



NASW SPECIALTY PRACTICE SECTIONS  
SPRING/SUMMER ■ 2016

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# Letter from the Chair

Now that we have ushered in the year of 2016 with grand challenges for us as profession, social workers are called to action! The issues of economic instability, community health and well being, violence prevention, homelessness, community capacity building abound. It's time to revisit our professional values and standards to determine how best to bridge micro, mezzo and macro practice approaches and deliverables. One of the ways that we can begin doing this is through the strengthening of our collective identity as a profession with strong roots and ties to diverse communities and populations. We need people across different socio-economic classes, race/ethnicity, gender, orientation and religion...to name a few.

Our efforts to embrace and celebrate diversity and inclusion have been not compromised by the lack of leadership among the power and structure that set policies and appropriate funding for social welfare programs. Furthermore, actions of oppression and discrimination are rampant nationally and internationally. The atmosphere of divisive speech and practices is pervasive. No longer is it acceptable to simply recognize and acknowledge these social injustices. We all need to be a part of a "village" that raises our nation's consciousness about our struggles for equity, equality and health care for all, regardless of race/ethnicity, national origin, age, gender, orientation, socioeconomic status, religion and/or ability. Diversity and cultural competence make our lives more fulfilling and as practitioners. Furthermore, these values and standards help us to be more effective social workers.

In this issue of the *Mental Health SectionConnection*, Dr. Lisa Baron, addresses the need to pay close attention to the changes in integrated health care settings. The second article in this issue of the newsletter, by Mary Baron Walker, LCSW, is an opinion piece which focuses on mental illness and violence. Hopefully, this information will help you to think about ways to integrate micro, mezzo and macro levels of practice into models of health care that meet the needs of a diverse people in diverse communities. I welcome your feedback and comments!

Karen Bullock, PhD, LCSW  
Chair, Mental Health Specialty Practice Section

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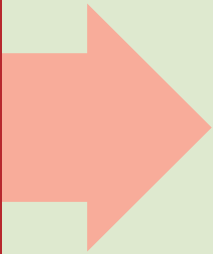
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**IT'S A FACT:**

The recovery movement/model allows for allowing them to guide their own treatment

## Mental Health Committee Members



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# SOCIAL WORK AND THE EMERGING WORLD OF Integrative Health Care

**LISA BARON, PHD, LCSW**

Social work has always been a field that values the whole person within his or her environment. Following this premise, it makes sense that as the medical world evolves, social work is being included as an important and vital part of the integrative health model.

In 2008 the World Health Organization stated the following definition of integrative health care: "The management and delivery of health services

so that clients receive a continuum of preventive and curative services, according to their needs over time and across different levels of the health system." ([www.who.int/health\\_systems/service\\_delivery\\_tech\\_brief1.pdf](http://www.who.int/health_systems/service_delivery_tech_brief1.pdf))

Some would say that historically the medical and behavioral health fields have existed in their own "bubbles." It is now the time to see the values of integration for our mutual clients/patients.

(Perhaps addressing the differences in terminology will be considered over time.)

Reardon (2010) describes how an integrative health model can help patients with serious mental health issues to benefit from a "continuum of preventive and curative services." Reardon explains that some patients avoid going to physician's offices when behavioral care is not readily accessible:

Visits to crowded and fast-paced doctors' offices can bring on anxiety and frustration...and the consequences can be deadly. People with serious mental illness (SMI) die, on an average, 25 years earlier than people in the general population. Many of these deaths are caused by preventable conditions such as cardiovascular disease and diabetes....In response to this alarming

and supports the integration of consumers in their own treatment, as they move toward improved health and recovery.

statistic, a growing number of advocates for people with SMI are looking for ways to bridge the physical, policy and cultural gaps that traditionally have existed between primary healthcare and behavioral healthcare. New practice models are emerging that integrate primary healthcare into behavioral health settings or recognize the need for increased behavioral health services in primary care. The continued debate over healthcare reform provides an opportunity for social workers, with their understanding of the connections between mind and body, to advocate for these new models of care and ensure that integrated services become the norm (Reardon, p. 14).

In a 2012 report by the Social Work Policy Institute, their vision statement explains that our expertise as social workers is “highly valued in health and behavioral care settings... evidenced by...use of skills that support collaboration and service integration, promote relationship-building and demonstrate the ability to create linkages across systems.”

This has exciting implications in terms of how we can use our

well-developed “micro” skills (joining and building trust with our clients and colleagues) in “macro” settings (integrative health care). In doing so, we need to consider the following implications.

### **By Helping to Ensure a Smooth Transition to Integrative Health Care, What Are the Implications for Social Workers?**

- **Flexible thinking.** Although some of us have thought of social work and the medical field in separate categories, we must shift this perspective. The more flexible we can be in thinking about and considering the benefits of integrative care, the better off our clients will be. Clients appear to be more comfortable with the idea that their physicians and behavioral health providers are located under one roof.
- **Valuable communication skills.** Social workers are known for excellent communication skills. We can be instrumental in helping physicians to understand their patients from a psychosocial perspective. In turn, they can help us to understand medical situations and their implications for psychological impact. Together, we can approach the whole person in a much more comprehensive way.

- **Relating to the client.** A significant social work premise is “being where our client is.” Understanding our client from a whole person model is important to our social work training. An integrative health model will help us to develop a deeper understanding of our clients from medical as well as psychological perspectives.

In Reardon’s 2010 article, Richard J. Gabriel, LCSW, is cited as the manager of behavioral health and social work at Central Dupage Hospital in Illinois. Gabriel recommends that social workers learn more about the medical health of their clients and be willing to cooperate with a client’s medical providers—seeing them as partners, not competitors.

This is an exciting time in the social work field. We are now being invited into medical settings to participate in integrative health models. As with all change, growing pains tend to accompany the journey. These may include physicians and social workers bridging some of the language gaps and welcoming each other’s expertise in new ways. There may be power struggles and differences of opinion. We can predict that change has growing pains; learn from this and grow.

At the end of the day, we must return to our social work premise to be where our clients are. This includes, and has always included, considering and treating our clients within their systems. Medical care is an important part of their external systems, and with an integrative model, the chance of more comprehensive care can increase the quality of care all around. Isn’t that our hope, after all?

**Lisa Baron, PhD, LCSW, is a licensed clinical social worker in private practice in Chapel Hill, North Carolina. A published writer, she also teaches part-time in the North Carolina State University Social Work department. Lisa can be reached at [Lbaron@ncsu.edu](mailto:Lbaron@ncsu.edu) or [LisaDBaron@gmail.com](mailto:LisaDBaron@gmail.com).**

### **REFERENCES**

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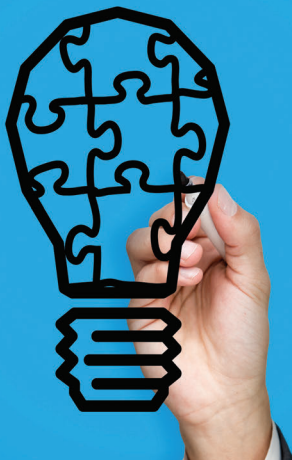
## **FREE PRIVATE PRACTICE CONSULTATION**

**Have questions about your private practice? Take advantage of a free 15 minute private practice consultation during NASW’s National Conference, June 22 – 25, 2016 at the Marriott-Wardman Hotel in Washington, DC. This particular program is only available to NASW 2016 National Conference attendees. It is first come and first serve for registrants. Spots will fill up quickly you may email your name to [naswconference@naswdc.org](mailto:naswconference@naswdc.org) (please put private practice consultation in the subject line) or register for consultation at the conference registration desk. For more details on the 2016 NASW National Conference Leading Change I Transforming Lives visit: [naswconference.org](http://naswconference.org).**

# EACH OF US IS PART OF THE PROBLEM, and in Our Hands Each of Us Holds Part of the Solution:

## An Author's View

MARY WALKER BARON, LCSW



When confronted with terrifying and inexplicable events, we experience extremely uncomfortable and seemingly unbearable individual and collective chaos. We are thrown into crisis. Nothing makes sense. Everything seems out of control. Life becomes terrifying. Our very survival appears to demand an immediate return to the perceived safety and certainty of life before the chaos of crisis.

Surviving a crisis can sometimes be as simple as finding the most direct path to safety: Leave a burning building through the closest exit; seek a storm cellar before the tornado arrives; get to high ground during a flood. These safety strategies are historically effective and may help us to survive such moments of danger. We further understand that fires are extinguished, winds end, and waters recede. Most of us don't live in constant

fear of these natural disasters, and those who do seldom thrive. We also generally understand the root causes of these dangers. When these crises end, their dangers, for the most part, also end. We clean up the debris, we bandage the wounded, we bury the dead, and then we turn once again toward balance and life.

However, the mass shootings of the past decade have devastated our normal sense of equilibrium; they have left us in a different type of crisis state. Unfortunately, this is no simple crisis and there is no clear, direct path to safety, despite our yearnings for one. There is no single source of our current danger. Nevertheless, flailing, we grasp at anything that might steady us. We cling to the simple solution and the named culprit. With a culprit and a solution, we feel safer and more in control.

This human need to quickly resolve a crisis and regain safety and control is innate and understandable. However, as a strategy for resolving our current crisis of mass shootings, this "Quick! Find the culprit and implement the solution" approach could do more harm than good. Often after a tragic mass shooting, those in social work and others within the mental health profession are called upon to "do something about" mental illness. It should be noted that most "Mental illness is the culprit" strategies are, sadly, rooted in the misunderstanding and misinformation surrounding violent behavior. All too quickly and all too frequently, fingers are pointed at already disenfranchised persons who have been unjustly accused—all so it can be proudly proclaimed that the bad guy has been found.

But social workers know that any strategy designed to specifically target those receiving mental health services will likely violate the Health Insurance Portability and Accountability Act (HIPAA) privacy rule. Federal law protects the privacy of medical information. We understand that if someone doesn't want her or his recent treatment for that sexually transmitted

disease made public, then neither can that same person demand that her or his neighbor's recent treatment for depression be made public. In his address to the Institute of Medicine's Forum on Global Violence Prevention, Dr. Mark Rosenberg stated that "mental illness plays only a small role in violence, but that intersection is clouded by misconceptions and disinformation in the public's mind" (Levine, 2014).

It must be further noted that when we in the United States blame those with mental illnesses, we are pointing at more than 50 million people. Each year one in four adults experience a mental disorder (Martinelli, Binney, & Kaye, 2014). A malodorous and disheveled woman jumping up and down while shouting at someone invisible can be unsettling to us; it is very different behavior. Unfortunately, our national mindset tends to equate "different" with "dangerous," and so we fear difference. Nevertheless, between 2001 and 2010, people with mental illness perpetrated fewer than 5 percent of the 120,000 gun-related killings in this country (Metl, 2015). Different does not necessarily mean dangerous.



Is it possible for a person suffering from mental illness to become violent? Of course it is. Is it possible for a person who has never experienced any symptoms of mental illness to also become violent? Absolutely. Predicting violent behavior is potentially possible; however, relying on mental health providers to make such predictions is not practical. We, as social workers, know definitions of mental illness are fluid. Even the bible of psychiatric diagnosis, the *Diagnostic and Statistical Manual of Mental Disorders*, publishes regular revisions.

There is no denying that we are in the middle of a national crisis. But by claiming the quick explanations and solutions we

so desperately crave, we risk making things worse. The problem is systemic. Each of us is part of the problem, and in our hands each of us holds part of the solution.

In a crisis it is extremely difficult to take time for analysis and consideration. The outbreak of violence we have been experiencing, however, demands deliberation and careful attention to find usable answers—not fast solutions based on knee-jerk blaming of those with mental illnesses. We need to examine ourselves first and the stigmas we hold. It won't feel good in the beginning, but in the long run it will help us to navigate to an authentic place of safety.

**Mary Walker Baron, LCSW, was born in the Arizona State Prison, where her grandfather, A.G. Walker, served as warden. She inherited his passion for social justice and social reform. As a licensed clinical social worker, Mary has devoted her clinical career to indigent, homeless, and severely mentally ill adults and children. She is an award-winning educator, facilitator and speaker. She can be reached at: marywalkerbaron@mac.com.**

## REFERENCES

Martinelli, Laurie R., Binney, June S. & Kaye, Rebecca. (2014). Separating Myth from Fact: Unlinking Mental Illness and Violence and Implications for Gun Control Legislation and Public Policy. *New England Journal on Criminal and Civil Confinement*. 40. 359-357.

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## RESOURCE

Corrigan, Patrick W. & Watson, Amy C. (2002). The Paradox of Self-Stigma and Mental Illness. *American Psychological Association*. D12. 35-53.

## 2016 INTERSECTIONS IN PRACTICE Call for Articles

Intersections in Practice, the annual bulletin of the National Association of Social Workers (NASW) Specialty Practice Sections (SPS) will be accepting submissions for the 2016 publication, *The Role of Social Work in Promoting Social Change* until August 1, 2016. Submissions should focus on how social work and social work practice can be used for social change.

Article submissions should follow the author guidelines set forth for the Specialty Practice Sections. Articles should contain timely, practice related content applicable to one of the following Sections: Administration/Supervision; Aging; Alcohol, Tobacco and Other Drugs (ATOD); Children, Adolescents, and Young Adults (CAYA); Child Welfare; Health; Mental Health; Private Practice; School Social Work; Social and Economic Justice and Peace (SEJP); Social Work and the Courts.

Visit [www.socialworkers.org/sections](http://www.socialworkers.org/sections) for Author Guideline details.

Topics may include, but are not limited to:

- Criminal justice and classism
- Racial disproportionality in child welfare
- Healthcare and access to health services
- Immigration and discrimination
- Islamophobia and religious freedoms
- Racial and ethnic disparities
- School- to-prison pipeline
- School Shootings and PTSD
- Environmental justice
- Aging Workforce Challenges
- Healthcare and Baby Boomers
- Marijuana legalization
- Child abuse and neglect fatalities
- Intimate partner violence intervention and prevention



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NASW Member	\$399	\$450
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Student Member	\$175	\$225

#### KEYNOTE SPEAKERS



**SOLEDAD O'BRIEN**, Emmy and Peabody award winning Media Journalist and Correspondent, Author, Executive Producer of *Black in America* and *Latina in America*, and Founder of Starfish Media Group



**NANCY LUBLIN**, CEO and Founder of Crisis Text Line, Creator of Dress for Success, TED speaker, and one of Fortune's 50 Greatest Leaders



**WES MOORE**, Author, Founder of BridgeEdU, Army combat veteran, and social entrepreneur



**KYRSTEN SINEMA**, U.S. Congresswoman serving Arizona's Ninth Congressional District and member of the House Committee on Financial Services, and Social Worker



**ROBERT A. McDONALD**, Serving as the eighth Secretary of Veterans Affairs and former Chairman, President, and CEO of The Procter & Gamble Company



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- » Advocating for the Dignity and Worth of the Person
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- » The Power of Leadership
- » Innovations in Practice
- » Promoting Social Equity and Justice
- » Upholding Excellence in Ethics
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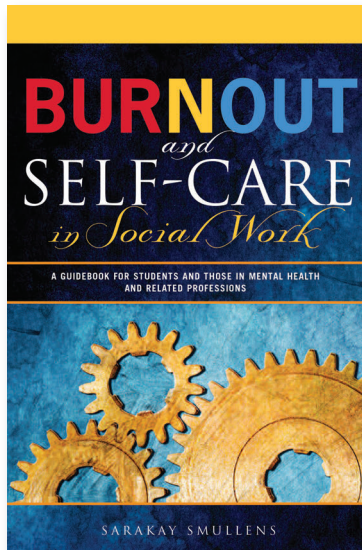
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# BOOK REVIEW: AN OVERVIEW

## Burnout and Self-Care in Social Work: A Guidebook for Students and Those in Mental Health and Related Professions

Authored by SaraKay Smullens, ACSW, CGP, CFLE



In addition to managing their personal self-care, social work supervisors and administrators are often tasked with educating their supervisees and field placement interns on the concepts and practices of self-care. This two-part, six chapter book is a succinct, yet content rich resource that contain reflective questions to address burnout and self-care in multiple workplace settings.

### PART 1: BURNOUT

#### Chapter 1: What is Burnout?

Readers are provided with the definitions of burnout and the context of burnout in social work and allied mental health professions. The author explores

the relationship of burnout to professional exits from the field of social work. The concept of compassion fatigue is discussed and case examples are provided to highlight how compassion fatigue can appear amongst mental health practitioners. Readers will also be exposed to concepts and definitions of countertransference, boundaries, and therapeutic alliance.

#### Chapter 2: Arenas of Burnout?

This chapter identifies areas of burnout in four categories: professional, personal, social and physical. It provides a review of research studies that explore variables affecting burnout. It also provides a series of statements and case examples to highlight how burnout may appear.

#### Chapter 3: From Compassion Fatigue to Compassion Satisfaction

The concepts of compassion satisfaction and compassion fatigue are examined. Examples of how these concepts are expressed in mental health work are illustrated. Readers are also introduced to a discussion of the role of pity, sympathy, and empathy. A case study is provided.

### PART 2: SELF-CARE

#### Chapter 4: Introducing Self-Care

In social work, the term self-care is often present in social work education, field placement, and professional development. This chapter explores the definitions of self and self-care. It posits the nature of self-care as dynamic as opposed to fixed. Further, readers are exposed to conditions of self-care: "time, permission, and place" (Smullens, 2015, p. 65). A case study is provided.

#### Chapter 5: Professional Self-Care

This chapter furthers the discussion of self-care in professional settings. It identifies elements of professional self-care as: "self-care within or sponsored by an organization or institutional, self-care in relationship to a seasoned professional, such as a supervisor or mentor; and self-care that is shared among peers or coworkers" (Smullens, 2015, p. 69). Of particular interest to administrators and supervisors may be the discussion of avenues of support; which are identified as organizational, supervisory, and co-workers.

#### Chapter 6: Self-Care in the Personal, Social, and Physical Arenas

The final chapter explores a few categories of self-care techniques. The author provides a case study for readers. In conclusion, the author revisits boundaries and self-care and synthesizes concepts and techniques in the text.

For more details on this and other NASW Press titles visit: [naswpress.org](http://naswpress.org)

### REFERENCES

Smullens, S. (2015). *Burnout and Self-Care in Social Work: A Guidebook for Students and Those in Mental Health and Related Professions*. Washington, DC: NASW Press.



# Call for Social Work Practitioner Submissions

NASW invites current social work practitioners to submit brief articles for our specialty practice publications. Topics must be relevant to one or more of the following specialized areas:

- Administration/Supervision
- Aging
- Alcohol, Tobacco, and Other Drugs
- Child Welfare
- Children, Adolescents, and Young Adults
- Health
- Mental Health
- Private Practice
- School Social Work
- Social and Economic Justice & Peace
- Social Work and the Courts

For submission details and author guidelines, go to [SocialWorkers.org/Sections](http://SocialWorkers.org/Sections). If you need more information, email [sections@naswdc.org](mailto:sections@naswdc.org).



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