their overall evaluation plan, which may be important to gaining support and resources for wraparound teams throughout the community.

III. Phases and Activities of the Wraparound Process

The activities below identify a *facilitator* as responsible for guiding, motivating, or undertaking the various activities. This is not meant to imply that a single person must facilitate all of the activities. The various activities may be split up among a number of different people. For example, on many teams, a parent partner or advocate takes responsibility for some activities associated with family and youth engagement, while a care coordinator is responsible for other activities. On other teams, a care coordinator takes on most of the facilitation activities with specific tasks or responsibilities taken on by a parent, youth, and/or other team members. In addition, facilitation of wraparound team work may transition

between individuals over time, such as from a care coordinator to a parent, family member, or other natural support person, during the course of a wraparound process.

The use of *numbering for the phases and activities* described below is not meant to imply that the activities must invariably be carried out in a specific order, or that one activity or phase must be finished before another can be started. Instead, the numbering and ordering is meant to convey an overall flow of activity and attention. For example, focus on transition activities is most apparent during the latter portions of the wraparound process; however, attention to transition begins with the earliest activities in a wraparound process.

Phase 1: Engagement and team preparation.

During this phase, the groundwork for trust and shared vision among the family and wraparound team members is established, so people are prepared to come to meetings and collaborate. The tone is set for teamwork and team interactions that are consistent with the wraparound principles, particularly through the initial conversations about strengths, needs, and culture. In addition, this phase provides an opportunity to begin to shift the family's orientation to one in which they understand they are an integral part of the process and their preferences are prioritized. The activities of this phase should be completed relatively quickly (within 1-2 weeks if possible), so that the team can begin meeting and establish ownership of the process as quickly as possible.

Goal: Orienting the family and youth to the wraparound process

This is the major task or goal during phase one. In face-to-face conversations, the facilitator explains the wraparound philosophy and process to family members and describes who will be involved and the nature of family and youth/child participation. The facilitator answers questions and addresses concerns. The facilitator describes alternatives to wraparound and asks family and youth if they choose to participate in wraparound. The facilitator describes types of supports available to family and youth as they participate on the teams (e.g., family/youth may want coaching so they can feel more comfortable and/or effective in partnering with other team members).

This orientation to wraparound should be brief and clear, and should avoid the use of jargon, so as not to overwhelm family members. At this stage, the focus is on providing enough information so that the family and youth can make an informed choice regarding participation in the wraparound process. For some families, alternatives to wraparound may be very limited and/or non-participation in wraparound may bring negative consequences (as when wraparound is court ordered); however, this does not prevent families/youth from making an informed choice to participate based on knowledge of the alternatives and/or the consequences of non-participation.

Activity: **Address legal and ethical issues.** The facilitator reviews all consent and release forms with the family and youth, answers questions, and explains options and their consequences. The facilitator discusses relevant legal and ethical issues (e.g., mandatory reporting), informs family of their rights, and obtains necessary consents and release forms before the first team meeting. Ethical and legal considerations will also need to be reviewed with the entire team as described in phase two.

Goal: Stabilize crisis

Any pressing needs and concerns are addressed so that the family and team can give their attention to the wraparound process.

Activity: **Ask family and youth about immediate crisis concerns**

The facilitator elicits information from the family and youth about immediate safety issues, current crises, or crises that they anticipate might happen in the very near future. These may include crises stemming from a lack of basic needs (e.g., food, shelter, utilities such as heat or electricity). The goal of this activity is to quickly

address the most pressing concerns. The whole team engages in proactive and future-oriented crisis/safety planning during phase two. As with other activities in this phase, the goal is to do no more than necessary prior to convening the team, so that the facilitator does not come to be viewed as the primary service provider and so that team as a whole can feel ownership for the plan and the process.

Activity: **Elicit information from agency representatives and potential team members about immediate crises or potential crises.** The facilitator elicits information from the referring source and other knowledgeable people about pressing crisis and safety concerns. Information about previous crises and their resolution can be useful in planning a response to future crises.

Activity: **If immediate response is necessary, formulate a response for immediate intervention and/or stabilization**, **and stabilize crisis.** The facilitator and family reach agreement about whether concerns require immediate attention and, if so, work to formulate a response that will provide immediate relief while also allowing the process of team building to move ahead. This response should describe clear, specific steps to accomplish stabilization.

Goal: Facilitate conversations with family and youth/child

Individual and family strengths, needs, culture, and vision are explored and used to develop a document that will serve as the starting point for planning.

Activity: **Explore strengths, needs, culture, and vision with child/youth and family.**

The facilitator meets with the youth/child and family to hear about their experiences; gather their perspective on their individual and collective strengths, needs, elements of culture, and long-term goals or vision; and learn about natural and formal supports. The facilitator helps family identify potential team members and asks family to talk about needs and preferences for meeting arrangements (location, time, supports needed such as child care, translation). This activity is used to develop information that will be presented to and augmented by the team in phase two. Family members should be encouraged to consider these topics broadly.

Activity: **Facilitator prepares a summary document.** Using the information from the initial conversations with family members, the facilitator prepares a strengths-based document that summarizes key information about individual family member strengths and strengths of the family unit, as well as needs, culture, and vision. The family then reviews and approves the summary.

Goal: Engage other team members

Team members are reached out to in order to gain the participation of team members who care about and can aid the youth/child and family, and to set the stage for their active and collaborative participation on the team in a manner consistent with the wraparound principles.

Activity: **Solicit participation/orient team members.** The facilitator, together with family members if they so choose, approaches potential team members identified by the youth and family. The facilitator describes the wraparound process and clarifies the potential role and responsibilities of this person on the team. The facilitator asks the potential team members if they will participate. If so, the facilitator talks with them briefly to learn their perspectives on the family's strengths and needs, and to learn about their needs and preferences for meeting. The youth and/or family may choose to invite potential team members themselves and/or to participate in this activity alongside the facilitator. It is important, however, not to burden family members by establishing (even inadvertently) the expectation that they will be primarily responsible for recruiting and orienting team members.

Goal: Make necessary meeting arrangements

All necessary procedures are undertaken so the team is prepared to begin an effective wraparound process.

Activity: **Arrange meeting logistics.** The facilitator integrates information gathered from all sources to arrange the meeting time and location and to assure the availability of necessary supports or adaptations such as translators or child care. Meeting time and location should be accessible and comfortable, especially for the family but also for other team members. The facilitator prepares materials—including the document summarizing family members' individual and collective strengths, and their needs, culture, and vision—to be distributed to team members.

Phase 2: Initial plan development

During this phase, team trust and mutual respect are built while the team creates an initial plan of care using a high-quality planning process that reflects the wraparound principles. In particular, youth and family should feel, during this phase, that they are heard, that the needs chosen are ones they want to work on, and that the options chosen have a reasonable chance of helping them meet these needs. This phase should be completed during one or two meetings that take place within 1-2 weeks; a rapid time frame intended to promote team cohesion and shared responsibility toward achieving the team's *mission* or overarching goal.

Goal: Develop an initial plan of care

An initial plan of care is created using a high-quality team process that elicits multiple perspectives and builds trust and shared vision among team members, while also being consistent with the wraparound principles.

Activity: **Determine ground rules.** The facilitator guides the team in a discussion of basic ground rules, elicits additional ground rules important to team members, and facilitates discussion of how these will operate during team meetings. At a minimum, this discussion should address legal and ethical issues—including confidentiality, mandatory reporting, and other legal requirements—and how to create a safe and blame-free environment for youth/family and all team members. Ground rules are recorded in team documentation and distributed to members. In this activity, the team members define their collective expectations for team interaction and collaboration. These expectations, as written into the ground rules, should reflect the principles of wraparound. For example, the principles stress that interactions should promote family and youth voice and choice and should reflect a strengths orientation. The principles also stress that important decisions are made within the team.

> *At a minimum, this discussion should address legal and ethical issues—including confidentiality, mandatory reporting, and other legal requirements—and how to create a safe and blame-free environment for youth/family and all team members.*

Activity: **Describe and document strengths.** The facilitator presents strengths from the summary document prepared during Phase 1, and elicits feedback and additional strengths, including strengths of team members and community. While strengths are highlighted during this activity, the wraparound process features a strengths orientation throughout.

Activity: **Create team mission.** The facilitator reviews youth and family's vision and leads team in setting a *team mission*, introducing idea that this is the overarching goal that will guide the team through phases and, ultimately, through transition from formal wraparound. The team mission is the collaboratively set, long-term goal that provides a one or two sentence summary of what the team is working towards.

Activity: **Describe and prioritize needs/goals.** The facilitator guides the team in reviewing needs and adding to the list. The facilitator then guides the team in prioritizing a small number of needs that the youth, family, and team want to work on first, and that they feel will help the team achieve the mission. The elicitation and prioritization of needs is often viewed as one of the most crucial and difficult activities of the wraparound process. The team must ensure that needs are considered broadly, and that the prioritization of needs reflects youth and family views about what is most important. Needs are not services but rather broader statements related to the underlying conditions that, if addressed,

will lead to the accomplishment of the mission.

Activity: Determine goals and associated outcomes and indicators for each goal. Facilitator guides team in discussing a specific goal or outcome that will represent success in meeting each need that the team has chosen to work on. The facilitator guides the team in deciding how the outcome will be assessed, including specific indicators and how frequently they will be measured. Depending on the need being considered, multiple goals or outcomes may be determined. Similarly, for each goal or outcome determined by the team for measurement, multiple indicators may be chosen to be tracked by the team. However, the plan should not include so many goals, outcomes, or indicators that team members become overwhelmed or tracking of progress becomes difficult.

Activity: Select strategies. The facilitator guides the team in a process to think in a creative and open-ended manner about strategies for meeting needs and achieving outcomes. The facilitator uses techniques for generating multiple options, which are then evaluated by considering the extent to which they are likely to be effective in helping reach the goal, outcome, or indicator associated with the need; the extent to which they are community based; the extent to which they build on/incorporate strengths; and the extent to which they are consistent with family culture and values. When evaluating more formal service and support options, facilitator aids team in acquiring information about and /or considering the evidence base for relevant options. This activity emphasizes creative problem solving, usually through brainstorming or other techniques, with the team considering the full range of available resources as they come up with strategies to meet needs and achieve outcomes. Importantly, this includes generating strategy options that extend beyond formal services and reach families through other avenues and time frames. These are frequently brainstormed by the team, with the youth and family and people representing their interpersonal and community connections being primary nominators of such supports. Finally, in order to best consider the evidence base for potential strategies or supports, it may be useful for a wraparound team or program to have access to and gain counsel from a point person who is well-informed on the evidence base.

Activity: Assign action steps. Team assigns responsibility for undertaking action steps associated with each strategy to specific individuals and within a particular time frame. Action steps are the separate small activities that are needed to put a strategy into place, for example, making a phone call, transporting a child, working with a family member, finding out more information, attending a support meeting, arranging an appointment. While all team members will not necessarily participate at the same level, all team members should be responsible for carrying out action steps. Care should be taken to ensure that individual team members, particularly the youth and family, are not overtaxed by the number of action steps they are assigned.

Goal: Develop crisis/safety plan

Potential problems and crises are identified and prioritized according to seriousness and likelihood of occurrence. An effective and well-specified crisis prevention and response plan *that is consistent with the wraparound principles is created. A more proactive* safety plan *may also be created.*

Activity: Determine potential serious risks. The facilitator guides the team in a discussion of how to maintain the safety of all family members and things that could potentially go wrong, followed by a process of prioritization based on seriousness and likelihood of occurrence. Past crises, and the outcomes of strategies used to manage them, are often an important source of information in current crisis/safety planning.

Activity: Create crisis/safety plan. In order of priority, the facilitator guides team in discussion of each serious risk identified. The discussion includes safety needs or concerns and potential crisis situations, including antecedents and associated strategies for preventing each potential type of crisis, as well as potential responses for each type of crisis. Specific roles and responsibilities are created for team members. This information is documented in a written *crisis plan*. Some teams may also undertake steps to create

a separate *safety plan*, which specifies all the ways in which the wraparound plan addresses potential safety issues. One potential difficulty with this activity is the identification of a large number of crises or safety issues can mean that the crisis/safety plan "takes over" from the wraparound plan. The team thus needs to balance the need to address all risks that are deemed serious with the need to maintain focus on the larger wraparound plan as well as youth, family, and team strengths.

Activity: Complete necessary documentation and logistics. The facilitator guides team in setting meeting schedule and determining means of contacting team members and distributing documentation to team members.

Phase 3: Implementation

During this phase, the initial wraparound plan is implemented, progress and successes are continually reviewed, and changes are made to the plan and then implemented, all while maintaining or building team cohesiveness and mutual respect. The activities of this phase are repeated until the team's mission is achieved and formal wraparound is no longer needed.

Goal: Implement the wraparound plan

The initial plan of care is implemented and there is monitoring of the completion of action steps and strategies and their success in meeting need and achieving outcomes in a manner consistent with the wraparound principles.

Activity: Implement action steps for each strategy. For each strategy in the wraparound plan, team members undertake action steps for which they are responsible. The facilitator aids completion of action steps by checking in and following up with team members; educating providers and other system and community representatives about wraparound as needed; and identifying and obtaining necessary resources. The level of need for educating providers and other system and community representatives about wraparound varies considerably from one community to another. Where communities are new to the type of collaboration required by wraparound, getting provider "buy in" can be very difficult and time consuming for facilitators. Agencies implementing wraparound should be aware of these demands and be prepared to devote sufficient time, resources, and support to this need.

Activity: Track progress on action steps. The team monitors progress on the action steps for each strategy in the plan, tracking information about the timeliness of completion of responsibilities assigned to each team member, fidelity to the plan, and the completion of the requirements of any particular intervention. Using the timelines associated with the action steps, the team tracks progress. When steps do not occur, teams can profit from examining the reasons why not. For example, teams may find that the person responsible needs additional support or resources to carry out the action step, or, alternatively, that different actions are necessary.

> *When steps do not occur, teams can profit from examining the reasons why not.*

Activity: Evaluate success of strategies. Using the outcomes/indicators associated with each need, the facilitator guides the team in evaluating whether selected strategies are helping team meet the youth and family's needs. Evaluation should happen at regular intervals. Exactly how frequently may be determined by program policies and/or the nature of the needs/ goals. The process of evaluation should also help the team maintain focus on the "big picture" defined by the team's mission: Are these strategies, by meeting needs, helping achieve the mission?

Activity: Celebrate successes. The facilitator encourages the team to acknowledge and celebrate successes, such as when progress has been made on action steps, when outcomes or indicators of success have been achieved, or when positive events or achievements occur. Acknowledging success is one way of maintaining a focus on the strengths and capacity of the team and its members. Successes do not have to be "big", nor do they necessarily have to result directly from the team plan. Some teams make recognition of "what's gone right" a part of each meeting.

Goal: Revisit and update the plan

A high quality team process is used to ensure that the wraparound plan is continually revisited and updated to respond to the successes of initial strategies and the need for new strategies.

Activity: Consider new strategies as necessary. When the team determines that strategies for meeting needs are not working, or when new needs are prioritized, the facilitator guides the team in a process of considering new strategies and action steps using the process described in previous activities titled "select strategies" and "assign action steps." Revising of the plan takes place in the context of the needs previously identified when the team engaged in the activity called "described and prioritized needs and goals." Since the needs are in turn connected to the mission, the mission helps to guide evaluation and plan revisions.

Goal: Maintain/build team cohesiveness and trust

There is awareness of team members' satisfaction with and "buy-in" to the process, and steps are to maintain or build team cohesiveness and trust.

Activity: Maintain awareness of team members' satisfaction and "buy-in." The facilitator makes use of available information (e.g., informal chats, team feedback, surveys—if available) to assess team members' satisfaction with and commitment to the team process and plan, and shares this information with the team as appropriate. The facilitator welcomes and orients new team members who may be added to the team as the process unfolds. Many teams maintain formal or informal processes for addressing team member engagement or "buy in", e.g. periodic surveys or an end-of-meeting wrap-up activity. In addition, youth and family members should be frequently consulted about their satisfaction with the team's work and whether they believe it is achieving progress toward their long-term vision, especially after major strategizing sessions. In general, however, this focus on assessing the process of teamwork should not eclipse the overall evaluation that is keyed to meeting identified needs and achieving the team mission.

Activity: Address issues of team cohesiveness and trust. Making use of available information, the facilitator helps the team maintain cohesiveness and satisfaction (e.g., by continually educating team members—including new team members—about wraparound principles and activities, and/or by guiding team in procedures to understand and manage disagreement, conflict, or dissatisfaction). Teams will vary in the extent to which issues of cohesiveness and trust arise. Often, difficulties in this area arise from one or more team members' perceptions that the team's work—and/or the overall mission or needs being currently addressed—is not addressing the youth and family's "real" needs. This points to the importance of careful work in deriving the needs and mission in the first place, since shared goals are essential to maintaining team cohesiveness over time.

Activity: Complete necessary documentation and logistics. The facilitator maintains/updates the plan and maintains and distributes meeting minutes. Team documentation should record completion of action steps, team attendance, use of formal and informal services and supports, and expenditures. The facilitator documents results of reviews of progress, successes, and changes to the team and plan. The facilitator guides team in revising meeting logistics as necessary and distributes documentation to team members. Team documentation should be kept current and updated, and should be distributed to and/or available to all team members in a timely fashion.

Phase 4: Transition

During this phase, plans are made for a purposeful transition out of formal wraparound to a mix of formal and natural supports in the community (and, if appropriate, to services and supports in the adult system). The focus on transition is continual during the wraparound process, and the preparation for transition is apparent even during the initial engagement activities.

SOCIAL WORK CES:
ONE-STOP SHOPPING
Movies • Live Conferences • Homestudy*

IMPORTANT LICENSE RENEWAL REQUIREMENTS: Social Work CE requirements must be completed by October 1, 2010. Licensees will be required to sign a renewal form affirming that each has completed the required number of continuing education hours. **Social Workers may not practice with an expired license.**

*For Homestudy options see page 24

New Research in Women's Dangerous Relationship Mistakes
with LeslieBeth Wish, Ed.D., MSS, MA, LCSW
Monday, September 13, 2010

9:00AM–12:15PM (Registration 8:30AM)
Regis College, Upper Student Union, Alumnae Hall, 235 Wellesley St., Weston
(Directions at www.naswma.org, click "calendar")

Learning Objectives
• Develop an understanding of the historical/cultural context of Intimate Partner Violence (IPV).
• Identify the classic signs, symptoms and populations most susceptible to Intimate Partner Violence (IPV).
• Learn therapeutic techniques and advocacy strategies.

Course Description: Do you ever wonder why today's capable, educated and professional women are often smart about work but not about love? Today's successful, career oriented women may be smart about work, but their inability to transfer their capabilities to their intimate relationship has increasingly left them vulnerable to all forms of Intimate Partner Violence. This workshop will present new findings and new therapeutic interventions.

Dr. LeslieBeth Wish is both a psychologist and licensed clinical social worker. She first earned national recognition for her work in women's careers and issues of sexual dysfunction at the esteemed Institute of Family Relations, Framingham, MA, the first Masters and Johnson-based sexual dysfunction clinic in New England, where she served as Clinical Director. The National Association of Social Workers has identified her as being one of 50 top women who have contributed to the field. She also provides expert quotes for newspapers such as *USA Today* and for women's popular magazines such as *Women's Health* and *Glamour.*

Approved for 3 CEs for Social Workers

Ground Rules for Working with Divorced Families
with Michele Diamond, LICSW
Wednesday, September 15, 2010

9:00AM–12:15PM (Registration 8:30AM)
Regis College, Upper Student Union, Alumnae Hall, 235 Wellesley St., Weston
(Directions at www.naswma.org, click "calendar")

Learning Objectives
• Identify how to best set the stage for working with children of divorce.
• Distinguish how children react to divorces based on their developmental level.
• Learn skills and interventions for working with parents of divorce.

Course Description: When a divorce takes place all family members are affected. Before moving on, adults and children often need assistance in sorting out the roller coaster of emotions involved in the divorce process. This presentation will provide the ground rules for therapists who are working with families affected by divorce. Issues such as obtaining parental consent, establishing boundaries and dealing with attorneys will be discussed.

Michele Diamond received her MSW in 1976 and has been providing therapy and developing programs in a range of settings ever since. For the past 15 years she has been in private practice in Wayland specializing in working with children and adults, individually, in groups or as a family, around issues of divorce, re-marriage and stepfamilies. She is the founder and sole proprietor of DivorceStep. Michele also wrote and received state approval for "Families Divided", a parent education program for divorcing parents, which she currently teaches in Watertown. Michele, a frequent speaker and often writer, on the subject of divorce and stepfamilies, received the designation of Clinical Affiliate by the Stepfamily Association of America and was certified by the Stepfamily Foundation as a Stepfamily Coach and Counselor.

Approved for 3 CEs for Social Workers

Register at WWW.NASWMA.ORG or page 14.

Love, Sex and Aging: Intimacy & Older Adults
with Arnaa Alcon, MSW, PhD
Thursday, September 16, 2010

5:00-8:00PM (Registration and Light Supper 4:00-5:00PM)
Linden Ponds, 300 Linden Ponds Way, Hingham
(Directions at www.naswma.org, click "calendar")

Learning Objectives
- To consider key biological and behavioral theories relevant to sexuality/intimacy and aging.
- To review current research on sexuality and intimacy and aging.
- To become familiar with the diversity of sexual/intimacy experiences among older men and women.
- To understand the supports for and barriers to sexuality and intimacy for adults as they age.

Course Description: Participants will view two documentaries, "Still Doing It" and "Eager for Your Kisses". A brief presentation on sexuality and intimacy in older adulthood will focus on the theories and research on this topic. A discussion of the application of the theory and research findings to social work practice with individuals, groups and communities will allow participants to address the issues and challenges they face in their work and to share ideas and best practices.

Arnaa Alcon is Associate Professor, and Chair of the Social Work Department at Bridgewater State College.

Sponsor: NASW MA Chapter Elder Issues Shared Interest Group

Approved for 3 CEs for Social Workers

The Interior Life of the Family: Legacy, Loyalty & Healing
with Barry Litt, MFT
Monday, September 20, 2010

9:00AM-4:00PM (Registration 8:30AM) *Boxed lunch will be provided*
Hilton Garden Inn, Burlington, 5 Wheeler Road, Burlington
(Directions at www.naswma.org, click "calendar")

Learning Objectives
- Improve diagnostic skills by learning to identify and assess intergenerational patterns that contribute to dysfunctional patterns of relational behavior.
- Refine one's ability to evaluate repetition compulsions or reenactments in their client families.
- Learn how to utilize a typology of negative cognitions that structures treatment planning.

Course Description: Intergenerational patterns of relating—or legacies—can have a profound impact on personal development. In this workshop, we will explore the unfolding legacy of family experiences that shape personality development and structure, examine optimal and challenged relationship functioning, and learn how these patterns manifest in the therapy office. In addition, we will see how this conceptual material can be utilized in the clinical setting to set therapeutic goals and guide treatment.

Barry Litt received his Masters degree in family therapy where he studied contextual therapy with its founder, Ivan Boszormenyi-Nagy. Barry is an AAMFT Approved Supervisor, and EMDRIA Approved Consultant, and a member and frequent presenter for the International Society for the Study of Trauma and Dissociation. He has authored chapters in books on the integration of EMDR with couples and family therapy, and has presented workshops at EMDR conferences and workshops around the country. Barry is a New Hampshire licensed Marriage and Family Therapist in private practice with Human Dynamics Associates in Concord, NH.

Approved for 5.5 CEs for Social Workers

Understanding Bipolar Disorder
with Janice L. Funk, PhD
Thursday, September 23, 2010

9:00AM-4:00PM (Registration 8:30AM) *Boxed lunch will be provided*
Hilton Garden Inn, Burlington, 5 Wheeler Road, Burlington
(Directions at www.naswma.org, click "calendar")

Learning Objectives
- Describe the evolution of the unipolar-bipolar concept.
- Identify why it is not possible to find "the gene" for bipolar disorder.
- Describe why bipolar disorder can not be prevented.

Course Description: Descriptions of manic-depressive illness date back a thousand of years. Over the past three decades, research has yielded increasingly effective treatments yet the causes of cycling mood disorders remain poorly understood. New genetic data has increased medical knowledge of these disorders but diagnostic accuracy remains problematic for many reasons both medical and political. This workshop will examine the history of cycling mood disorders including the many attempts at definition in the DSM V. We will then examine the development of scientific knowledge including genetic research. Finally, we will investigate why it is so challenging to apply this knowledge to specific patients and why successful treatments remain elusive.

Dr. Janice Funk is a clinical neuropsychologist with over 25 years of experience in the assessment of brain-behavior relationships. She is a graduate of the University of Texas at Austin and received her post- doctoral training in neuropsychology at The University pf Houston and Baylor College of Medicine. She was awarded a NIH fellowship in geriatric research at The University of Texas Health Science Center where she studied Alzheimer's disease and related dementias. She is an associate editor of Cognition and Aging and is currrently the director of the Whittier Memory Clinic in Haverhill, MA which provides assessment and treatment to community members with dementing illnesses and their families.

Approved for 5.5 CEs for Social Workers

Let's Talk About Sex: Engaging Your Clients in Productive Conversations About Sex & Sexual Health

with Joseph Wigon, LICSW • Joya Lonsdale, LICSW • Manou Joassaint, B.A.

Friday, September 24, 2010

9:15AM-1:00PM (Registration 8:45AM)

Cambridge YWCA, 7 Temple Street (Central Square), Cambridge

(Directions at www.naswma.org, click "calendar." Location is T accessible by Red Line, Central Square stop. Public transportation is recommended; parking is limited.)

Learning Objectives
- To understand the essential value of discussing sex and sexual health with all clients across the life span as an effective prevention strategy against HIV, Hepatitis C and other sexually transmitted infections (STI).
- To identify the various potential barriers to effective communication between social workers and their clients when talking about sex and sexual health issues.
- To learn specific and effective strategies and techniques for engaging clients around discussions about sex and sexual health.

Course Description: Sexuality and sexual health are key elements of every person's life and need to be part of the work social workers do, regardless of specialty or area of practice. Uniquely positioned to engage clients about this delicate yet critical subject, we often fail due to lack of knowledge or our own discomfort. This workshop will address the challenges of speaking honestly and comfortably with clients about sex and sexual health. Using a combination of teaching modalities, a panel of experts in the field will guide participants in enhancing their understanding of several key clinical issues. In addition, speakers will share epidemiological information about the prevalence of sexually transmitted infections in Massachusetts including HIV and Hepatitis. Participants will leave with a repertoire of tools and resources that will enable them to more competently and confidently engage their clients in successful discussions around sex and sexual health.

Joseph Wigon is a Social Worker at the VA Medical Center Infectious Disease Clinic in Boston. **Joya Lonsdale** is Project Manager at the Justice Resource Institute Center for Training and Professional Development. **Manou Joassaint** is Health Coordinator at the Boston Gay/Lesbian Adolescent Social Services (GLASS).

Sponsor: NASW MA Chapter HIV/AIDS Shared Interest Group

Approved for 3.5 CEs for Social Workers

Treating Depression: What Social Workers Need to Know

with Alexander Vuckovic, MD • Oscar Morales, MD • Daniel Beck, LICSW
• Trude Kleinschmidt, MD • Andrea O'Rourke, LICSW

Tuesday, September 28, 2010

9:30AM-4:30PM (Registration 8:45-9:30AM) *Lunch on your own

Boston University, George Sherman Union, 2nd Flr, 775 Commonwealth Ave, Boston
(Directions at www.naswma.org, click "calendar." Parking is available for $8 at the Agganis Arena/FitRec lot
This location is T accessible by the Green Line, BU Central Stop.)

Learning Objectives
- Explore how depression is treated through pharmacotherapy.
- Understand the myths and examine research related to antidepressant treatment.
- Demystify electroconvulsive therapy (ECT) and transcranial magnetic stimulation (TMS).
- Improve your ability to implement and structure cognitive behavioral therapy (CBT).
- Understand the benefits and how to implement long term psychotherapy as an effective treatment of depression.
- Identify depression in family systems while learning depression prevention/reduction techniques.

Course Description: This conference is designed to inform and identify the current treatment interventions that target depressive illnesses. Throughout the course, explore key treatment methodologies of depression including: pharmacotherapy, the use of neurotherapeutic treatments, cognitive behavioral therapy (CBT), and the use of long-term psychotherapy. Examine depression from a systems approach and how the illness can affect the entire family system.

Sponsors: NASW The NASW MA Chapter Mental Health and Substance Abuse Shared Interest Group

BU School of Social Work Boston University School of Social Work's Professional Education Programs

Approved for 5 CEs for Social Workers

Authenticity: The Essence and Calling of a Leader

with Reggie Odom, MSW, CPCC, PCC

Thursday, September 30, 2010

9:00AM-4:00PM (Registration 8:30AM) *Boxed lunch will be provided*

Regis College, Upper Student Union, Alumnae Hall, 235 Wellesley Sreet, Weston
(Directions at www.naswma.org, click "calendar")

Learning Objectives:
- To identify 5 key characteristics of an effective leader in any social work field.
- To increase key listening & other communications skills to empower employees or staff, and promote engagement & cooperation.
- To explore and expand the perspectives of and uses of power in leadership to effect change.
- To learn leadership skills that you can apply immediately in your practice, agency or organization.

Course Description: Find Your Inner Leader. Social workers can become leaders as they have an inclusive vision for people, and a passion for making lives better. In this workshop we will explore characteristics and skills of effective leaders and find a path to authentic leadership in social work. This presentation will teach skills for social workers in administration and management, community organization, and clinical practice.

Reggie Odom, consciousness CEO and founder of Reggie Odom & Company, is a Life and Leadership Coach & Mentor. Reggie has been developing and presenting personal and professional development workshops for over 25 years. She was also a lecturer at the Simmons College Graduate School of Social Work for 10 years, a clinical social worker and full time consultant in the Boston Public Schools and an Intercollegiate Athletic Director and Championship Coach. She is currently on the faculty of the National Institute of Whole Health.

Approved for 5.5 CEs for Social Workers

Annual School Social Work Conference

Not just for School Social Workers Anymore!

Friday, October 22, 2010

8:45AM-3:30PM (Registration 8:00AM) *Lunch Included*

Holy Cross College, Hogan Campus Center
(Directions at www.naswma.org, click "calendar")

KEYNOTE (8:45-10:15AM)

The Way of Boys: Raising Healthy Boys in a Challenging and Complex World with Anthony Rao, PhD, Founder of Behavioral Solutions in Lexington, MA and a National Consultant and Speaker for using behavior-cognitive therapy to help children without relying solely on medications. His book, *The Way of Boys: Raising Healthy Boys in a Challenging and Complex World*, was published in fall 2009 by HarperCollins.

AM WORKSHOPS (10:30AM-12:30PM)

1. **Why Is Winning Everything? Competition, Sports, and Power in Boys** - Anthony Rao, PhD

2. **What's Food Got To Do With It? Understanding Eating Disorders More Fully** - Amy Armstrong, LICSW, Clinical Director of the Multi-service Eating Disorder Association (MEDA)

3. **Creating Safer Spaces for LGBTQ Youth in Schools** - Colby Berger, Ed.M., LCSW, Executive Director, Adoption & Foster Care Mentoring

LUNCHEON (12:30PM - Included in fee)

Special Video Showing of "This Could Be You: The Many faces of Social Work" – A New Resource for high school social workers and adjustment counselors introducing social work as a career choice.

PM WORKSHOPS (1:30-3:30PM)

1. **Working Collaboratively with the Department of Children & Families (DCF): Information Every School Social Worker Must Know** - Pamela Rheaume, MSW, Manager of Professional Development, MA Child Welfare Institute and Heather Meitner, MSW, Manager of Professional Development, MA Child Welfare Institute

2. **Helping Students Cope with Grief and Loss** - Jennifer Kaplan Schreiber, LICSW, Private Practice Clinician, Newton-Wellesley Psychiatry, Ryan Loiselle, LICSW, Medical Social Worker, Merrimack Valley Hospice, and Cathy Spear, LICSW, Private Practice

3. **Supporting Military Families and Children During Deployment** - Barbara Cox, LICSW, Expert on Military Family Issues, and Barbara Powers, Military & Family Life Consultant

Sponsor: National Association of Social Workers, NASW-MA Chapter & Massachusetts Association of School Adjustment Counselors (MASAC)

Approved for 5.5 CEs for Social Workers
Approved for 5.5 Contact Hours for LMHCs

2010 Fall Film Festival
SUNDAY AT THE MOVIES

All programs 2:00-5:00PM

The Studio Cinema, 376 Trapelo Road, Belmont
(Directions at www.naswma.org, click "calendar")

Precious   *Abuse*

Based on the Novel *Push* by Sapphire

September 12, 2010

In 1987, obese, illiterate, black 16-year-old Claireece "Precious" Jones (Gabourey Sidibe) lives in the New York City neighborhood of Harlem with her dysfunctional family; she has been raped and impregnated twice by her father, and suffers constant physical and mental abuse from her unemployed mother, Mary (Mo'Nique). Precious fights to find a way out of her traumatic daily existence through imagination and fantasy. Inspired by her new teacher Ms. Rain, (Paula Patton), Precious begins learning to read. She begins to see a social worker Mrs. Weiss, (Mariah Carrey). Precious endures more problems before she makes plans for a better life in a Half-way home. (Directed by Lee Daniels, 2009)

The Messenger   *Grief*
September 19, 2010

While on a recent deployment to Iraq, US Army Staff Sergeant Will Montgomery (Ben Foster) is injured when an improvised explosive device goes off. Back in the States recovering from the more serious of those injuries, the army assigns him to the Casualty Notification Team in his area. Not having a background in counseling, psychology or grief management, he is unsure if he is well suited to this job. He is partnered with a career soldier, Captain Tony Stone (Woody Harrelson), who teaches Will the precise protocol involved. Tony tells Will, who quickly learns by on the job experience, that this job has its own dangers. Will learns to adapt to the range of emotions of the next of kin. Despite being a recovering alcoholic, the more experienced Tony tries to guide Will as best he can under their collective circumstances. (Directed by Oren Moverman, 2009)

Each approved for 3 CEs for Social Workers
and presentation will include an introduction, presentation, and a facilitated discussion following the film.

- - - - - - - - cut and return whole form - cut and return whole form - - - - - - - -

Fall 2010 Registration - Early Bird Rates - Register Early! Programs sell out.

**Check the appropriate boxes, calculate your total cost, and return entire form to NASW.
Mail with check: NASW, 14 Beacon Street, Suite 409, Boston, MA 02108
Or FAX with credit card information: (617) 227-9877**

NASW Film Festival - 3 CEs each
- ❏ **9/12** Precious
- ❏ **9/19** The Messenger
  - ❏ **$30 Members** *(each movie)*
  - ❏ $45 Non-Members *(each movie)*

9/13 New Research in Women's Dangerous Relationship Mistakes - 3 CEs
- ❏ **NASW Member** $60
- ❏ Non-Member $90
- ❏ Retired/Unemployed NASW Member $30
- ❏ BSW/MSW **Student Mem $15**/Non-Mem $20

9/15 Ground Rules for Working with Divorced Families - 3 CEs
- ❏ **NASW Member** $60
- ❏ Non-Member $90
- ❏ Retired/Unemployed NASW Member $30
- ❏ BSW/MSW **Student Mem $15**/Non-Mem $20

9/16 Love, Sex and Aging: Intimacy and Older Adults - 3 CEs
- ❏ **NASW Member** $30
- ❏ Non-Member $45
- ❏ Retired/Unemployed NASW Member $20
- ❏ BSW/MSW **Student Mem $10**/Non-Mem $15

9/20 The Interior Life of the Family: Legacy, Loyalty and Healing - 5.5 CEs
- ❏ **NASW Member** $90
- ❏ Non-Member $135
- ❏ Retired/Unemployed NASW Member $60
- ❏ BSW/MSW **Student Mem $25**/Non-Mem $35

9/23 Understanding Bipolar Disorder - 5.5 CEs
- ❏ **NASW Member** $100
- ❏ Non-Member $150
- ❏ Retired/Unemployed NASW Member $60
- ❏ BSW/MSW **Student Mem $25**/Non-Mem $35

9/24 Let's Talk About Sex! Engaging Your Clients in Productive Conversations about Sex & Sexual Health - 3.5 CEs
- ❏ **NASW Member** $60
- ❏ Non-Member $90
- ❏ Retired/Unemployed NASW Member $30
- ❏ BSW/MSW **Student Mem $15**/Non-Mem $20

9/28 Treating Depression: What Social Workers Need to Know - 5 CEs
- ❏ **NASW Member** $90
- ❏ Non-member $135
- ❏ Retired/Unemployed NASW Member $60
- ❏ BSW/MSW **Student Mem $25**/Non-Mem $35

9/30 Authenticity: The Essence and Calling of a Leader - 5.5 CEs
- ❏ **NASW Member** $90
- ❏ Non-member $135
- ❏ Retired/Unemployed NASW Member $60
- ❏ BSW/MSW **Student Mem $25**/Non-Mem $35

10/22 Annual School Social Work Conference - 5.5 CEs
- ❏ **NASW Member** $95
- ❏ Non-member $140
- ❏ Retired/Unemployed NASW Member $60
- ❏ BSW/MSW **Student Mem $25**/Non-Mem $35
- AM Workshop Choice_____
- PM Workshop Choice_____

• REDUCED FEES: If you need a reduced fee in order to attend, kindly request it 10 business days or more prior to the program date by calling 617-227-9635 x 18. No one should be prevented from attending a CE program because of finances.

Program	Total Fee Calculation	Fee
9/12 NASW Film Festival: *Precious*		_____
9/19 NASW Film Festival: *The Messenger*		_____
9/13 New Research in Women's Dangerous Relationship Mistakes		_____
9/15 Ground Rules for Working with Divorced Families		_____
9/16 Love, Sex and Aging: Intimacy and Older Adults		_____
9/20 The Interior Life of the Family: Legacy, Loyalty and Healing		_____
9/23 Understanding Bipolar Disorder		_____
9/24 Let's Talk About Sex!		_____
9/28 What Social Workers Need to Know about Treating Depression		_____
9/30 Authenticity: The Essence and Calling of a Leader		_____
10/22 Annual School Social Work Conference		_____
	TOTAL FEES	_____

Name_____ Member #_____

Address_____

City _____ State_____Zip_____

Day Phone_____

Email_____
Please print. Required to recieve acknowledgement and directions.

PAYMENT OPTIONS:
- ❏ Check payable to NASW *(POs not accepted)*
- ❏ Credit Card – **by Fax ONLY*** ❏ Visa ❏ Mastercard ❏ Discover
  - Credit Card Number_____Exp. Date_____
  - Signature_____3 digit CVV Code_____

***New credit card security standards require that we no longer accept credit card numbers via mail. To pay by credit card, please fax this form to 617-227-9877 or register online at www.naswma.org**

- Participants MUST attend 100% of the program to earn CEs. CE Stamping will take place at end of each program.
- If you require special accommodations, please submit a written statement at least 30 days prior to program.
- Only Email acknowledgements (with directions) will be sent to registrants.

- Registrations postmarked ten business days or less prior to program date or at the door are at the regular rates. Add $15 to each fee (Except movies - add $5.)
- No refunds unless a written request is received 5 business days before program ($15 administrative fee will be deducted from refunds).

Goal: Plan for cessation of formal wraparound

Planning occurs for a purposeful transition out of formal wraparound in a way that is consistent with the wraparound principles, and that supports the youth and family in maintaining the positive outcomes achieved in the wraparound process.

Activity: Create a transition plan. The facilitator guides the team in focusing on the transition from wraparound, reviewing strengths and needs and identifying services and supports to meet needs that will persist past formal wraparound. Preparation for transition begins early in the wraparound process, but intensifies as team meets needs and moves towards achieving the mission. While formal supports and services may be needed post-transition, the team is attentive to the need for developing a sustainable system of supports that is not dependent on formal wraparound. Teams may decide to continue wraparound—or a variation of wraparound—even after it is no longer being provided as a formal service.

Activity: Create a post-transition crisis management plan. The facilitator guides the team in creating a post-wraparound crisis management plan that includes action steps, specific responsibilities, and communication protocols. Planning may include rehearsing responses to crises and creating linkage to post-wraparound crisis resources. At this point in transition, youth and family members, together with their continuing supports, should have acquired skills and knowledge in how to manage crises. Post-transition crisis management planning should acknowledge and capitalize on this increased knowledge and strengthened support system. This activity will likely include identification of access points and entitlements for formal services that may be used following formal wraparound.

Activity: Modify wraparound process to reflect transition. New members may be added to the team to reflect identified post-transition strategies, services, and supports. The team discusses responses to potential future situations, including crises, and negotiates the nature of each team member's post-wraparound participation with the team/family. Formal wraparound team meetings reduce frequency and ultimately cease. Teams may continue to meet using a wraparound process (or other process or format) even after formal wraparound has ended. Should teamwork continue, family members and youth, or other supports, will likely take on some or all of the facilitation and coordination activities.

Goal: Create a "commencement"

Ensure that the cessation of formal wraparound is conducted in a way that celebrates successes and frames transition proactively and positively.

Activity: Document the team's work. The facilitator guides the team in creating a document that describes the strengths of the youth/child, family, and team members, and lessons learned about strategies that worked well and those that did not work so well. The team participates in preparing/reviewing necessary final reports (e.g., to court or participating providers, where necessary). This creates a package of information that can be useful in the future.

Activity: Celebrate success. The facilitator encourages the team to create and/or participate in a culturally appropriate "commencement" celebration that is meaningful to the youth/child, family, and team, and that recognizes their accomplishments. This activity may be considered optional. Youth/child and family should feel that they are ready to transition from formal wraparound, and it is important that "graduation" is not constructed by systems primarily as a way to get families out of services.

Goal: Follow-up with the family

Ensure that the family is continuing to experience success after wraparound and to provide support if necessary.

Activity: Check in with family. The facilitator leads the team in creating a procedure for checking in with the youth and family periodically after commencement. If new needs have emerged that require a formal response, facilitator and/or other team members may aid the family in accessing appropriate services, possibly including a reconvening of the wraparound team. The check-in procedure can be done impersonally (e.g., through questionnaires) or through contact initiated at agreed-upon intervals either by the youth or family, or by another team member.

IV. Wraparound Staff Roles

A range of positions exist within wraparound projects across sites. Typical positions include:

- *Wraparound Facilitator/Care Coordinator:* This position is typically responsible for organizing the steps of the wraparound process, documenting the plan, hosting and facilitating team meetings, and troubleshooting and organizing support, interventions and services to achieve outcomes.

- *Parent Partner/Family Partner/Family Support Partner:* This position is typically filled by someone who has first-person experience within the service system on behalf of their child or loved one. The role of this person varies somewhat from site to site but typically those in this role provide peer-to-peer support for family members and consultation about family perspective to the organization and team. Being someone who has experienced the service system from the consumer perspective, this allows for individuals to relate to families in unique ways

> *The facilitator guides the team in focusing on the transition from wraparound, reviewing strengths and needs and identifying services and supports to meet needs that will persist past formal wraparound.*

and also helps perfessionals see their activities from a different perspective. The parent partner also participates in activities within the wraparound-implementing agency, including utilization and quality review meetings.

Family partners coach, educate, support and encourage family members to use their own voices to express their views clearly and to make informed choices. The family partner helps create a safe environment in which families may express their needs and views or vent frustration. They can help the family discover and learn new ways to describe negative experiences and express fears and anxieties to the team in a way that promotes communication. The family partner has responsibility to educate the other team members on the significance of family voices and choice and how their own practice and behavior can create an environment where families feel safe using their voice and expressing their choices.

When a family member feels unwilling to talk about an issue, he or she may ask that the family partner (or someone else) act as a spokesperson. In such cases the family partner encourages the family member to find a way to express him or herself before accepting responsibility of being a temporarily designated spokesperson. When acting as a spokesperson, the family partner invests as much time as is necessary to develop a complete understanding of the family's perspective. When family members specifically ask the family partner to speak on their behalf, the family partner always makes sure the family member is present and confirms what is communicated.

The family partner coaches the family through an ongoing process of discovery and inquiry about possible team members to make sure they are connecting with individuals or agencies who can meet their needs. As a result, the family is prepared to make informed choices about team membership and understands why some team members are mandated by systems working with the family. The family partner helps the family recognize what each of these individuals could contribute as well as the advantages and possible challenges that might arise from their participation on the team.

The family partner helps a family understand how natural supports can contribute to the overall success of their wraparound plan and helps the family identify natural supports they want to bring onto their team and incorporate into their wraparound plan. The

family partner encourages the family to bring their natural supports to the wraparound process. However, they must also respect the family's choice to withhold information about natural supports if they so wish.

- *Child & Family Specialist/Community Support Specialist/Intervention Specialists:* Some sites have found it helpful to have direct, hands-one practitioners who are available to provide specific interventions as agreed on in the wraparound plan. These individuals will work flexible hours in various locations to provide support and interventions, especially to young people who are participating in wraparound. Support activities can include recreational activities, transportation, and socialization. More structured interventions might include crisis response, skills building and intensive behavioral intervention.

- *Wraparound Clinicians:* Some projects integrate a clinical perspective by creating unique roles for clinicians within the wraparound project itself. That does not mean that all families get clinical services from that project clinician. Instead the person in that role may do a variety of things including providing clinical consultation to the wraparound staff and team, providing direct clinical interventions as requested by the team and providing crisis support and intervention as needed.

- *Resource Developers/Resource Brokers/Community Development Specialists:* Some projects have found that their ability to practice quality wraparound is enhanced by developing capacity to systematically connect with community resources. Those in this role do more than manage community resource manuals. Instead they are responsible for developing connections among community options and the wraparound project, communicating about options for wraparound staff, negotiating for access for wraparound families within the identified resource, and assisting community resources with maintaining a welcoming stance for families involved in wraparound.

Working with Wraparound Staff

Some wraparound projects have a range of staff assigned including wraparound facilitators, wraparound clinicians, parent partners, (near-) peer youth partners and, in some locations, youth specialists who provide direct interventions between team meetings. Some wraparound projects operate with facilitators only while others may have one or two of the roles listed above. Wraparound supervisors who lead a diverse workforce should be prepared to demonstrate a variety of skills including:

Conflict Resolution

The more diverse the workforce the greater the likelihood that there will be multiple perspectives. The wraparound supervisor should manage conflict creatively to assure that all of those perspectives are blending into a holistic experience for families.

Coaching Staff

As the range of staff roles grow within the wraparound project, the wraparound supervisor has to develop a capacity to provide proactive, behavioral, field and office-based coaching and instruction to staff. Coaching and supervising staff is different from maintaining fidelity to the practice model. Instead this is the process by which staff is given clear directives defining how they should perform their duties in a way that adds value to the comprehensive wraparound package.

Correcting Staff

No matter how much proactive coaching has occurred, supervisors will find it necessary to correct staff behavior and practice patterns. Wraparound supervisors have to translate staff behaviors back to the values base that is articulated in a wraparound model and assure those behaviors are being demonstrated in everyday interactions with families and communities. When there is not a fit, wraparound supervisors should provide clear, consistent and direct feedback about not only what has happened but why it's a problem for the

project and what needs to happen instead. The effective wraparound supervisor takes responsibility for fostering an environment in which staff seeks to continuously improve their skills while assuring pride in their development as wraparound practitioners.

Developing Staff

As staff becomes proficient in demonstrating the wraparound process steps, they will undoubtedly want new challenges. This may mean that they are interested in advancing within the wraparound project or may want to move into other departments that have a philosophy that is compatible with the wraparound philosophy. Effective supervisors are able to champion the growth of their workforce by sponsoring and supporting employee talent and continued growth, through formal education/training, lateral transfers, promotions and/or restructuring jobs to enhance growth. Wraparound supervisors walk a fine line when making these adjustments and need to be sure that they are making accommodations that really enhance the employee's strengths, thus improving the overall program performance. Accommodations must be balanced with accountability to ensure that individuals are still producing good outcomes while consistently following practice pathways.

Wraparound Supervisors Working with Systems and Organizations

Quality wraparound implementation takes the combined efforts of practitioners, managers, and partners on the inside who can tame the bureaucracy and organization, as well as family and community members. Many wraparound projects are initiated as an alternative to other services specifically targeted for those situations that can't be resolved effectively with what's already available. This alternative nature often makes wraparound programs very political within the host environments in which they are housed. Those involved in trying to serve the family prior to the referral to the wraparound project may feel defensive that the wraparound project will be able to achieve what they couldn't accomplish. This can set up an "us-them" mentality within the organization whether it is housed in a non-profit, public sector or other type of service agency. Some wraparound projects fail because of the inability of the host environment to change. Effective wraparound supervisors must demonstrate the following capacities:

Lateral Alliance Building

Effective supervisors have the ability to work across departments with peers and others to assure that all employees within an organization or service system feel a sense of ownership and participation in the wraparound project. This means the effective supervisor has to stay away from taking on the role of "hero" within the organization and ultimately realize that a right-size host environment is fully participatory.

Manage Up

Effective supervisors are those who are able to produce the right type of practice model within the organization. This requires creating capacity within the organization to tolerate responsible risk taking, realigning rules and policies for individual situations, and working cooperatively with administrative leadership to assure that wraparound is well-placed within the organization. Smart organizational thinkers avoid the trap of developing their wraparound project as a subculture within the larger organization. Instead, they work cooperatively within the organization to increase compatibility between the operations within the wraparound project and those within the larger organization.

Build Out

Wraparound is a process that we use when we don't know what to do. It's also a process that you can't do alone. Wraparound supervisors find they spend a great deal of their time building connections in addition to those they need to build within their organizational

environment. Many wraparound supervisors find they need to develop effective alliances with public systems such as child welfare, juvenile justice or mental health, so that they continue to make referrals to the project. Once the referral is made, wraparound supervisors must manage to assure continued participation by individuals in those systems. This can be a challenge for the individual who is used to referring "to" a service rather than joining with that project. Wraparound supervisors spend a great deal of their time assuring that their staff and project don't end up "going it alone" but instead, bring on everyone together.

Make Over

Wraparound supervisors should be prepared to partner with others in creating new opportunities within their primary host environment and within the larger service system. The wraparound project is often seen as a laboratory for innovative ideas or strategies and effective wraparound supervisors find ways to work with the organization to apply those strategies more widely. One example is an organization that has hired parent partners within their wraparound project, and after experimenting in that setting, discovers that the rest of their programs could be enhanced by hiring those with "first person experience of the system." In this case, the organization has parent partners hired within their foster care, residential, day treatment and outpatient programs. Another example is the wraparound project that involved family members in hiring new staff. Over time, the organization has institutionalized that process in its human resource department by assuring that all new staff, including administrative staff, is screened by family members who are currently receiving services.

Effective supervisors are often faced with the need to define the practice model, build support for the practice model, and tame policies that may be in conflict with the practice model, while also creating procedures that are compatible with the spirit and intent of wraparound. Very few wraparound supervisors find themselves in situations that don't require some retrofitting of the host environment. The effective supervisor strikes a balance between the need to work on the larger environmental issues, the need to nurture the work force and the need to continually improve and adapt the process for the benefit of families.

> *The wraparound project is often seen as a laboratory for innovative ideas or strategies and effective wraparound supervisors find ways to work with the organization to apply those strategies more widely.*

When communities start new wraparound projects, supervisors may find themselves managing a project they have never done before. Staff or others may sometimes raise this as an issue in questioning the capacity of the supervisor to supervise. Some supervisors have elected to take on the role of facilitator for at least one family to assure they have a good understanding of the process. Others have elected to educate themselves by working closely with staff and being available within a variety of meetings and settings so they can gather information in that manner. Others find themselves networking with peers from other wraparound settings in order to get feedback and information. Some will also use consultants and trainers as a way to build their own confidence and knowledge base. It is important to remember that the skill set for supervising wraparound is different than the skill set for implementing wraparound. Those projects that are maturing and can create promotional opportunities for wraparound staff will do well to remember this. Effective projects invest in building supervisory skills at the same time they are developing strong wraparound capacities.

V. Youth Participation in Wraparound Team Planning: The Why and How

Human service and educational agencies and systems often convene teams to work collaboratively on plans for serving children or youth. This is particularly true for children and youth who are involved with multiple systems or who are felt to be in need of intensive intervention. The focus has been on wraparound planning teams, but similar planning goes on in IEP (Individualized Education Plan) teams, foster care independent living program teams, transition planning teams, youth/family decision teams, and other teams

that create service or treatment plans. Unfortunately, it is often true that these plans are created *for* youth, with little input or buy-in from the young people themselves.

While many adults are eager to involve youth in planning in a more meaningful way some are unsure of how to feasibly accomplish this goal. Others are not committed to the idea that youth should have an important role in making decisions for their care, service, education and treatment plans. Some raise a range of objections:

• Involving youth is not worth the time it would take.

• We know what's best for youth and we should make the decisions.

• We already do give youth the opportunity to participate in planning, but they just aren't interested.

• Our youth have emotional and behavioral difficulties—they don't know what's good for them and anyway they can't work productively in meetings.

• Our youth have attentional problems—they really don't want to sit through long meetings.

• Our youth have cognitive delays—they don't have the skills to contribute to plans.

• Our youth have difficult lives—their feelings will be hurt if they come to meetings and we discuss what's going on, and so on.

Subsequently, *Achieve My Plan (AMP)* was developed as a five-year project that is developing and testing ways to increase the meaningful participation of youth in collaborative team planning meetings. The work of the AMP project is undertaken with the guidance and active participation of an advisory group that includes youth, caregivers and providers who have extensive personal experience with multiple service systems and interdisciplinary planning. Advisors have worked together with research staff to design and evaluate the products from the AMP project.

AMP aims to answer two questions: First, *Why?* Why is it worthwhile for organizations and agencies that participate in team planning for youth to change what they do, to adopt new practices that increase young people's role in team discussions and decisions?

And second, *How?* What do these organizations and agencies need to do—and what do the people who participate on teams need to do—to ensure that planning with youth is collaborative and productive rather than confrontational or (as youth fear) one more opportunity for adults to lecture young people all about the bad things they did in the past and tell the young people what they are going to have to do now.

The WHY of Meaningful Youth Participation

The article *"Youth Participation in Collaborative Team Planning: Research Tells Us We Should be Doing Better"* reviews published research as a means to providing answers to a series of questions or doubts that people may have regarding the usefulness and feasibility of youth participation. Here, we review the main questions and answers. Please see the full document for more detailed answers and research citations.

Aren't young people already involved in their education, care, and treatment planning? The best available research indicates that few students participate meaningfully in creating their Individualized Education Plans (IEPs). It also appears that youth with emotional or behavioral disorders do not usually participate meaningfully in creating their own care, treatment, or service plans. Professionals who participate in this kind of planning are also dissatisfied with the level of youth participation.

Participating meaningfully in planning means that young people have to take part in making decisions and setting and monitoring goals. Can youth who have significant mental health, learning, and/or cognitive difficulties really be expected to master the skills needed to do this? Children and youth of all ages and with a variety of disabilities and challenges have successfully learned the necessary skills and participated in planning.

Why is it so important to include young people in planning for their education, treatment or care? What's to be gained? There are a lot of potential benefits to increasing youth participation in planning. First of all, when people feel they are doing something because they want to, they tend to be happier and more engaged, and do a better job, than when they don't feel they have a choice. Second, learning to make plans and achieve goals is an important part of growing up for any young person. People who are confident that they can solve problems in their lives and reach the goals they set for themselves experience many positive outcomes—including positive emotional and behavioral outcomes. Developing self-efficacy would seem particularly important for youth who face high levels of challenge in life. However, it appears that children with disabilities and children who are involved with the child welfare or mental health systems have far fewer opportunities than their peers to experience self-efficacy. In addition to all these reasons, perhaps the most important reason for including youth meaningfully in planning is because it's the right thing to do.

The HOW of Meaningful Youth Participation

The *how* of promoting meaningful youth participation in wraparound team planning has several distinct aspects. First, the organization(s) that take the lead in convening wraparound teams need to build an organizational culture that prioritizes and values youth voice in team discussions and decisions. Additionally, the organization needs to define and build capacity for new ways of working directly with youth. These include practices for preparing youth for participation, running meetings that encourage youth participation, and holding teams accountable for carrying out collaborative decisions.

Organizational culture

Agency staff is more likely to support youth participation if they see that it is a priority within the agency, and if the agency provides resources—like time and training—so that staff can gain the skills they need to carry out activities that encourage youth participation. Staff, families, and youth themselves will be more open to youth participation if they are exposed to information—like the AMP video and other publications—that demonstrates that increasing youth participation is both desirable and possible. The agency should be clear about its commitment to youth participation in decision making. Once decisions are made (with youth participation), the decisions should not be changed later without further youth participation. Youth should be invited to participate in the entire meeting, and important information should not be shared when youth are absent.

Preparation for the meeting

One of the things that our youth advisors were clearest about is that a team meeting should not have surprises. Many of the youth had had bad experiences with meetings when they felt blindsided by topics that were to be discussed. Or they were told they would have input into a decisions and then (surprise!), the actual decision was made without consideration of what they thought or what they wanted. Because of experiences such as these—and also because of a natural anxiety about sitting in a room with a group of adults who have power over their lives—youth are likely to anticipate a meeting with distrust, anxiety, or even anger. If, however, a young person knows what will happen in the meeting, he or she can feel more of a sense of security that there will be no unpleasant surprises. Additionally, knowing what is going to happen at the meeting means that the young person can prepare his or her thoughts and ideas in advance. Thus, an organization that promotes meaningful youth participation helps make sure that a young person knows what is going to happen during a meeting, and further ensures that the young person has adequate support to prepare for the meeting.

Specifically, such an organization ensures that…

- In consultation with the youth, an agenda is formulated before the meeting.

- Adequate preparation is provided so that a young person has an opportunity to be supported through a process of thinking about what and how he or she wants to contribute to the topics on the agenda.

- Preparation includes an opportunity for the youth to formulate goals that will be part of the plan.

- Preparation also includes helping the youth plan to contribute to the meeting in whatever manner feels comfortable to him or her.

- The youth is supported in planning specific strategies he or she might use during the meeting to help stay calm and/or focused.

- Someone helps the youth figure out who can support him or her during the meeting and prepare that "support person" for this role.

Running a Meeting that Feels Safe for Participation

Young people report that, during team meetings, they are often ignored, lectured at, and/or harshly criticized. To help the meeting feel safe, the team should agree to a set of ground rules, and the facilitator should be able to control the meeting in a way that ensures that people follow the rules.

Ground rules should include the following:

- All team members treat each other respectfully, the youth no less than others.

- Remain strengths-based and solution-focused.

- During the meeting, stick to the agenda that the youth has helped create.

- Make sure everyone can understand what's going on.

- Speak in ways that don't alienate or hurt the youth.

- Be clear about exactly who is doing what to follow up on decisions made in the meeting.

During the meeting, team members must act and interact in ways that ensure that the youth will have real influence in discussion and decision making. Thus, the team should purposefully structure discussion in ways that provide multiple opportunities for the youth to express his or her ideas or offer comments, even if he/she doesn't want to say a lot at any one time.

Beyond this, it is also important for the team to structure decision making in ways that support collaboration. Collaboration (with youth or with anyone else) is supported when people are able to keep an open mind and explore different perspectives and different options fully before making decisions about what to do. Thus, collaborative teams do not make decisions about solutions until they have had a chance to think carefully about what the goal, problem, or need really is. Furthermore, a collaborative and creative team will consider several different strategies to solve a problem or meet a need before selecting an option to pursue.

Holding Each Other Accountable

Finally, team members earn each other's trust—and accomplish their work—by following through on the action steps they commit to during planning. Seeing people follow through on their commitments to the plan is particularly important for young people who have been heavily involved with service systems. Often, these young people have experience with being let down by providers. Youth who have had input into decisions for a plan may be particularly skeptical, thinking it entirely possible that providers will be unmotivated to follow through on decisions that reflect a young person's priorities rather than their own. Thus it is important for team members to hold each other accountable for carrying out the action steps that they commit to during planning. In order for this to happen, these commitments must be made clear during planning and they must be recorded. The team must also have a process for checking in later on to see whether or not team members have actually followed through.

Outcomes

The wraparound process has been implemented widely across the United States and internationally for several reasons, including its documented success in promoting shifts from residential treatment and inpatient options to community-based care (and associated cost savings); its alignment with the value base for systems of care; and its resonance with families and family advocates. Wraparound has been included in the Surgeon General's reports on both Children's Mental Health and Youth

Violence, mandated for use in several federal grant programs, and presented by leading researchers as a mechanism for improving the uptake of evidence-based practices.

Continued expansion of the wraparound research base has provided additional support for ongoing investment in wraparound. To date, results of 8-10 (depending on criteria used) controlled (experimental and quasi-experimental) studies have been published in the peer-reviewed literature. A meta-analysis of seven of these studies has recently been published showing consistent and significant outcomes in favor of the wraparound group compared to control groups across a wide range of outcome domains, including residential placement, mental health outcomes, school success, and juvenile justice recidivism (Suter & Bruns, 2009). The overall effect size in this meta-analysis was found to be between 0.33-0.40, about the same as was found in a recent meta-analysis of children's mental health evidence-based treatments. Thus, though wraparound has typically been described as a "promising" intervention, there has been consistent documentation of the model's ability to impact residential placement and other outcomes for youth with complex needs. The research base for wraparound continues to expand and, as a result, wraparound is likely to be more consistently referenced as an "evidence-based" model in the years to come.

Article Adapted from…

National Wraparound Institute Resource Guide to Wraparound, Supporting Wraparound Implementation: Chapter 5a.2 (Eric Bruns & Janet Walker).

Wraparound Practice: Chapter 4b.3 Family Partners and the Wraparound Practice (Patricia Miles).

Wraparound Practice: Chapter 4c.3 Youth Participation in Team Planning: Why and How (Janet Walker).

The Principles of Wrap: Chapter 2.1 Ten Principles of the Wrap process (Eric J. Bruns & Janet S. Walker).

Supporting Wraparound Implementation: Chapter 5c.6 Wraparound supervision and management (Patricia Miles).

The Wraparound Process: An Overview of Implementation Essentials: 4a.1 Phases and Activities of Wraparound: Building Agreement about a Practice Model (Janet Walker, Eric Bruns, & The National Wraparound Initiative Advisory Group) with permission of National Wraparound Initiative.

Bibliography

Walker, J. S., & Bruns, E. J. (2006). Building on practice-based evidence: Using expert perspectives to define the wraparound process. *Psychiatric Services, 57*, 1579-1585

Burns, B. J., & Goldman, S. K. (Eds.). (1999). Systems of care: Promising practices in children's mental health, 1998 series: Volume IV. Promising practices in wraparound for children with severe emotional disorders and their families. Washington, DC: Center for Effective Collaboration and Practice, American Institutes for Research.

Dennis, K.W. & Lourie, I.S. (2006). Everything is normal until proven otherwise: A book about wraparound services. Washington, DC: Child Welfare League of America.

Goldman, S.K. (1999). The Conceptual Framework for Wraparound. In Burns, B. J. & Goldman, K. (Eds.), *Systems of care: Promising practices in children's mental health, 1998 series, Vol. IV: Promising practices in wraparound for children with severe emotional disorders and their families.* Washington DC: Center for Effective Collaboration and Practice.

VanDenBerg, J.E. & Grealish, E.M. (1996). Individualized services and supports through the wraparound process: Philosophy and procedures. *Journal of Child and Family Studies, 5,* 7-22.

ADVERTISING CONTINUED…

▶ CLINICAL PRACTICE TODAY   *continued from page 3*

CPT: What does research show about the pathology profile among players of MMORPG's?

ML: Do I still detect a naïve cultural bias that involvement in online gaming must be pathological? As it happens, nothing in the research so far suggests any particular pathology profile for online gamers.

We must be careful in assuming pathology, when research structures and values sometimes can reify a social construction of pathology. This type of research bias affected a century of psycho-logical study of minority groups such as people of color and LGBT people, for example.

CPT: Shouldn't the clinician's first concern with online gaming be Internet addiction?

ML: If you can accept that the majority of people playing MMORPG's are not in a pathological position, then being able to recognize the role gaming might play in clients with obsessive-compulsive, dissociative, antisocial, or addictive traits is very helpful.

Let's talk about addictions first: and let's go with the definition Lance Dodes offered in this column a few months back: addiction as *compulsion* and *displacement*.

It should not be so difficult for the average clinician to assess whether a behavior is a problem, and if so whether the behavior is a true compulsion – i.e., a displacement activity performed to bind conscious or unconscious anxiety.

Kim and Haridakis (2008) reviewed several different theories of addiction; and identified three dimensions of addiction that we see in those who get too involved in gaming: *intrusion*, *escape*, and *attachment*. I assess my patients qualitatively along those dimensions.

Is gaming harming their relationships, or enhancing them? Does gaming intrude on their work life and productivity, or does it bring new skills in teamwork and problem-solving? Does my client use gaming to escape from reality to the point that he doesn't get things done, or is gaming just a way to take a break from routine responsibilities?

People can get in trouble with online gaming in a variety of distinct ways,

so it's important to make a careful assessment when there is trouble. Those with dissociative symptoms may also 'get lost' in gaming; people with depression or Acute Stress Disorder (ASD) may use it to self-stimulate; people with obsessive-compulsive traits can experience high degrees of frustration with the idiosyncrasies and 'errors' the game software may contain.

CPT: How can people be very involved with these virtual worlds and relationships without being 'addicted'?

ML: This is why it's important to learn some basics about how the games are played, what kind of commitment or investment is necessary and normal, and what is not.

Then you are prepared to explore how gaming is adaptive or maladaptive in an individual, to discern when involvement in MMORPG's represents an addiction/compulsion, some other problem, or none at all.

In treatment with gamer clients, *qualitative* assessment is rather more important and more complicated than mere *quantitative* assessment.

For example, in World of Warcraft many people participate in 'raids,' transient yet highly committed team events that you can only join and play once a week. A raid can last several hours a night, as team members try different strategies, and cooperate to down large enemies. So the [quantity of] time spent on a raid is *not* a measure of the player's 'obsession,' and may instead indicate diligent problem solving and group loyalty.

Here are some examples of non-pathological aspects of online gaming:

One of the first experiences I had in-world [in the game] was meeting a soldier stationed in Iraq, who was playing the game as a way both to entertain himself and to stay in touch with loved ones back home, who often played with him online. The resulting bond was powerfully sustaining for the family.

Another aspect obviously is that gamers can adopt and exploit physical abilities that they do not possess in the real world. Across genders, and beyond physical limits, the imagined sensory experience as warriors, healers, hunters, *et al,* can

stimulate real growth in self-image and self-esteem. In particular, for those who experience significant physical disabilities in real life, the virtual world offers tremendous physical freedom as well as opportunities to interact socially, free of stigma and others' inhibitions.

Online gamers in role-play games also play across genders, creating characters for themselves in the 'other' gender. (In WoW, one can create a cast of characters from which to select in varying kinds of play.)

Research in WoW specifically has found that men are 7 to 8 times more likely than women players to create characters of the 'opposite' sex – almost one of every two female characters encountered in-world is played by a man; while only one in one hundred male players is played by a woman. (These numbers, of course, reflect the fact that the much greater majority of players online are men.) What is less expectable is that 23% of male players listed a female character as their most enjoyable to play, while only 3% of women listed a male character as favorite.

Some people exploring transgender identity have reported, not surprisingly, how they benefit from being able to play a character of the 'other' gender in a role-play game online; this can be an important step in feeling more comfortable in the world outside the game.

In Part II, next month, we will look at some specific theoretical frames for understanding how online gaming both expresses and facilitates client development; and also discuss some clinical examples of moments where familiarity with the game culture can open therapy up to enhanced insight.

Questions or comments? Email Bet, the Editor of Clinical Practice Today:
ARENAGROUP@COMCAST.NET

Bet MacArthur, LICSW is a member of the NASW-MA Social Work Therapy Referral Service (SWTRS) and Private Practice Shared Interest Group. Michael Langlois, LICSW has a private practice in Cambridge MA; is Teaching Associate in Psychiatry at Harvard Medical School; and Lecturer at Boston College Graduate School of Social Work. Mike can be reached at mike@mikelanglois.com ❖

▶ PRESIDENT'S MESSAGE   *cont.. p2*

vibrancy of the social work profession, featuring some of our brightest and best young social workers.

In order to convey our expertise we must communicate it. Often. One of the ways we can do that is through writing for the media. In a workshop on writing Op Ed pieces, I learned that the opinion page of newspapers and online news sites is the major entree into the public debate. We must take advantage of this. Perhaps by scheduling a workshop for aspiring op ed writers. Be on the alert for more information on that front.

As mentioned, another important venue is the state house. Members are always encouraged to testify at legislative hearings on topics of concern to social workers. It is not as intimidating as it might sound, and the NASW staff is there to help you through the whole process. For me, testifying on legislation to close tax loopholes in the state was a highlight of my NASW career. And please consider joining NASW's Speakers Bureau. My speaking engagements have ranged from speaking to a church group to being interviewed by a radio news outlet.

So stretch yourself. Let the outside world recognize your contributions as change agents. And please be in touch with me anytime, STARKRUGER@RCN.COM …we'll "talk." ❖

▶ MESSENGER REVIEW   *cont.. p5*

him and have told Stone to take him on a weekend of R & R to re-charge his batteries. The two go to a house in the country that Stone knows of and Stone breaks his sobriety, at which time the men bond in a different way, and all order descends into chaos. With emotions unleashed, the two men act in extreme ways but they end up opening up, and at the end of the weekend, Montgomery invites Stone back to his apartment where he recounts the trauma of the battle that is haunting him. He goes into the kitchen for another beer and leaves Stone on the sofa alone as he hears the older man sobbing.

Is this not how our patients deliver their stories of trauma to us? Not as one linear narrative at the beginning, complete with all the attendant emotions; but piecemeal, self protective symptom by self protective symptom, until they trust us enough to keep them safe enough to tell us their trauma.

Jaine Darwin, PhD, and **Ken Reich, PhD,** co-directors of SOFAR (Strategic Outreach to Families of All Reservists) will discuss the film and the impact of the current Middle East war on soldiers and their families. They each maintain private practices in Cambridge in addition to their volunteer community work with, and leadership of, SOFAR. ❖

Wraparound Process
POST TEST— 2 CEs

Please select one answer per multiple-choice question.

1. A point of contention in implementing family voice and choice has been:

   a) How to define who is considered family for inclusion on the teams.

   b) How to balance the priorities of families with those of staff who are acting as custodians.

   c) How to manage disagreement.

   d) How to integrate older youth into the process.

2. Inclusion of natural supports on the wraparound team is important because:

   a) Natural supports broaden the diversity of support, knowledge, and skills available to the team.

   b) Natural supports are sustainable and continue after formal services have ended.

   c) People who are natural supports often are important to and valued by family members.

   d) All of the above.

3. The principle of collaboration means that wraparound teams must:

   a) Reach full consensus about the plan.

   b) Have 100% participation at team meetings.

   c) Ensure that each member feels safe and can contribute.

   d) Include as many services in the plan as possible.

4. Teams can promote individualization by:

   a) Including supports that are not typically considered part of the service environment.

   b) Striking a balance between being family-driven and team-driven

   c) Providing support to family members about whom they invite to join the team.

   d) Managing disagreement through collaboration and creativity.

5. Challenges to being unconditional include:

   a) Continuing service when encountering poor outcomes.

   b) Facing system-level constraints.

   c) Working with team members who are being resistant.

   d) All of the above.

6. When developing an initial plan of care, the wraparound team should:

   a) Meet at least three times to discuss the team's mission and overarching goal(s).

   b) Assign responsibility for action steps to specific individuals on the team but delay decisions about the time frame in which they will be accomplished.

   c) Document a plan for what actions will be taken in a crisis.

   d) Develop a detailed plan to address all possible crises that may arise, even if the team does not have time to complete the larger wraparound plan.

7. If the wraparound team determines that certain strategies are not working:

   a) The original goals set by the team should be revised.

   b) The facilitator should guide the team in a process of considering new strategies and action steps.

   c) The team should seek consultation from an outside expert who is not a core team member.

   d) The facilitator will make use of available information to assess the team members' commitment to the team process.

After completing the Post-Test and Evaluation, return this page to NASW along with your payment. If you scored 80% or better, we'll mail you 2 CEs!

8. The family partner is:

   a) An informal member of the wraparound team.

   b) Responsible for speaking on behalf of the family when the family is not present.

   c) Available to family members primarily during the initial planning stages.

   d) Responsible for ensuring that the family's point of view—not the family partner's—is heard by the team.

9. Which of these activities is not a part of the implementation phase:

   a) Ensuring fidelity to the plan.

   b) Recognizing "what's gone right."

   c) Evaluating how successful strategies have been.

   d) Creating a team mission.

10. A hallmark of the transition phase is:

   a) Moving from the child system to the adult system.

   b) Increasing use of services.

   c) Purposefully moving from formal supports to natural supports.

   d) Dissolving the wraparound team.

11. In working with staff, supervisors need such skills as conflict resolution, coaching, making corrections, and providing development because:

   a) They must ensure high fidelity, which requires these skills.

   b) They usually have a diverse staff, which can include clinicians, parents, child/adolescent peers, and youth specialists.

   c) They are expected to demonstrate all of these skills in order to receive funding.

   d) They are preparing the staff to become future supervisors.

12. Which of the following is not typically involved in supervisors' collaboration with systems and organizations:

   a) Tolerating responsible risk taking.

   b) Developing effective alliances with systems like child welfare and juvenile justice.

   c) Avoidance of overly complex systems which bog down effective communication.

   d) Working across departments to ensure that everyone feels a sense of ownership and participation in the wraparound process.

13. Which of the following roles provide interventions and support to youth such as transportation, recreational activities, and crisis response:

   a) Child and family specialists.

   b) Wraparound facilitators.

   c) Parent or family partners.

   d) Resource developers.

14. When involving youth in wraparound meetings, agency staff members should:

   a) Develop the agenda in advance of the meeting.

   b) Have the youth create goals for the plan.

   c) Help the youth develop strategies for staying calm and focused during the meeting.

   d) All of the above.

15. To make meetings safe for youth participants, the facilitator should:

   a) Have everyone introduce themselves and state their role on the team.

   b) Meet with the parents/caregivers separately to talk about progress on goals.

   c) Set ground rules and implement the rules during the meeting.

   d) Ensure there is a crisis plan.

FOCUS CE Course Evaluation—September 2010

Please indicate whether the following learning objectives were achieved:

A. I can identify and describe the ten principles of wraparound.

   Achieved in full   5   4   3   2   1   Not Achieved

B. I can identify and describe the four phases of wraparound.

   Achieved in full   5   4   3   2   1   Not Achieved

C. I can identify and describe the staff roles and activities of wraparound.

   Achieved in full   5   4   3   2   1   Not Achieved

D. Please provide comments on current course and suggestions for future courses:

_____

_____

_____

_____

_____

_____

Please perform the following steps:

◆ **Complete and return this entire page.**
   A score of 80% or better is passing and we will send a certificate of completion to you.

◆ **Please enclose check payable to "NASW"**
   (Sorry, credit cards not accepted for this offer.)

◆ Send to: **NASW, 14 Beacon Street #409, Boston, MA 02108**

   Name _____

   Address _____

   City _____State _____ Zip _____

   Day Phone_____

   ❏ **NASW Member $15**   ❏ Non NASW Member $25

STUDENTS & NEWER PROFESSIONALS

SWTRS Student Services

Barbara Burka, LICSW
SOCIAL WORK THERAPY REFERRAL SERVICE

Anita Mulcahey, LICSW
SOCIAL WORK THERAPY REFERRAL SERVICE

Do you want to explore a personal issue, learn stress management techniques or deepen your understanding of countertransference? The Social Work Therapy Referral Service (SWTRS), a public service of the Massachusetts Chapter of NASW, can connect you to senior LICSW private practitioners who offer reduced fee therapy to social work students.

These therapists are committed to the personal and professional growth of social work students. Therapy can assist students with the exploration of personal issues, promotion of a professional identity, as well as understanding the nuances of the therapeutic process.

SWTRS helps you find a therapist in a convenient location, who offers the expertise you need and can bill your insurance or negotiate a flexible student fee. Our member social workers offer individual, couples, family and group psychotherapy. You can also obtain assistance with referrals for your clients.

For more information about SWTRS, call (617) 720-2828 or (800) 242-9794, or email INFO@THERAPYMATCHER.ORG, or visit WWW.THERAPYMATCHER.ORG ❖

Social Work *Rocks* from Coast to Coast

Kristina Whiton-O'Brien and Steve Catizone at Sanctum Sound in Boston

Kristina M. Whiton-O'Brien, LICSW
DIRECTOR OF CONTINUING EDUCATION AND CLINICAL ISSUES, NASW-MA

What do leopard print carpets, incense, and a Buddha statue have to do with Community Organizing & Planning Skills and Group Therapy? Enter the world of NASW MA Chapter Podcasts and find out!

Since 1998 the NASW-MA Chapter has provided at-home educational opportunities. HomEd, our highly successful audio home study program allows social workers to earn continuing education credits at their convenience by purchasing cassette tapes or CDs. In July 2008, HomEd expanded its CE programs to include Podcasts, an easy, accessible and affordable form of continuing education for social workers.

Now, getting CEs is just a click away. No tapes, no CDs, no shipping & handling. They are portable when downloaded to MP3 players, CDs, or IPods.

This innovative method of learning is made available through a partnership with **Sanctum Sound Studios** in Boston. NASW-MA Chapter

Executive Director **Carol Trust** initially approached Sanctum Sound in the mid 1990s during a statewide search for a recording studio to produce home study programs. She contacted owner **Steve Catizone** to discuss the possibilities of getting social workers into the studio. During the interview Steve stated, "We record for *Aerosmith*," to which Carol responded, "What's *Aerosmith*?" Carol took a tour of the studio and listened to some tracks. Thus, a new alliance was created!

Sanctum Sound, WWW.SANCTUMSOUND.COM, is a production and recording studio with facilities in Los Angeles and downtown Boston. Upon entering the Boston Studio located in the Leather District you are greeted with deep, cool shaded walls, leopard print carpet, incense and burning candles. Sanctum specializes in everything from writing, production, recording and mixing music to voiceover services for a wide range of applications; independent artists and bands to music for TV, film and web applications. Sanctum has been a driving force in music production in the Boston area for over 10 years. Its bi-coastal client

SWEET Idea for Social Work

Meagan Coons
STAFF ASSOCIATE FOR MEMBERSHIP DEVELOPMENT & PUBLIC IMAGE, NASW-MA

Meet other newer professional social workers. Learn about career opportunities as you transition into the profession. NASW-MA Chapter's Social Work Exchange (SWE) addresses the diverse needs and interests of students and early career social workers, and encourages their emerging leadership in the profession through social events and professional networking opportunities. Now more than ever, it is important for students and early career social workers to establish a network of professional colleagues.

SWE is open to social work students and beginning professionals who want to connect and make a difference. In the past, SWE events have ranged from casual pub nights to organized social events featuring guest speakers and door prizes. It is time to fully utilize the benefits of your professional organization and have fun doing it!

The Social Work Exchange is recruiting a new Leadership Committee. As a committee member, you can design and plan networking events based on *your* interests. Share your ideas! Involve your friends and meet new ones!

OUR FIRST MEETING will be Thursday, September 16th at 6pm, at the NASW office: 14 Beacon St. Ste 409, Boston, 02108.

There will be light refreshments available. *You do not need to be an NASW member to attend this meeting.* Please RSVP to **Meagan Coons** at 617-227-9635 x 14, or COONS@NASWMA.ORG See you then! ❖

NEXT SWE MEETING: SEPTEMBER 16, 6:00PM, NASW OFFICE, BOSTON

Mentoring Goes Green

Meagan Coons
STAFF ASSOCIATE FOR MEMBERSHIP DEVELOPMENT & PUBLIC IMAGE, NASW-MA

The NASW-MA chapter is proud to announce that its professional Mentoring Program is now online! Its new design streamlines the process for members seeking professional guidance. Mentors and Mentees no longer have to use "snail mail" to apply for the program. Additionally and more importantly, there is no waiting period for the "matching" process. Simply put, it is in your hands. Our web-based program allows a Mentee to self select his/her Mentor. Members seeking a Mentor, simply go to the Mentoring page and log in. A list of available Mentors will appear. Members seeking a Mentee will fill out a similar form indicating expertise and availability which we will upload to our database. *You must be a member of NASW to participate in this program.*

Mentor Program Overview:
The purpose of the NASW-MA Mentor Program is to provide early career social workers with opportunities to connect with experienced clinical and macro professionals who are committed to fostering their personal and professional growth. It is a service provided by NASW members who wish to offer support in the development of newer colleagues who seek the guidance of seasoned colleagues. The program is intended to help the mentee identify with the profession and provide opportunities to discuss job-related issues, resumes and career concerns, licensure and testing, as well as dealing with the challenges and demands of the social work profession. Mentorship is a purposeful, conscious, voluntary relationship. Participation is no-fee and voluntary.

Looking for a Mentor?
Mentees are social work students and newer professionals, with 1-5 years experience practicing social work, who seek the guidance and support of a seasoned colleague in their professional development. It is the responsibility of the Mentee to initiate contact with his/her Mentor.

Looking to be a Mentor?
Mentors are NASW members in good standing, maintain a license to practice social work in Massachusetts, have more than five years of clinical and/or macro practice experience, have demonstrated expertise in social work practice, and are willing to share their experience with social workers in their pursuit of professional development. Mentoring, however, is not supervision. Participants are expected to uphold the principles and standards put forth by the NASW code of Ethics. It is recommended, but not required, that mentors hold professional liability insurance.

If you have any questions about the Mentor program please contact **Meagan Coons** at 617-227-9635 or COONS@NASWMA.ORG ❖

list consists of *Stevie Wonder, David Bowie, U2, Jordan Knight, Aerosmith's Tom Hamilton, and Comedian Dane Cook* (to name just a few) and, of course, the NASW-MA Chapter.

Social Workers feel like rock stars! NASW MA Chapter Staff recruits talented social workers to record 1-3 hours of educational material in studio using the full service audio production facilities at Sanctum Sound. Sanctum's recording room features state of the art technology in an environment conducive to creativity. After editing, a few clicks at the Chapter office links our website to a server at Sanctum Sound and the podcast is live!

An unconventional partnership between a recording studio and NASW creates a modern transportable product, and a current way for social workers from coast to coast to learn and earn CEs! See a complete list of podcast titles on page 24.❖

Homestudy CE Opportunities

✓ *Audio CDs*
✓ *Audio Podcasts*
✓ *Written FOCUS courses*

CDs

- Adult children and their aging parents: new needs, new conversations
- Advanced interventions for obsessive compulsive disorder
- Asperger's syndrome
- Assessing and treating sexual behavior problems in children
- Attending to mind, body and spirit in working with adult survivors
- Attention deficit disorders through the life cycle
- Basic principles of dialectical behavior therapy (DBT)
- Brief treatment for couples
- Burnout: survive and thrive
- Changing the cycle of anger
- Cognitive behavioral therapy with children and adolescents
- Complicated grief: psychotherapeutic interventions with international authority on grief and bereavement
- Compulsive hoarding
- Descent and return: understanding styles of coping with change and loss
- Dissociative phenomena in everyday life
- Domestic violence and the empowerment model
- Dream work in clinical practice
- Eating disorder treatment
- Eating disorders: treating adolescents and their families
- Elder caregiving: support for family and other caregivers
- Ethical dilemmas in managed care practice
- Ethics and risk management: protecting social workers and their clients
- Ethics and your social work practice
- Intervening with substance abusing adolescents: assessment and family strategies
- Mediation in social work and mental health counseling practice
- Minding your business: the essentials of private practice
- Motivational interviewing with substance abusing clients
- Outcome evaluation: what it's about and how to do it
- Personal & professional coaching (1 of 2)
- Personal & professional coaching (2 of 2)
- Postpartum mood and anxiety disorders
- Psychological trauma and therapeutic interventions
- Psychopharmacology for social workers and other mental health professionals
- Role of shame in marital conflicts
- Secrets in family therapy
- The recovery of love: treating couples in addiction
- The supervisory relationship
- Traumatic and sudden loss
- Trying to Hit a Moving Target: The Face of HIV / AIDS Today *NEW*
- Untangling blended family relationships: therapy with people who live in stepfamilies
- Walking on sacred ground: integrating spirituality into clinical practice

Podcasts

- Human Rights – 1 CE FREE trial!
- Asperger's Syndrome
- Bullying at School
- Burnout Prevention: Survive and Thrive
- Community Organizing & Planning Skills
- Compulsive Hoarding
- Female Sexuality: What Do Women Really Want?
- Forgiveness: The Missing Peace
- Group Therapy For Today's Patients
- Guidelines for Practice Outcome Evaluation
- Infertility and Alternative Paths to Parenthood
- Internet Enabled Addictions
- Introduction to Internal Family Systems: An Exploration of Self and Parts
- Promoting the Principles of Successful Aging in Clinical Practice
- Rebuilding After the Affair
- Social Justice in Action: Advocacy at the State House
- Social Work with Immigrants & Refugees
- Trying to Hit a Moving Target: The Face of HIV / AIDS Today *NEW*
- Untangling "Blended Family" Relationships: Therapy with People in Stepfamilies
- Women as Administrators / Managers: Opportunities and Challenges

FOCUS CE Courses

- Aging in place
- Asperger marriage: viewing partnerships through a different lens
- Behavioral couples therapy for alcoholism and drug abuse
- Elder sexual abuse
- Five cycles of emotional abuse: codification and treatment of an invisible malignancy
- Fundraising in challenging economic times
- Introduction to solution focused brief treatment
- Issues in disability and chronic illness across the lifespan
- Moving beyond the comfort zone in psychotherapy
- Permanency in the child welfare system: a focus on adoption
- Psychic events in the lives of clinicians and clients
- Social work skills for organizing and leading task oriented groups
- Suicide: research and information
- The art and science of successful grant-writing
- The sleep improvement challenge for clinical social work practice
- The suicidal client: assessment and treatment considerations
- Transgender emergence: understanding diverse gender identities and expressions
- Understanding and treating overeating and overweight as clinical issues
- Understanding nonsuicidal self-injury
- Using a model for trauma-informed social work practice in the provision of relational containment
- What every social worker needs to know about advocacy
- When forgiving is a tough journey worth taking

www.NASWMA.ORG
Listen, Learn, and Earn CEs!

Questions? Contact us at 617-227-9635 x13 or Chapter@naswma.org

---

NASW's Licensing Test Prep Courses:

Saturday, September 25, 2010, 9AM-4PM
Courtyard Marriott, Waltham

Friday, October 22, 2010, 9AM-4PM
Hogan Campus Center, College of the Holy Cross, Worcester
(at School Social Work Conference)

Saturday, November 13, 2010, 9AM-4PM
Courtyard Marriott, Waltham

Saturday, January 30, 2011, 9AM-4PM
Courtyard Marriott, Waltham

Friday, February 26, 2011, 9AM-4PM
Hogan Campus Center, Holy Cross College, Worcester

Friday, March 26, 2011, 9AM-4PM
Salem State College

Saturday, March 27, 2011, 9AM-4PM
Courtyard Marriott, Waltham

Thursday, April 16, 2011, 9AM-4PM
Sheraton, Framingham

This is a PRE-REGISTRATION COURSE ONLY –All registrations must be received at least 5 working days in advance of the selected course date. NO REGISTRATION AT THE DOOR.

◊ Registrations received online or postmarked ten days or less prior to program date are at the regular rate. Add $25 to the early bird fee.

◊ No refunds. Registrants can receive a program voucher for another scheduled NASW-MA Licensing Test-Prep course upon written request.

◊ Only email acknowledgements (with directions) are sent. Please print out your e-mail acknowledgement and bring with you on the day of the course. This will serve as your "ticket" into the course.

◊ If you require special accommodations, please submit a written statement at least 30 days prior to program.

◊ Lunch will not be provided.

- -

MAIL with check to"NASW" : NASW, 14 Beacon St. Ste. 409, Boston, MA 02108
or **FAX with credit card information:** (617) 227-9877
or **REGISTER ONLINE with credit card:** www.naswma.org

Name _____ Member # _____

Address _____

City _____ State _____ Zip _____

Day Phone _____

Email_____
Please print. Required to recieve acknowledgement and directions.

For which are you applying? ☐ LSWA ☐ LSW ☐ LCSW ☐ LICSW

Which session? ☐ September 25, 2010 ☐ January 30, 2011 ☐ March 27, 2011
☐ October 22, 2010 ☐ February 26, 2011 ☐ April 16, 2011
☐ November 13, 2010 ☐ March 26, 2011

Indicate payment amount: ☐ $100 NASW Member ☐ $155 Non-NASW Member

Payment Options:
☐ Check payable to NASW *(POs not accepted)*
☐ Credit Card – *by Fax ONLY** ☐ Visa ☐ Mastercard ☐ Discover
Credit Card Number_____Exp. Date_____
Signature_____3 digit CVV Code_____

2010-2011 LTP

*New credit card security standards require that we no longer accept credit card numbers via mail. To pay by credit card, please fax this form to 617-227-9877 or register online at www.naswma.org