Uplifting the Reputation of Social Work: Why I am Proud to Identify as a Social Worker in the Policy Advocacy Field

Mo Farrell, LMSW
Policy Strategist, Katal Center for Health, Equity, and Justice

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South Bronx Healthy Families: a Voluntary Home Visiting Program that Works!

Sofia Nivar, MSW
Program Director, South Bronx Healthy Families Bronx Lebanon

Click here to read the article

Separate and Unequal: Racial and Income Discrimination in NYC Hospitals

Christine Rollet, LCSW
Chair, NASW-NYC Committee on Health

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NASW-NYC Hosts its Third Annual Social Work in the City Conference

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This month marks the second anniversary of my graduation from the Silberman School of Social Work at Hunter College. As a newly credentialed macro-level social worker in 2015, I was starry-eyed and determined to advance my career in policy advocacy through the lens of community organizing. I had come to the realization that policy advocacy was the best way for me to use my strengths in both analysis and partnership building to amplify the voices of those who are oppressed and ignite systemic change. My goal as a budding advocate in the macro social work field was, and still is, to organize and amplify the voices of those who are not typically heard by policy makers.

I had received warnings that the path of a social worker in policy can be a lonely one, and, to some extent, that has proven to be true. But I do not believe that this is because there is a lack of macro-level social workers. I believe that it is because there are many people in the policy advocacy field who studied social work but choose not to identify as social workers. And why would they? What would be the benefit of letting your colleagues know that you are a social worker? Most non-social workers are not familiar with the values, principles, or ethics of the field. What they are familiar with are the clinical roles of social workers and the stereotypes that come along with those roles. They also know, unfortunately, that social workers are undervalued and underpaid. I don’t blame anyone in the field for not choosing to identify themselves as social workers.

I, however, am still very proud to identify as a macro-level social worker. This is thanks, in part, to the fact that I am fortunate enough to be a part of a team that reveres social work as a profession. This year, I found a home with the Katal Center for Health, Equity, and Justice. Katal is a new advocacy organization with a growing team of professionals with decades of collective experience in community organizing, policy advocacy, strategy development, training, political campaigns, and communications. We collaborate with our partners to build powerful, research-based campaigns to dismantle mass incarceration, end the war on drugs, and advance health, equity, and justice.

Katal plays a core leadership role in the campaign to close the jail complex on Rikers Island, together with JustLeadershipUSA. For decades, Rikers Island has been marked by violence and corruption and was impervious to substantive reform. The #CLOSErikers campaign was formed to break the political gridlock and achieve real solutions that are guided by directly impacted communities. In order to shutter the jails on Rikers Island, the jail population across the city must first be drastically reduced. As the Policy Strategist at Katal, I am focused on advocating for the legislative reforms necessary to achieve that reduction, namely speedy trial and bail reform. Katal has provided me a rare opportunity to perform advocacy that is not just informed by research and the political landscape but is heavily informed by the work of our community organizers that we have on the ground, working to build communities through public education, relationship development, and leadership training.

This work - to build communities and push for reform – is the work of social workers. In a country so deeply divided, this work has become urgent, and social workers are uniquely equipped to do it. We build solidarity and strengthen communities every day, whether using the micro, mezzo, or macro perspective. I, for one, aim to give credit to my chosen profession for helping me develop the tools I need to do this work. Social workers are experts in advocating for others – we must be better about advocating for the credibility of our own profession.
A voluntary home visiting program that works! Healthy Families New York offers services that are free, empowering, supportive, convenient for the participant, and voluntary. Wait, did you just read the word VOLUNTARY? Yes, indeed you did. As a social worker my main goal is to empower the population that I serve, and to assist them in making the best choices for themselves and their family. As a Director and social worker, my main goal is to empower my staff and assist them in helping our participants make the best choices for themselves and their families. The key word is empower. Often times the families that we serve may lose trust in the helping professions as they are being told what to do instead of being asked what they think will work for them. I can go on and on as to how important it is to stay true to one’s main goal in each position held throughout our career, but I won’t at least for this piece. At Healthy Families we are strength based and participant centered.

I have the privilege of working for South Bronx Healthy Families as Program Director, where we serve sections of what has been researched to be the poorest congressional district in the country. I share this with you, because it is important to understand how poverty can affect many areas in one’s environment, and how that doesn’t and should never be what determines one’s future. Lack of access to services and quality, may I add, should never be the case in any community.

So what do we do? South Bronx Healthy Families is part of the Bronx Lebanon Hospital and funded by the Office of Children and Family Services of New York State (OCFS). We serve zip codes 10456, 10457, and 10458. No worries, you can visit our website, healthyfamiliesnewyork.org, and look up other locations for other areas such as Parkchester and Morris Heights to name a few. We receive intensive training from Prevent Child Abuse New York. We are lucky to be part of the OBGYN department, where we have access to the population that we intend to serve. We serve expectant parents, mothers and fathers. We can enroll a participant that is currently expecting a baby or that has an infant younger than 90 days old. Once enrolled, we work with the family up to the age of 5. Our services are tailored to meet the needs of the families, and we make it so there are no barriers for their participation. We are a home visiting program, and our trained family support workers provide in home support to the family. We use evidence based curriculum which helps to guide the conversation around the development of the baby, parent-child hands on activities, and any stressors that the family may be experiencing. We have been successful in preparing our participants for employment, continuing education, connecting them to quality health care, providing support around housing issues, child welfare, mental health, and many others.

Our trained family support workers receive ongoing supervision, as we believe in supporting our staff through the great work that they do with families. We also provide a free parenting journey program for the community as well as a maternity support group, where we focus on breastfeeding, normalizing experiences, providing resources, and ensuring that a network of support exists. Our participants and community partners bring us much joy, and we celebrate them each opportunity that we can. We host many events for them such as graduation from the program, holiday events, baby showers, community partner events, parent-child events, as well as many others to keep them engaged and satisfied with our services. As social workers we are blessed to be able to serve others in a capacity, where our participants can feel supported, heard, and above all be the center of services they participate in.
A New Yorker is cooking dinner. A grease fire starts. She can’t put it out, and the apartment is going up in flames! She calls 911 and the dispatcher picks up right away. The dispatcher explains that before someone can be sent over, some questions need to be answered. The dispatcher proceeds to ask what type of insurance you have. Is it Medicaid? The dispatcher then proceeds to ask for ethnic and racial background. Outrageous? Yet, this is what happens to thousands of our fellow New Yorkers with Medicaid cards, who are usually discriminated against and directed to public hospitals because of the type of insurance they have.

On the other hand, those fortunate enough to have good health plans, through their employment or their retirement, are referred to or can elect to go to a private Academic Medical Center (AMC) such as Columbia Presbyterian, Montefiore, Mount Sinai, or NYU, which often have greater expertise in certain areas. This is not meant to imply that providers at staff or public hospitals are not wonderful and dedicated providers. The reality is that AMCs offer greater choices in some specialties.

The New York State Patient Bill of Rights states: “… patients have the right to receive treatment without discrimination as to race, color, religion, sex, national origin and source of payment.” But, in 2005, a disturbing report titled: “Separate and Unequal: Medical Apartheid in New York City” indicated that the noble principles enunciated in the State Patient Bill of Rights were not observed in our city.”(Calman, Neil et al, 2005)

Ten years later, researchers re-examined New York City, as well as Boston hospitals, only to find that nothing had changed in New York City. The principal author of the new report, Rosa S. Tikkanen, (2017) presented these findings on New York hospitals on March 18, 2017 at a public forum. The presentation “Two-Class Care in a World-Class System: Hospital System Segregation by Race and Insurance Status,” was sponsored by Physicians for a National Health Program Metro Chapter. In their examination of the NYC inpatient database as well as interviews for the outpatient care, the authors found that “in 2014, … Medicaid patients were about one-third as likely, and uninsured patients were about one-fifth as likely, as those with private insurance to be hospitalized at an AMC” (Tikkanen, et al, 2017). While the private/commercially insured patients were mostly treated at academic or non-academic private hospitals, only a small percentage of these patients were admitted at public hospitals.

Is this inequality related to geography? One may think that hospitals based in lower-income neighborhoods would have a greater proportion of low/no income or uninsured patients, but NYU Langone Medical Center is two blocks from Bellevue (public) in Manhattan, Montefiore’s building is adjacent to North Central Bronx (public), likewise, SUNY Downstate is close to Kings County (public).

How does this impact people of color? The authors in the International Journal of Health Services stated that “in 2009, white patients were approximately three times more likely than blacks, and somewhat more likely than other minorities, to be hospitalized at an AMC. This pattern persisted after the Affordable Care Act (ACA) implementation in 2014, when whites were still more than twice as likely as blacks to receive
care at an AMC” (Tikkanen, et al, 2017). Minorities are 2-3 times more likely to be Medicaid-insured or to be uninsured than whites. Even after accounting for insurance status, illness severity, and other factors, black people are half as likely as their white counterparts to be treated at an AMC; Hispanics are 30% less likely. The authors also found that Medicaid recipients/uninsured patients, and minorities were more often admitted via the Emergency Department. (Tikkanen, et al, 2017). Further evidence of racial and income segregation was found at some NYC AMCs where Medicaid patients were treated in separate clinics within the hospital, a form of medical apartheid (Golub, et al, 2011 & Sack, 1994).

Looking at outpatient treatment centers at AMCs and public hospitals, the report found that segregation also exists at AMC. When Medicaid patients are accepted at private faculty practices, the interviewers were told it was done as a “favor.” The authors of International Journal of Health found that at Medicaid clinics, private insurance is usually not accepted, and physicians are often residents or fellows supervised by attending physicians; although we were informed that this may be changing. Rosa S. Tikkanen (2017) recalled that one patient stated: “they get their training with us and then they leave” while patients at AMC’s are treated by experienced physicians. Therefore, there is more of a continuity of care at AMC facilities that at public clinics although a colleague noted that this may be changing.

Finally, looking at funding, all private hospitals in NY State are “charities,” i.e. not for profit organizations and, therefore, receive a significant tax-break; yet, they provide little “charity” care compared to their public counterparts, according to the report. The result of this discrimination is that there are fewer options for Medicaid or uninsured patients; “patients treated at AMCs are more likely than other patients to receive treatment using the latest technologies and care adhering to current clinical guidelines.” (Tikkanen et al, 2017).

The authors’ conclusions were that nothing has changed since 2005. They suggested some remedies, such as adequate funding for public hospitals, merging AMCs and public hospitals which are in the same vicinity, or revise the tax exemption for those AMCs which care for few Medicaid or uninsured patients. (Tikkanen et al, 2017).

However, it is difficult to ignore the compelling argument for New York State joining the rest of the developed world and delivering universal healthcare; thereby, giving all New Yorkers the same insurance card and access to any provider in New York State regardless of income. This is what the New York State Health Bill (A.4738 / S.4840), already approved by the NYS Assembly (by a margin of 2 to 1), and short of 1 vote to get a majority in NYS Senate, proposes. Once the Assembly and the Senate approve the NYS Health Bill, it can be put on Governor Cuomo’s desk for signature so that it becomes law.

As social workers, we need to advocate for those who are less-advantaged to receive necessary and adequate healthcare regardless of income, and to be given the same choice as those with private insurance. One of the main goals of the NASW-NYC Health Committee is to work towards concrete actions to change policies that have been proven to be discriminatory. Besides working towards universal healthcare as one of the main goals of the Committee, it was decided at our 2nd meeting to form additional working groups to address issues affecting social workers and their clients in the following areas: advanced care planning, chronic illness/disability, social workers in healthcare settings and mental health. Social workers are, therefore, invited to the committee’s meeting held the third Wednesdays of each month at 6:30 p.m. at 50 Broadway, Suite 1001. The committee can be reached at naswnychealth@gmail.com and dates for the next meeting can be viewed by visiting calendar of events at naswnyc.org
References


Acknowledgements: The author wishes to thank Sandy Chaiken, Debby Feuerman, Marcie S. Gitlin and Mark Laster for their helpful comments and suggestions.
Held on April 18, 2017, the 3rd Annual National Association of Social Workers, NYC Chapter, “Social Work in the City: Challenges, Uncertainty, and New Opportunities” Conference unfolded with 1,000 Social Workers from all over New York gathering to collaborate and dedicate themselves to social justice and advocacy for impacted communities.

The one day conference offered to Social Workers, interesting and exciting topics, including 36 distinctive workshops with topics ranging from smart decarceration, mindfulness, clinical practice and skills, as well as two prominent speakers, Dr. Harry Aponte and Joy Reid, the host of “AM Joy” on MSNBC. Dr. Aponte opened the conference with understanding clients’ personal struggles across race, diversity and the intersections, while applying the Person-of-the-Therapist Model. Ms. Reid concluded the conference discussing the profound and historic impact of the Presidential Election on the future of the American Society and the Social Work Profession. Spoken Word Artist, Roya Marsh, also delivered her powerful poems, “Vision” and “Gentry-Phi-Cation,” which resonated with the crowd.

NASW-NYC would like to extend our appreciation to all conference attendees and to the Presenters for their knowledge and insightful topics. We are also extremely grateful to our Sponsors, Exhibitors and volunteers who helped make the conference successful. This was our first time introducing a raffle to win a selection of prizes but most importantly to encourage each participant to visit all the exhibitors. We thank everyone who participated and congratulate those who won. Winners can be found on our Facebook.com/NASWNYC and Instagram.com/NASWNYC page.

From Left: Joy Reid, Harry Aponte, and poet Roya Marsh address over 1,000 social workers at the 3rd Annual Social Work in the City Conference.
Nearly 1,000 New York metro area social workers gathered at Hunter College on Tuesday, April 18th to hear MSNBC's Joy Reid, host of "AM Joy," offer the closing address at the daylong "Social Work in the City" conference, held by the New York City Chapter of the National Association of Social Workers, one of the Association's largest Chapter.

Ms. Reid’s presentation, sponsored by the Fund for Social Policy Education and Practice, drew additional participation from social workers unable to attend the full day program. Her presentation was entitled “The Profound and Historic Impact of the Presidential Election on the Future of American Society and the Social Work Profession.” Using a PowerPoint driven exposition of our political parties and the evolution of their constituencies, Ms. Reid focused in on the events of the Obama and Trump election races, in numeric and percentage detail.

The presentation described the beginnings and historically evolving constituencies of the political parties; the Democrats deeply rooted in the slave holding south and the Republicans in the anti-slavery north. The history of African descendant support for the Republicans, she pointed out, was evident, even up to and including the Eisenhower presidency, and continued until the Nixon “Southern Strategy” gave the south to the Republican Party.

Reid focused on the particulars of the overwhelming outpouring of support from People of Color for President Obama as well as among youth and educated Whites, contrasting that with Trump’s appeal to White workers and nationalists, both economic and White Supremacist, and his particular appeal to displaced workers in important Electoral College states.

She described the tensions between the nationalists and more democratic leaning factions within the White House, and the disarray in Congress between the Freedom Caucus and traditional conservatives. She held out little hope for the Republicans that any repeal/replace of the health care would reach the President's desk.

Reid left her slide, “Where do we go from here?” blank, suggesting both that Trump would complete his term from lack of Republican’s will to impeach him and, consequently, that the future was in the hands of voters, which meant, for her audience, the necessity of becoming voter advocates.

The Reid presentation was the culmination of a densely-packed program of plenary presentations and workshops which were eligible for continuing education credits.

In the morning, attendees heard opening remarks from Candida Brooks-Harrison, LCSW, the NASW-NYC Board President and Juli Kempner, Esq., LMSW, the Chapter's new Executive Director. They reported on the advocacy work on a variety of policy fronts, including raising the age of criminal responsibility and closing the notorious Rikers Island. They also spoke on the Chapter's extensive agenda in regard to all issues pertinent to social work practice.
The morning plenary, which followed, was an address by Harry Aponte, PhD, LCSW, LMFT, the renowned multicultural family therapist, on “Applying the Person-of-the Therapist Model: Understanding Your Clients Personal Struggles,” on which his lecture was based and taken from his own experience as well as the theories he has developed regarding the importance of shared vulnerability between therapists and their clients.

Morning and afternoon sessions offered almost 40 workshops. The sessions ranged from clinical to supervisory issues, medical practice, sexuality, advocacy and self-care. Structural and policy concerns included social justice, mass incarceration, and racism.

Many of those who attended left the day’s events newly energized to address the issues in their particular clinical, administrative and policy arenas and encouraged to mobilize themselves, their neighbors and their constituencies to become politically active.
Updates from the Committees

Update from CRDI:
Co-Chairs: Candida Brooks-Harrison and Brian Romero

The Coalition on Race, Diversity and Intersectionality (CRDI) lifts the great organizing that the #CloseRikers and #RaiseTheAge Campaigns have done and will continue to work with both campaigns to hold elected officials accountable to the implementation of shutting Rikers Island and to successfully raise the age of criminal responsibility. Since our last update CRDI has been busy and organizing.

On Sunday, February 26th, CRDI and NASW-NYC PACE represented the Chapter at the Queens Stands Together Solidarity Rally. Brian Romero addressed participants who had joined together to show resistance to xenophobic, racist and sexist actions taken by the federal government. Brian was joined by Christiana Best-Giacomini, NASW-NYC 1st Vice President, Shreya Mandal, NASW-NYC 3rd Vice President, Mark Laster, NASW- NYC Chair of the Nominations Committee, and Juli Kempner, NASW-NYC Executive Director.

On 4/24/17, NASW-NYC Staff, Nzinga Reid, Shari Jones and Juli participated in the one year commemorative rally of CloseRikers. On 4/25/17, Candida and several groups visited Albany and lobbied lawmakers to pass Senate Bill S263 which would make the practice of conversion therapy a professional misconduct. Candida was interviewed with association partners by TWC News. That interview can be found here: http://www.twcnews.com/nys/capital-region/capital-tonight-interviews/2017/04/26/anti-conversion-therapy-panel-042617.html On 4/28/17, Juli, Nzinga and Roschel Stearns of PACE attended the press conference on Raise the Age, thanking Assembly Speaker Carl E. Heastie for his leadership on the issue.

Finally, CRDI’s workgroups on criminal justice and resistance to federal government injustices have begun to organize their priorities. Issues that the coalition is working on include: banning conversion therapy, solitary confinement, police accountability (Right to Know Act), and civic education. We thank all members who continue to organize with us around Race, Diversity and Intersectionality (RDI). We meet the first Tuesday of each month from 6:00p.m. – 8:00 p.m. at the Chapter office.

Update from The SOGIE Collective
Former Chair: Brian Romero
Current Co-Chairs: Dori Brail and Kelsey Reeder

The SOGIE Collective organized an action alert which was e-blasted to the membership in order to call and lobby our legislators from New York City on the conversion therapy lobby day on April 25th. Brian was interviewed along with Candida by Mental Health Weekly. The article will distributed when it has been published. The SOGIE Collective will continue to organize around the banning of conversion therapy in New York State and looks forward to partnering with other professional associations and coalition partners.

Finally, I write to you to inform you that after serving two terms as Chairperson of the SOGIE Collective, I am stepping down. Dori Brail and Kelsey Reeder are the new Co-Chairs. I have been happy to work with both Dori and Kelsey and I am excited for their assuming leadership in May. It has been my honor to serve as Chair and I look forward to continuing to work with you all to advocate for the issues of social workers and communities across sexual orientation, gender identity and expression. My best to you always and thank you.
NASW- NYC Political Action for Candidate Election (PACE) Committee
Co-Chairs: Joan Serrano Laufer and Alicia Fry

PACE is the political arm of NASW-NYC. Our primary mission is to screen, endorse, and form collaborative relationships with candidates/holders of public office in NYC, and with those who represent NYC in the NYS Assembly and Senate. PACE also educates and mobilizes social workers to participate in the political process and advocates for key legislative issues that align with our profession’s values.

PACE’s activities and achievements so far in 2017:
1. Held our Annual PACE Retreat, during which we drafted our budget, set our priorities for 2017, and formed sub-committees to update our candidate questionnaires and start work on a PACE Continuing Education (CE) course.
2. Endorsed former NYS Senator Bill Perkins’ successful bid for District 9 City Council
3. Participated in the 2/26/17 Queens Stands Together Rally.
4. Co-sponsored the Conversion Therapy Forum on 2/28/17 with the SOGIE Collective and CRDI to promote legislation to make conversion therapy illegal in NYS.
5. Advocated in support of NYS Assemblyman Andrew Hevesi’s Home Stability Support proposal in collaboration with the NYC and NYS Chapters.
6. PACE members partnered with the NASW-NYS Chapter, our lobbyist, and members, in organizing efforts with advocates across the city to bring Raise the Age to fruition.

COMING UP:
• NASW-NYC PACE is gearing up for the 2017 city-wide elections, and we need volunteers to screen and interview candidates from each of the five boroughs. If you can help, please contact us at naswnycpace@gmail.com
• PACE meets on the 2nd Wednesday of each month from 6:15-8:15 p.m. in the Chapter office. Our next meeting is on 6/14/17. Hope to see you there, and be sure to like us on Facebook: https://www.facebook.com/NASW.NYC.PACE

NASW-NYC Members attend March 25th #RaiseTheAge Rally

April 28, 2017 #RaiseTheAge press conference with Assembly Speaker Carl E. Heastie (Far Right)
Interpersonal Psychotherapy: Relationships and Well-Being, an Evidence-Based Therapeutic Approach  
Reji Mathew, PhD, LCSW  
Saturday, June 3, 2017  
9:30 a.m. - 4:30 p.m.  
6 CE Contact Hours

Breath-Mind-Body Practices for Social Workers to Address Stress, Anxiety, Depression & Trauma  
Patricia L. Gerbarg, MD & Richard P. Brown, MD  
Saturday, June 10, 2017  
10:00 a.m. - 5:00 p.m.  
NYU Cantor Film Center  
36 East 8 St., NY, NY 10003  
6 CE Contact Hours

Catching People Doing Good Things: The Value of Positive Behavior Support in Social Work  
Benjamin R. Sher, MA, LMSW  
Thursday, June 15, 2017  
6:00 p.m. - 9:00 p.m.  
3 CE Contact Hours

Dialectical Behavior Therapy – Applying DBT Skills When Emotion Dysregulation Thwarts Treatment  
Susan Dowd Stone, MSW, LCSW  
Sunday, June 25, 2017  
9:00 a.m.- 4:00 p.m.  
NYU Cantor Film Center  
36 East 8 St., NY, NY 10003  
6 CE Contact Hours

All workshops will take place at the Chapter office unless otherwise specified.

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Dr. Edmund A. Griffin
Assistant Professor of Clinical Psychiatry
at Columbia University and Attending
Psychiatrist at NY Presbyterian Hospital

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PPSC is pleased to offer a new one year certificate program in Child and Adolescent Therapy including work with parents beginning September 2017.
The program will offer 60 CEU’s credits. Both agency and private practice clinicians at all stages of their professional development are eligible for this training.
The curriculum reflects a psychoanalytic, multi-theoretical approach and follows development from infancy through adolescence with experts in different phases teaching each class. We will discuss developmental tasks and psychodynamic challenges posed by children and their families. The first hour will offer a presentation and discussion of each topic and the second hour will be devoted to a shared discussion of theoretical, clinical, and observational material by students and instructor.
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1. Early Childhood
2. The School Age Child
3. Adolescence

Classes will meet once a week on Wednesday evenings from 7:00 PM at PPSC, 80 Fifth Avenue, New York, NY 10011.

Please visit our website at PPSC.org for more details about the program. You may also phone Susan Sherman D.S.W. at 212-860-7002 with any questions.

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Mary Pender Greene, LCSW-R, CGP is a psychotherapist, career & executive coach, trainer and consultant with 20+ years of experience in Health and Human Services and a private practice in NYC. Her background includes executive management roles at America’s largest non-profit organization, The Jewish Board of Family Services in NYC.

She is President & CEO of MPG Consulting and the author of Creative Mentorship and Career-Building Strategies: How to Build Your Virtual Personal Board of Directors. She is also the Co-Editor of Strategies for Deconstructing Racism in the Health and Human Services.

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Janina Fisher, PhD is a licensed Clinical Psychologist and Assistant Education Director of the Sensorimotor Psychotherapy Institute. An Instructor at the Trauma Center in Boston, she is also past president of the N.E. Society for the Treatment of Trauma and Dissociation, an EMDR Consultant, and a former Instructor, Harvard Medical School. Dr. Fisher is the author of a number of articles on trauma treatment and lectures nationally and internationally. For more information about Dr. Fisher, see www.janinafisher.com.

Amy Gladstone, LCSW, PhD, is a clinician, supervisor, workshop leader and social work educator with over 25 years of clinical experience. She has a doctorate from Rutgers University where she teaches doctoral level courses on affect regulation and attachment. She is also on the faculty of the Integrative Trauma Treatment Program of the National Institute for the Psychotherapies in New York City. Dr. Gladstone is certified in Somatic Experiencing and has treated trauma survivors in many different settings including hospitals, Head Start programs, and social service agencies. In her private practice, she specializes in attachment trauma and combines psychodynamic and somatic approaches to treatment.

Local Contact: Amy Gladstone amygladstone@comcast.net

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