The Theory of Post Traumatic Slave Syndrome
A View of Untreated PTSS over Generations

Joy DeGruy Leary, PhD; Assistant Professor, Portland State University Graduate School of Social Work

This article describes key concepts and assumptions regarding the theory of Post Traumatic Slave Syndrome (PTSS). PTSS is a condition that exists when a population has been the victim of multigenerational oppression resulting from centuries of slavery and institutionalized racism. Two hundred and forty-six years of American chattel slavery left an ineffaceable mark on American culture in general and African American culture in particular.

More importantly, the end of slavery did not end oppression for African Americans. What followed slavery were laws, acts and conditions which served to perpetuate their subjugation such as Peonage, Debt Servitude through the use of Share Cropping, Black Codes, Convict Lease, and Jim Crow segregation.

From the beginning of American chattel slavery in 1619 until the ratification of the Thirteenth Amendment in 1865, Africans experienced the most horrible type of assault upon their bodies, minds and spirits. Throughout slavery and the years that followed, African Americans managed to survive with great resiliency and strength while also unwittingly taking on adaptive habits and behaviors that negatively impacted how they thought and conducted themselves.

Everything from child rearing practices, concepts of beauty, beliefs about manhood and womanhood, attitudes about education and self-efficacy was impacted by the assault of slavery. PTSS explores our past’s influence on our present and helps to explain the complexities of contemporary African American behavior for the purpose of promoting healing, sustained growth and advancement.

“Cultural Dissonance” Experienced by Africans brought to America

When Africans arrived on the American continent, families were often torn apart and the people were separated from their various groups or tribes. The “relationship” which was the foundation of their historical survival was threatened.
Message From The First Vice-President
Notes and Observations on Volunteering
A Social Work Voice in Hurricane Katrina’s Aftermath
Jennifer Crumpley, LCSW-R, Division Director of Mental Health Services at the Educational Alliance, First Vice President, NASW-NYC Board of Directors

Hurricane Katrina hit New Orleans on August 28, 2005. Along with millions of others across the nation and around the world, I watched the news helplessly as the chain of events unfolded in the aftermath. I recall listening to a woman complain of not having had food for two days. I thought it unimaginable the government had not sent supplies by then. However, this was only the beginning of the horror and suffering that lasted well beyond two days.

Disaster mental health was not taught in the classroom twenty-five years ago when I was a student at Columbia University School of Social Work. I learned about loss/bereavement and trauma issues later at the Jewish Board of Family and Children’s Services. More recently, I completed courses and participated in the Community Emergency Response Team initiative.

Given the devastation and the toll on the lives of children and adults from this disaster, I wondered how to most effectively use my skills. It was known that the mental health needs of the survivors would be great. The lives of the Hurricane Katrina survivors were forever marred by the abysmal rescue efforts: families were split apart; they were forced to leave pets; and they suffered insurmountable losses, including the tragic deaths of loved ones.

Taking lessons learned from 9/11, and confirmed by any trauma expert, traditional therapy isn’t paramount in the immediate aftermath of a disaster. The immediate priorities are safety, food, and shelter. Disaster mental health interventions are greatly needed later, and include crisis intervention, psychological support, advocacy, education, problem-solving, and referrals to resources. Since I knew that mental health services would be needed for months and years to come, I decided to wait for an opportune time to volunteer.

My wait was a brief one. I applied on September 8th to an established relief organization that I found through a link provided by NASW-NYC. Six weeks later, the organization’s headquarters called, informing me that social workers and psychologists were needed in Houston, Texas within a week. Fortunately, my life situation allowed me to take the time away from family and work for two weeks, albeit on short notice. My employer, the Educational Alliance, was extremely supportive and helpful.

The days flew by as I made flight arrangements, completed orientation, and made preparations for my departure. I packed items needed for deployment in uncertain conditions, as well as two weeks of clothing appropriate for both warm and cold temperatures.

Upon arrival in Texas, I went directly to a motel. At breakfast I met other volunteers and we traveled together to headquarters. During a break, I met a relief worker who was on her way home. She expressed excitement that I was a mental health professional, and said, “You’re mental health isn’t paramount in the immediate aftermath of a disaster. The immediate priorities are safety, food, and shelter. Disaster mental health interventions are greatly needed later, and include crisis intervention, psychological support, advocacy, education, problem-solving, and referrals to resources. Since I knew that mental health services would be needed for months and years to come, I decided to wait for an opportune time to volunteer.

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NASW-NYC Annual Meeting

“The Transformative Power of the Social Work Voice”
Securing the Future of the Profession

Tuesday, May 9th, 2006

5:30pm – Reception
6:15pm to 8:30pm – Program and Awards

United Federation of Teachers’ building
52 Broadway, 2nd floor auditorium
New York City

Keynote Speaker
Alex Kotlowitz

In an era when low-income communities and people in greatest need are only given passing consideration by those with influence over resources, can the future of the social work profession, itself, be secure? What support can the next generation of professional social workers expect from society?

These are two key questions that NASW-NYC has been addressing in the past year, and they provide the guiding focus for the 2006 Annual Meeting.

The roots of the profession, and its future, derive from social work’s connection to the needs of these communities and their residents. Given this recognition, author and journalist, Alex Kotlowitz, has been invited to provide the keynote presentation to underscore the need to share the stories of real people whose voices are rarely heard outside of their communities. It is through such stories that the concerns about people’s lives will be heard, and very possibly, the future of the profession will be secured.

Alex Kotlowitz is best known for his books, “There are No Children Here: The Story of Two Boys Growing up in the Other America”, which The New York Public Library chose as one of the 150 most important books of the century, and “The Other Side of the River: A Story of Two Towns, a Death and America’s Dilemma.” Mr. Kotlowitz’s other works include contributions to The New York Times Magazine, The New Yorker, The Washington Post, and the program “This American Life” on public radio. He is also a writer-in-residence at Northwestern University in Evanston, Illinois. Alex Kotlowitz grew up in New York City and his mother was a social worker who worked at John Jay College of Criminal Justice.

All members will receive a personal invitation in March.
Family Identity, School Performance and Education Policy: A Multi-Cultural Perspective

On November 8, 2005, the second annual professional development workshop for school social workers was convened by the UFT and NASW-NYC. Dr. Carmen Ortiz-Hendricks, a former President of NASW-NYC, and the current Associate Dean at the Wurzweiler School of Social Work, gave an invited presentation, entitled “Family Identity, School Performance and Education Policy: A Multi-Cultural Perspective.” The nature of the relationship between the three elements contained in the title of her presentation is central to achieving positive outcomes for children in school.

Dr. Ortiz-Hendricks spoke of social workers having a key role as “cultural mediators” in schools. In that capacity, a social worker is the “primary school professional who works with the child while simultaneously mediating the environmental dynamics of the family and the school.”

Dr. Ortiz-Hendricks said that social work in public schools requires cultural knowledge about the children and their families in order to effectively serve them. She emphasized the challenges that arise from the interplay between children and families from diverse racial or ethnic backgrounds and public school professionals, in educating those children.

Assessments of a child’s ability and intelligence may be measured and interpreted differently by the child’s family and by school officials, according to Dr. Ortiz-Hendricks. She noted that such diverse perspectives could lead to conflicts, because each party brings differences in values, beliefs and historical experiences to the child’s assessment.

Dr. Ortiz-Hendricks also observed that in instances where a parent denies a child’s diagnosis, social workers who are “cultural mediators” will ask the parents to provide their own explanation for their child’s learning difficulties. In that way, the parents’ point of view, which is based on the parents’ experience in the world, is gained. In addition, that view might be a more accurate representation of the child’s needs.

In her discussion, Dr. Ortiz-Hendricks shared elements of “culturally competent approaches” that social workers might practice. These include:

- building shared understanding and shared responsibilities between parents and school professionals;
- recognizing that family group identity should be considered when addressing a child’s learning needs;
- building on the strength of family identity at times when remedial services must be secured for the child;
- focusing on the strengths found in the parent’s perceptions instead of on the deficits’ perspective often given by school professionals.

Dr. Ortiz-Hendricks observed that no one is born “culturally competent”. Instead, she said that it is an ongoing learning process; but the training of a culturally competent professional is not clearly specified in professional education or practice. She made a case for the necessity of cultural competence for social workers, since they have to mediate between the client’s culture and the agency’s culture. At the same time, she said, social workers must increase their sensitivity and knowledge of the values, practices, customs and beliefs of each culture and simultaneously appreciate their own personal and professional values and beliefs.

Dr. Ortiz-Hendricks said that school social workers also should “assume a role in advocating for alternative school policies and practices that welcome parents’ participation in the educational plans for their children, and that are culturally sensitive and friendly to diverse populations.”

Life’s Journey
Help Starts Here.
be recognized and supported, including the importance of striving to keep families together through the provision of support services. Task force members shared the concern that with the focus of the media on the children’s deaths, there is growing pressure to remove children from their parents when it is not warranted.

Of especial concern to the task force was information provided from social workers close to ACS which raised significant concerns about the effectiveness of training for caseworkers once in the field, the impact of a hiring freeze in the past several years, the reduction in the program to send staff to obtain MSW’s, and actual caseload size (compared to reported averages).

In an early discussion, the task force members underscored their concern that community resources needed to be better utilized, including child abuse units in hospitals. They also identified the value of being able to provide at-risk families with valuable supports such as homemakers who can also teach parenting skills. They noted that resources could be better allocated to selected areas of the City where child abuse reports are highest. In addition, task force members focused on whether schools and ACS communicate with one another effectively, as well as how schools utilize their own social workers.

Immediately after Nixmary Brown’s death, the Chapter’s First Vice President, Jennifer Crumpley, appeared on a half-hour television news show on NY1 addressing child abuse. She discussed what neighbors and family members should look for to detect abuse and made suggestions on how the child welfare system could be improved.

Although the Africans survived the sudden violent disruption of family and home as demonstrated in the reconstruction, albeit fragmented, of their cultural values and customs, they were forced to incorporate the ethnic ideology of their captors. This integration led to what can be described as a “cultural dissonance,” or psychological discord resulting in a loss of healthy identity and self-esteem.

Additionally, Africans were systematically stripped of all power to protect themselves or their families, and they were relegated to a permanent state of adolescence within an unrelenting white paternalistic system. Yet their survival was inextricably bound to their acceptance by whites. Given this paradox, Africans undoubtedly experienced severe stress and feelings of distrust and rage.

While the existence of slavery in any society proved to be a destructive and tragic experience by those who suffered at the hands of their captors, the impact of American chattel slavery on Africans was eminently more devastating. Unlike other societies where people were enslaved as a result of war, where the winners captured the losers and made them slaves, the American slavery experience was exclusively based on the notion of racial inferiority. According to Morris (1996), the introduction of slavery produced a white ethnocentric model, which was justified by an erroneous belief in ‘colorism.’ Also in Morris (1996),

Announcing the NASW-NYC Members Only Web Page

Here is Your Password: Welcome

As they say, membership has its benefits…and your membership in NASW-NYC is valuable.

The NASW-NYC member page provides you with information that is uniquely available to members. In the recent past NASW members were kept up-to-date about developments in the social work licensing law, BEFORE it was enacted, as well as after. Similarly, NASW-NYC members were the very first ones to know about our lobbying for the loan forgiveness program, and they were the first to know when applications became available.

The Members Only Page will be the place to find similar updates in the future, as well as resources of value to professional social workers. We recommend that you check the page on a regular basis.

To log on visit www.naswnyc.org and click on the members only icon. Your password is: Welcome
Why We Must Still Care

The Rockefeller Drug Laws

Paula Caplan, LCSW, CASAC; NASW-NYC Addictions Committee, Chair, Policy Sub-Committee

The Rockefeller Drug Laws (RDLs) conjure up images of the movie, “Midnight Express” which is based on the real life experiences of a young American who faced years in a Turkish prison for possessing hashish. The feelings of horror I had while watching his treatment are those I had when I began to learn about the Rockefeller Drug Laws.

One might think this could happen elsewhere, but surely not here in America. While I was thinking about what goes on here in America, the following fact was brought to my attention:

As of June 1995, we, in this country, incarcerated 3,109 Black men for every 100,000 Black men in the population. The horror of this reality comes to light when we realize that the next closest country is South Africa, which under Apartheid, that’s right, while still under Apartheid, incarcerated 729 Black men for every 100,000.

So we see these extreme, and seemingly irrational responses do happen here, but what does this have to do with the Rockefeller Drug Laws or our work as social workers?

In 1973, New York passed the Rockefeller Drug Laws in response to what many say was a move for political positioning, rather than any genuine response to what should be dealt with as a mental health issue.

Originally, the RDLs required mandatory sentences of 15 years to life for possessing or selling small quantities of drugs and did not allow judicial discretion. For example, a first time, non-violent offender, who may have been coerced into delivering drugs for a large drug dealer would receive a mandatory sentence of 15 years to life.

As this example indicates, the individual’s role in the transaction, the circumstances surrounding the individual, and whether it was a first-time or non-violent offense, were not factored into sentencing.

In addition, as the comparison with South Africa demonstrates, the laws are skewed against people of color. African-Americans and Latinos comprise 94% of the drug offenders in NYS prisons, despite the fact that studies show that the majority of people who use and sell drugs are white.

As a result of the RDLs, prison populations soared. In 1980,11% of the NYS prison population was convicted for drug offenses; in 2004, that number rose to 35%.

A 1997 Rand Drug Policy Research Center study presented evidence that treatment not only works, but it is cheaper than prison and reduces serious crime 15 times more than mandatory sentencing. The National Institute on Drug Abuse has sponsored studies that drew these same conclusions and indicate that treatment results in better job retention.

The numbers speak for themselves. It costs about $32,000 to keep an inmate in NYS prison for a year, while most drug-free outpatient care costs between $2,700 to $4,500 per person per year; inpatient treatment runs up to $21,000.

Minimal Reform – Most are Still Behind Bars

In response to the growing outcry against the oppressive laws, the RDLs were reformed slightly in 2004, reducing mandatory sentences to 8-20 years and allowing some judicial discretion for non-violent cases. However, discretion is not widespread and additional punitive measures were enacted. Despite the fact that many people previously tried under the RDLs were to have their cases reviewed, most are still behind bars.

RDLs Have Broad Impact on Social Work

The RDLs affect every aspect of our work as social workers. Public agencies, schools and community centers in New York City may be receiving less funding because those from NYC who are incarcerated upstate not only lose their voting privileges, but their home communities lose money because funding is tied to the census. Prisoners are counted as part of the census in the community where they are incarcerated, instead of being counted in their home community.

As a result, funds are diverted to upstate districts, where, since 1982, 38 prisons have opened to accommodate the rise in the prison population, largely due to the RDLs. Many of those prisoners, now incarcerated in upstate facilities are former NYC residents.

Annually, $1.1 billion is directed toward covering the operating expenses of these prisons. In addition, there are over 6 million children whose parent(s) are under correctional system supervision; this has a far reaching impact in terms of costs and burdens on other systems, such as foster care.

The Center for Addiction and Substance Abuse at Columbia University (CASA) published a heart wrenching study called “Criminal Neglect: Substance Abuse, Juvenile Justice and the Children Left Behind”. The report concluded that, although we can clearly identify children at risk and the interventions needed, we fail to act, allowing these children to end up in the juvenile justice system, which ultimately leads them into the adult justice system.

It is imperative that we, as social workers, who understand that addiction is a bio-psychosocial disease, get involved. Do get involved. Attend the “Rockefeller Drug Law Teach-In” that will be held, free of charge, at NASW-NYC, on April 5th. See announcement on page 7. For more information, visit www.droptherock.org.

Source: Drop the Rock Coalition literature with citations from The Center for Children of Incarcerated Parents, Center for Addiction and Substance Abuse (CASA), The Isaiah Project and comments made in 1995 by Sher Horosko, the former Director of Addictions Services for Connecticut.
Social Work Ad Shown in Times Square
“Help Starts Here” Message - On View for Millions of Shoppers Over the Holidays

The profession of social work was on view in a special way in Times Square during the recent holiday season.

The advertisement was shown on the NBC Astrovision screen at One Times Square, as part of the NASW National Social Work Public Education Campaign, funded by the NASW Insurance Trust.

The images of professional social workers of various backgrounds, along with rapidly changing words identifying a range of their skills, flashed across the screen eight times a day from December 23rd through New Year’s Day.

If you missed the ad, you can view it on our website at: www.naswnyc.org

Several Chapter board members joined Executive Director, Robert Schachter, for a photo-shoot with the message “Social Workers - Help Starts Here” appearing in the background. From left to right were: Anna Fewell, Martha Adams Sullivan, Rose Starr, Mary Leong, Robert Schachter, Jennifer Crumpley, Cheryl Lee.

“DROP THE ROCK” TEACH-IN

Learn about the Rockefeller Drug Laws & their impact on Society
Wednesday, April 5th, 2006
6:00 – 9:00 PM

Sponsored by NASW-NYC Addictions Policy Planning Subcommittee

NASW-NYC Chapter Office, 50 Broadway, 10th Floor, New York Large Conference Room

Seating is limited, please RSVP by April 3rd to (212) 668-0050 ext. 235
Bring Students and Colleagues - RSVP Required
Light Dinner will be served

Free Event CASAC Hours Pending
Additional $1 Million Sought For a New Group of Social Workers in Loan Forgiveness Program  
NASW Member Voices Needed

NASW and its Alliance partner, 1199/SEIU, are now seeking additional funding from the New York State Legislature for 160 more social workers to participate in the New York State Social Work Loan Forgiveness Program. Student loan forgiveness, in exchange for service, has been identified as an effective strategy to recruit and retain trained social workers in critical human service areas. The addition of 160 social workers will increase the total number to 320 statewide who can receive assistance through this program. Your help is needed in the effort to secure these additional funds.

The Alliance, including NASW-NYC, NASW-NYS, and 1199/SEIU introduced and lobbied for the Social Work Loan Forgiveness Program, which was funded in its first year at $1 million for 160 New York State professional social workers. The Program was designed to encourage the recruitment and retention of professional social workers in the critical human services areas of health, mental health, substance abuse, aging, HIV/AIDS and child welfare, as well as in multi-lingual communities.

The initial $1 million is now available for 160 NYS social workers to receive up to $6,500 per year for up to four years to offset outstanding loan obligations incurred for graduate studies in social work. An e-mail alert was sent to the NASW-NYC membership in late January to announce the availability of applications for this special opportunity that is administered by the NYS Higher Education Services Corporation (HESC). Completed applications are due by March 15, 2006. You can access applications through the Chapter website: www.naswnyc.org.

What members can do to help secure additional funding for loan forgiveness

To accomplish the goal of funding a second group of 160 professional social workers for the Loan Forgiveness Program, the Chapter is asking members to write, call or email the following NYS Assembly Members to ask for their support. Please contact them between now and March 10, 2006.

Assembly Member Sheldon Silver  
64th Assembly District  
250 Broadway  
Suite 2307  
New York, NY 10007  
phone: (212) 312-1420  
e-mail: speaker@assembly.state.ny.us

Assembly Member Herman D. Farrell, Jr.  
71st Assembly District  
250 Broadway  
22nd Floor  
New York, NY 10007  
phone: (212) 312-1441  
e-mail: farrelh@assembly.state.ny.us

Assembly Member Adriano Espaillat  
72nd Assembly District  
210 Sherman Avenue  
Suite A  
New York, NY 10034  
phone: (212) 544-2278  
e-mail: espailla@assembly.state.ny.us

The following sample letter expresses what needs to be said:

Dear Assembly Member, _________________:

The Social Workers Loan Forgiveness Program enacted last year will support 160 social workers who accept employment in identified critical shortage areas, including health, mental health, addictions, aging, child welfare, HIV/AIDS and in multi-lingual communities.

I urge you to provide an additional $1 million to enable another 160 social workers to benefit from this program. These service areas need more professional social workers.

Sincerely,
(your name and address)

Please let NASW-NYC know that you contacted one of these Assembly Members. Call (212) 668-0050, email us at naswnyc@naswnyc.org, or write to Loan Forgiveness, NASW-NYC, 50 Broadway, Suite 1001, NY, NY 10004.

NASW will also be meeting with selected Assembly Members. However, the more social workers who contact these Assembly Members (by March 10, 2006), the greater the chance for success.
Jennifer Crumpley

Continued From Page 2

health! ‘You’re here for staff? They really need it!’ I had no idea what my assignment would be, however her reaction suggested she appreciated the support I could offer to the volunteers.

Later, we were bused to our housing unit, an abandoned hospital. Men and women were housed throughout the building, two to six persons to a room, with cots for sleeping. This setting was luxurious compared to other housing arrangements where hundreds of persons slept in open spaces with no privacy, and access to only a few bathrooms.

Orientation included a seminar on the physical, emotional, thinking, and behavioral symptoms of stress and effective ways to manage it. No time was wasted after the orientation; we were assigned to a processing center in a Texas suburb. It was identified as a hub for the remaining relief activities in eastern Texas, which was heavily affected by Hurricane Rita. The overall goal of activities was to ensure that everyone eligible, nearly 150,000 individuals, would receive financial assistance.

Our instructions were to outreach to the individuals and family members coming in for their relief benefits. We were to ensure they were cared for in a timely and respectful manner, and provide advocacy, if necessary.

Providing Emotional Support for Staff and Volunteers

We were also to provide emotional support to staff and volunteers from around the country. They were living and volunteering under extremely stressful conditions and often did not recognize the impact of those stresses.

At times, I was expected to provide formal de-briefing and exit interviews to staff. Those sessions required obtaining first-hand accounts of situations causing stress during the volunteer experience, asking targeted questions, and intervening to help the situation.

On any given day, I walked around the vast space, observing behavior and giving assistance as needed. Once, I saw a relief worker standing alone, leaning against a column, drinking his coffee and silently watching his co-workers at their laptops. I introduced myself as a mental health counselor. In that moment, he became my client. I engaged him using a basic social work tenet “to begin where the client is.” He seemed appreciative of the attention and without hesitation began talking to me. He explained that he felt useless, since he was not computer-literate. He had been at the service center for a couple of weeks, helping individuals who came in person. But now the operation had shifted and was computerized. He felt he’d contributed all he could. Wisely, he told me he was just a “country boy” who had never used a cell phone, much less a computer, so he was of little help now. I validated his role in the relief effort based on what he’d been asked to give. Upon exploration, he agreed. After we spoke, he departed. It seemed he only needed to know that his contribution was valued before he felt comfortable leaving.

Supporting Survivors’ Needs

I spoke to a young man who had evacuated from New Orleans. I asked if he was being taken care of after I observed him staring wide-eyed into space. He said he was waiting for a friend. He soon told me how he and his sister had expected to leave New Orleans before the hurricane struck, but his car had broken down, and they were forced to return home and ride out the storm.

He told me how the water slowly seeped into his house, and then, suddenly, the floodwaters forced them to climb to the roof. He and his sister stayed there two days until strangers in a canoe rescued

... not enough is written about those who provide emotional replenishment to relief workers during a disaster.”

Continued on Page 12
Dr. Joy Leary

Continued From Page 5

Thomas R. Cobb (1858) states:

“... The Black color of the race raises the presumption of slavery...” This view was amply supported by the Aristotelian concept of a “natural slave,” together with biblical strong belief in the “curse of Ham,” and lastly, “...this was linked in Western thought with the notion of a “great Chain of Being.” Life was part of a chain that ascended from the lowest to the highest.” (p. 17)

Africans were considered to be “presumed” or “natural slaves” based on their skin color. They were also referred to as “thinking property” and inherently “rightless persons.”

American slavery destroyed the very fabric of African culture by systematically destroying and perverting relationships. The protracted nature of American chattel slavery resulted in harm to multiple generations.

Social Learning Theory Explains Transmission of Certain Behaviors

Social Learning Theory (SLT) focuses on the modeling antecedents and, in the case of African Americans, this would begin with the pre-slavery environment. Prior to American slavery, numerous African tribes flourished with strong cultural customs and established communities.

With the onset of slavery, however, multitudes of African Americans learned to function within a system which was at variance with their traditional customs, values and needs. Different from other societies where slavery existed, African slaves were forced to integrate into a dominant European system whose dichotomous philosophy established a rock solid edifice of white superiority and black inferiority using race as the basis of determining human fitness or unfitness. Thus, African slaves and their descendants survived by learning to accept the servile status permanently assigned to them by their oppressors.

Continued on Page 11

NASW “Standards for Cultural Competence”

In 2001, National NASW adopted the “Standards for Cultural Competence”. NASW-NYC is calling attention to these “Standards” to encourage every social worker to recognize the profession’s expectation that culturally competent practice is all of our responsibility, in working with all client groups, and subgroups. The “Standards” are founded upon a principle in the NASW Code of Ethics which charges social workers to be culturally competent.

These “Standards” were developed by the NASW National Committee on Racial and Ethnic Diversity. The Standards are listed below, but for a full discussion and interpretation, go to the national NASW website at www.socialworkers.org. The document itself can be purchased from the NASW Press by calling: 1-800-227-3590.

Within NASW-NYC, discussion has recently focused on one shortcoming of the Standards: that they do not adequately address the nature of race and racism in society and its relevance to social work knowledge and practice.

Over the past three years, 1,000 social workers and human services providers have taken the “Undoing Racism™” training given by the People's Institute for Survival and Beyond. Many have expressed a significant deepening in their understanding of the dimensions and manifestations of racism on the one hand, as well as understanding the value of being culturally competent. Additional information is available at: www.thepeoplesinstitute.org and www.antiracistalliance.com.

NASW Standards for Cultural Competence (in brief)

Standard 1. Ethics and Values: Social workers shall function in accordance with the values, ethics and standards of the profession, recognizing how personal and professional values may conflict with or accommodate the needs of diverse clients.

Standard 2. Self-Awareness: Social workers shall seek to develop an understanding of their own personal, cultural values and beliefs as one way of appreciating the importance of multicultural identities in the lives of people.

Standard 3. Cross-Cultural Knowledge: Social workers shall have and continue to develop specialized knowledge and understanding about the history, traditions, values, family systems, and artistic expressions of major client groups that they serve.

Standard 4. Cross-Cultural Skills: Social workers shall use appropriate methodological approaches, skills, and techniques that reflect the workers’ understanding of the role of culture in the helping process.

Standard 5. Service Delivery: Social workers shall be knowledgeable about and skillful in the use of services available in the community and broader society and be able to make appropriate referrals for their diverse clients.

Standard 6. Empowerment and Advocacy: Social workers shall be aware of the effect of social policies and programs on diverse client populations, advocating for and with clients whenever appropriate.

Standard 7. Diverse Workforce: Social workers shall support and advocate for recruitment, admissions and hiring, and retention efforts in social work programs and agencies that ensure diversity within the profession.

Standard 8. Professional Education: Social workers shall advocate for and participate in educational training programs that help advance cultural competence within the profession.

Standard 9. Language Diversity: Social workers shall seek to provide or advocate for the provision of information, referrals, and services in the language appropriate to the client, which may include the use of interpreters.

Standard 10. Cross-Cultural Leadership: Social workers shall be able to communicate information about diverse client groups to other professionals.

Adopted by the NASW Board of Directors June 23, 2001
Comer (1980) writes:

“The slave family existed only to serve the master and in order to survive physically, psychologically and socially the slave family had to develop a system which made survival possible under degrading conditions. The slave society prepared the young to accept exploitation and abuse, to ignore the absence of dignity and respect for themselves as blacks. The social, emotional and psychological price of this adjustment is well known.” (p. 47)

A Clinical Perspective

Many psychological journals, articles and books have been written with elaborate details of the symptoms of PTSD (Post Traumatic Stress Disorder) and the causes and treatment of this disorder. Individuals and groups said to suffer from this disorder include victims of rape, war veterans, holocaust survivors and their children, victims of incest, heart attack victims, natural disaster survivors, and victims of severe accidents (DSM IV , 1994). However, absent from this list are the African American slaves and their offspring.

In light of the cumulative and continued stressors experienced by African American communities, viewing such stress in light of PTSD, as well as socially learned maladaptive behavior, is appropriate. The direct traumas associated with slavery occurred long ago; taking into account differential dose exposure and differences in individual psychology, it is impractical or perhaps impossible to determine who suffered from PTSD or the severity of the symptoms.

There is currently no evidence that would suggest that those Africans who may have suffered from PTSD received any formal treatment. The lack of any therapeutic intervention for potential PTSD sufferers during or after the advent of slavery would support the view that PTSD among African Americans most likely did occur but went untreated. It is also overwhelmingly clear that new traumas continued to plague African Americans long after slavery was officially ended.

PTSS theory proposes that while the remarkable resilience of the African allowed for the continued perpetuation of the culture and the people, varying levels of both clinically induced illness as well as socially learned and maladaptive behaviors were passed along through generations and transmission occurred via the family, community and the larger society.

Also in Comer (1980), Theodore Lidz (1963) wrote:

“Each society has a vital interest in the indoctrination of the infants who form its new recruits. It lives only through its members, and its culture is its heart which must keep pulsating. Without it, its members are rootless and lost. They must be so raised that the culture exists in them and they can transmit it to the next generation. It is a task that every society largely delegates, even though unwittingly, to an agent - the family.” (p. 19)

The psychological consequence to the Africans of their vicarious learning was internalized racism, cultural/familial fragmentation and vanished hope. The African’s self-loathing was demonstrated by efforts and desires to look and behave like Europeans, and abhorrence of everything associated with being African.

Memmi (1965) states:

“The point is that whether Negro, Jew or colonized, one must resemble the white man, the non-Jew, the colonizer . . . the colonized in the throws of assimilation hides his past, his traditions, in fact all his origins, which have become ignominious.” (p. 22)

PTSD is a clinical diagnosis that when treated with medication, counseling, and other supports is a problem that can be controlled. Yet, the etiology of PTSS, as a condition, is linked to the social, psychological, and environmental factors of oppression and racism and is dependent upon their eradication. The multigenerational traumas experienced by African Americans associated with slavery have rarely been acknowledged or, more significantly, adequately assessed through research. What is important now, is to understand how and in what ways our past still influences our present for the purposes of moving forward as African Americans in a healthy and collectively productive manner.

Na’im Akbar (1984), a noted clinical psychologist, says it best:

“In order to fully grasp the magnitude of our current problems, we must re-open the books of the past on the events of slavery. Our objective should not be to cry stale tears for the past, nor to rekindle old hatreds for past injustices, instead we should seek to enlighten our path of today by better understanding where and how the lights were turned out yesterday. We should also understand that slavery should be viewed as a starting point for understanding the African-American psyche, and not as an end point.” (p. 8)

References


Dr. Joy Leary
Continued From Page 10

In order to fully grasp the magnitude of our current problems, we must re-open the books of the past on the events of slavery. Our objective should not be to cry stale tears for the past, nor to rekindle old hatreds for past injustices, instead we should seek to enlighten our path of today by better understanding where and how the lights were turned out yesterday. We should also understand that slavery should be viewed as a starting point for understanding the African-American psyche, and not as an end point.” (p. 8)
Jennifer Crumpley

Continued From Page 9

them. He expressed a desire to return to New Orleans; he hoped to get a job during the rebuilding effort.

During our conversation, I assessed and he agreed that his basic needs were being met, and that he had no other immediate needs. I offered him emotional support through words of encouragement, hopeful that he would achieve his goal by returning to New Orleans. I told him that I admired his courage in the face of the challenges he had endured. I affirmed that his feelings and reactions were normal under these circumstances.

**Telephone Interventions**

My co-workers and I were instrumental in intervening at times when a relief telephone operator would need assistance with an emotionally upset caller. The telephone intervention helped the client understand the criteria for receiving benefits and supported the relief worker in assisting the applicant.

After one of those times, my evening supervisor came to me saying, “You made us look good. We had some ‘higher-ups’ walking through to see the operations and they were watching you work with the client on the phone.” I was so focused on de-escalating a conflict between a caller and the relief operator that, for approximately twenty minutes, I was unaware of anything or anyone around me.

**Relief Workers Also Need Care**

Much is written about the efforts of firefighters and police officers. They deserve this recognition; they risk their very lives to save others. But not enough is written about those who provide emotional replenishment to relief workers during a disaster.

The importance of caring for relief workers and volunteers cannot be overstated. Relief workers endure many hardships, including challenging housing conditions; unpredictable job assignments; frequent changes in tasks; threats to their safety; being away from loved ones and community; and being unable to utilize their skills as expected.

In addition, relief workers, in this case, did not fully use the mental health services offered to them. I expect that it was due to their cultural or individual biases about seeking supportive counseling in the work setting, or a lack of understanding their own need for care, since they were in the role of caregiver.

**Understanding What Residents Lived Through Helps**

Visiting the sites of devastation in Texas and making a few home visits helped my work. It enhanced my understanding of what the residents had lived through, and helped me to empathize with the clients. It was compelling to see, first-hand, what the force of nature could reap, although we could never fully understand all the survivors had experienced.

Toward the end of my stay, I met more evacuees from New Orleans. One person spoke of having to “break out” of the Superdome. He admitted “stealing” a truck and transporting nineteen people after he left the Superdome and saw his own truck floating in water. He spoke solemnly of caregivers shielding children’s eyes from seeing dead bodies floating by.

In all of these examples, I was an active and supportive listener. I gave the survivors an opportunity to tell their stories once again. It is important to allow persons who suffer trauma or an overwhelming event to tell their story over and over; it helps people to stop denying the event when they talk about it. Also, talking helps them to reconnect to their feelings - an important step in the healing process.

**Lessons Learned**

Towards the end of the operations, a few of us were asked to supervise other staff. I then learned an invaluable lesson about flexibility in a relief effort. Roles and responsibilities in disaster relief work are ever evolving, so you cannot be rigid about any assigned task. You must leave your professional ego at the door. Some mental health practitioners were less able to operate under these conditions and chose to return home.

Disaster situations test the skills of mental health practitioners, particularly our listening skills. These skills are sorely needed, for assisting a survivor, but also for picking up cues from workers who are experiencing vicarious stress and don’t know it. Often, we had to defuse volatile situations with volunteers who were stressed to the breaking point, yet they were oblivious to their own emotional turmoil and its effect on others. They usually did not seek help, but did accept it when it was given.

The people who seemed most challenged by this work were often those with tremendous clinical knowledge, but with less opportunity to use their therapeutic skills in ways they expected. We often named that situation, “Hurry up and wait,” and used the expression when it seemed no one needed our attention. Wanting to help but being “on hold” until a situation demanded one’s attention was difficult.

Staying in touch with our own families and loved ones was crucial to our work. In addition, the supportive bonds we formed as co-workers helped us with our own emotional needs. There was no such luxury of going home in the evening to unwind and have your own “down-time” to recharge for the next day.

Providing disaster mental health services is extremely rewarding and transforming. I met many dedicated volunteers from all over the country and will treasure those friendships. Last, but not least, I will never forget the survivors I was privileged to meet. ☐
Friday, March 3, 2006
Private Practitioner’s Committee:
Show Me The Money: Transforming Fear of the Fee
Speaker: Kachina Myers, LCSW
12:00 PM - 1:30 PM

Friday, March 3, 2006
Disaster Trauma Working Group:
Looking at Survival after Disaster: Individual and Community Resourcefulness
Presented by: Madelyn Miller, LCSW, Chairperson
3:00 PM - 5:00 PM

Wednesday, March 8, 2006
PACE Steering Committee
6:15 PM - 8:15 PM

Thursday, March 16, 2006
2nd Annual Latino Scholarship Luncheon
Con Edison Building
4 Irving Place, 19th Floor, NYC
(See page 26 for details)
12:30 PM - 3:00 PM

Wednesday, March 22, 2006
Addictions Committee:
Crystal Meth
Speaker: Karliese Greiner-Laurie
9:15 AM - 11:00 AM

Monday, March 27, 2006
LGBT Community Center, 208 W 13th Street
A Campaign for Political Social Work in the LGBT Community
Presented by Gary Parker, MSW
6:30 PM - 8:00 PM

Wednesday, April 5, 2006
Addictions Committee:
“Drop The Rock - Teach In”
6:00 PM - 9:00 PM

Friday, April 7, 2006
Private Practitioner’s Committee:
Marketing Support Group
12:00 PM - 1:30 PM

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- INTRODUCTORY WORKSHOP: Wednesday, May 17th, 2006 at 8:00 P.M.
- INTRODUCTION TO INTERACTIVE GROUP: Wednesday, May 24th at 8:00 P.M.
- INTRODUCTORY WORKSHOP: Wednesday, June 21st, 2006 at 8:00 P.M.
- DREAM WORKSHOP: Tuesday, June 27th, 2006 at 6:30 P.M.

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Stipend-Paying Volunteer Opportunities for Older Adults - ReServe, a new nonprofit, is offering New Yorkers skills-based volunteer work in nonprofit agencies. The professionals sought are retired journalists, teachers, lawyers, accountants, artists, social workers, consultants, advertising, ad sales and public relations specialists, librarians, paralegals, human resources specialists, administrators and anyone with skills to share. Our pilot programs are conducted at established social and cultural institutions in the greater metropolitan area. Each institution will pay participants a stipend for approximately 15 hr/wk. For more information, please contact Clara Kohn at info@ReserveInc.org or (718) 923-1400 ext. 247.

The 1199 Health & Human Services Employment Center - has full-time, part-time and temporary openings for Social Workers with our member institutions located in all 5 boros. Applicants must have LMSW/ LCSW and at least 2 yrs hospital experience working with any of the following patient populations: Substance Abuse, Mental Health, Pediatrics, HIV/AIDS, Geriatrics. Inpatient or Outpatient experience preferred. Bilingual candidates are strongly preferred in the following languages: Spanish, Chinese, Russian or Yiddish. All positions offer excellent benefits and competitive salaries. Qualified candidates should forward their resume with a cover letter and salary requirements to: 1199 Health & Human Services Employment Center, 2501 Grand Concourse, 3rd Flr, Bronx, NY 10468. Attn: FC. Fax (718) 562-6391.

PSAunders@metropolitancenter

OFFICE SPACE AVAILABLE

Wall St. Area - On Broadway between Maiden Lane and Liberty St. Large, newly furnished, part-time office available after 1/15/06. Ideal Financial District location. Convenient to all transportation. Call Cynthia Callisen (212) 608-9680.


University Place at 12th Street - Attractively furnished, tranquil psychotherapy office in ideal location, with great light, oak trim, A/C, waiting room and bathroom en suite. Available Monday to Friday up to 5pm (Friday evening also possible.) Very affordable! Contact Eric at (917) 817-8869.

12th Street and University Place - Large, bright, beautifully furnished psychotherapy office with two windows. Ideal for individuals and couples. Can accommodate a small group. Great location, two blocks from Union Square. Near all public transportation. A/C, microwave. Wednesdays and Fridays from 4:00 P.M. on & Saturdays. For info call (212) 727-8132.

Greenwich Village (Near Union Square) - P/T furnished office, with waiting room, available Monday, Thursday, Friday in attractive psychotherapy suite. Convenient public transportation. Contact Jim at (212) 529-6288.


Gramercy Park - Views and keys to the park; Lobby floor; Suite of three therapy offices. Furnished including phones. Day and evening availability. Call (212) 687-5335.

Union Square West at 16th Street - Bright, comfortable, windowed, air-conditioned office in psychotherapy suite. Well decorated. High-speed internet access. Suite has high ceilings, kitchenette and two waiting areas. Steps from major transportation. Available Wednesdays, Thursdays, Fridays and weekends. Full day and evening time available. (212) 206-6828.

Chelsea/ West Village - Newly renovated, large psychotherapy office, phone service-ready, private entrance, ground floor, and has a writing alcove. 1, 2, 3, A, C, E, path are steps away! $1475 a month. Call John at (917) 757-1715 or jpcarne@yahoo.com.

Flatiron District (Fifth Ave & 20th St) - Attractively furnished office space available in classy suite. Numerous amenities. Avail M,W,Th,F,S/S. Also hourly blocks in private office or group room. (212) 243-4122.

20th St. and 5th Ave. - Beautiful, large, sunny office available Wednesday & Thursday evenings, and Saturdays. Call (212) 647-0261 for more information.


27th St. between 6th Ave. and 7th Ave. - Beautiful studio converted into office in luxury building. 24 hour concierge, kitchenette, bathroom, and floor to ceiling windows. Conveniently located near public transportation including subways and buses. All expenses included, in lieu of phone. Days: 8 am-4 pm $320.00 per month. Evenings: 5:15 - 9:15 pm: $190.00 per month. Availability: Mondays - days Tuesdays - days and evenings Saturdays - days and evenings. If interested, please contact Sarah at (917) 853-9891.
Desirable ceilings, tastefully decorated, shared sizes and reasonably priced. High psychotherapy offices available; Various

**Desirable East 49th Street Location**
- NYC Office Space Available. Spacious, renovated, furnished, P/T psychotherapy office; 2 large windows facing private outdoor patio; doorman; walk to Grand Central. Call (212) 829-9688

**Brooklyn Heights**
- Beautiful, windowed ofcs for psychotherapy & groups. P/T, furnished w/ high speed internet access. Intercom system, waiting room, A/C, 24/7 bldg security. 2, 3, 4, 5, A, N & R trains. Contact Michael Spieldenner, LCSW (718) 694-8209

**Forest Hills, Queens**

**Forest Hills, Queens**
- This newly refurbished suite, a lovely professional annex to a private house in Kew Gardens on the border of Forest Hills, now has 3 offices for rent. Conveniently located near LIRR, subway, and bus lines; special discounted rates at indoor parking garage. Each office, furnished with love, has its own style and charm. Many amenities such as microwave and refrigerator. Reasonable rents, a must see. Call Allison (718) 263-1811

**Park Slope / Windsor Terrace**
- 10x15 comfortably furnished office, air conditioned, waiting area, steps from subway and bus, available Monday, Tuesday, Thursday, Saturday, $700 for 4 days, $600 for 3 days, Call (718) 768-0320

**Dumbo, Brooklyn**
- Office share available in beautiful office with magnificent views. Central air. Good security. Great location. Near the 2/3 trains, the F, & A/C trains. Call Lisa (718) 596-9260

**SOCIAL WORK SERVICES**

Clinical Supervision - Enhance your work with clients! Positive reframing of countertransference. 25 yrs. Experience-Practice/ Supervision. Adjunct Faculty NYU School of Social Work. Psychodynamic orientation. HIPAA compliant. Supervision credit towards LCSW and R. Contact Yvette Mardis PhD (718) 699-8838

**Supervision**
- Psychodynamic orientation. Effective use of self. Treat the "difficult" patient. Expertise in child/adolescent treatment. 25 yrs. experience. Institute Faculty and former Clinic Director. Convenient Village location. Credit towards L and R. Mona Daniels LCSW (212) 627-2080
Affordable Supervision - Very experienced clinical social work psychotherapist, institute senior faculty member and supervisor with psychodynamic orientation offers group or individual supervision for individual, group, couples and family treatment. This supervision can be credited towards the LCSW or LMSW in NY. Lou Levy, LCSW (212) 722-0505

Clinical Supervision and Psychotherapy - Queens and Manhattan offices, caring, competent, seasoned clinician, faculty/field advisor NYU Graduate School of Social Work, extensive experience in both teaching hospital and private practice settings, advanced post-master certification in clinical practice (NYU) and supervision (Columbia). Allison Bobick Luel, LCSW-R (212) 534-5825 - special fees for all recent MSW graduates

Manage Care Consultation - By experienced social worker in full-time private practice working with 40-50 managed care companies - PPO, HMO, EAP’s. Manage Care List available. Provide expertise in the following areas: getting on/off panels, writing successful OTR’s, help with claims problems, charting correctly for audits, important telephone contacts to get things done! Individual/group consultations offered. Call (917) 424-3545 or (718) 352-0038 for an appointment

Private Practitioners - Learn to earn more without compromising your ethics and professionalism. Practical marketing guidance tailored to suit your strengths and style. Practice building consultation with Lynne Spevack LCSW, a seasoned clinician with 22 years of experience, and 15 years in private practice. Offices in lower Manhattan near Wall Street and mid-Brooklyn. LynneSpevack@aol.com, (718) 377-3400

OCD/BDD Workshop - Obsessions and Reflections: Understanding and Treating Obsessive-Compulsive Disorder and Body Dysmorphic Disorder. Sponsored by the New York University School of Continuing and Professional Studies (www.scp.nyu.edu) Date/Time: March 11, 2006, 9am-5pm Instructor: Scott M. Granet, LCSW (650) 599-3325, granets@aol.com. To Register: (212) 998-7171. Information Line: (212) 998-7200, Toll Free: (888) 998-7204; Cost: $120

Theme-Centered Supervision Groups - The First Session and Money Issues in Clinical Work. Affordable, maximum of 6 per group, time-limited. Faculty and supervisor at PPSC, also an experienced clinician. Contact Libby Kessman, LCSW, at (212) 595-8373 or LKcsw@aol.com

Supervision - LCSW therapist with over 20 years private practice and agency experience. Learn how to integrate theory & practice; dream interpretation; mindfulness techniques; Jungian orientation. Union Sq. area. Sliding scale. Linda Robbins (212) 475-7227

Market Yourself with Marketing Solutions for the Helping Professional - Create and expand your successful practice and build entrepreneurial skills. Overcome obstacles to practice promotion, develop “niche” markets, learn to create marketing materials. Market yourself with joy and fearlessness!! Contact Karen L. Arthur, LCSW (212) 947-7111 X 364 or info@centerformindfulliving.com

Group Supervision - For therapists working in the LGBT community. Lee Crespi, LCSW, senior supervisor and teacher, affiliated with PPSC and ICP/GLAP, currently has openings in an ongoing supervision group for therapists working with LGBT clients as well as other clients. In addition to exploring transference, countertransference and other clinical issues, this group is a space where clinicians can develop their individual styles, support each other’s growth, and feel free to discuss everything that impacts the work, whether emotional or practical. Call (212) 675-6540 or email L.Crespi@att.net

Supervision for New Clinicians at PPSC - The Psychoanalytic Psychotherapy Study Center’s new low cost Supervision Program offers psychodynamic supervision to meet the needs of new clinicians. Work towards your LCSW. Call (212) 633-9162

P’ALANTE ! Second Annual Scholarship Luncheon
Please Join the Latino Social Work Task Force, the Puerto Rican Family Institute, Inc., and NASW-NYC

Help continue building a scholarship fund for future Latino social workers

Recognize Social Work Leadership on behalf of the Latino Community

Thursday, March 16, 2006
12:30 - 3:00 p.m.
Con Edison Building
4 Irving Place
19th Floor
New York, NY 10003

Ticket Price:
Principal Sponsor $2,500
Benefactor Sponsor $1,000
Individual $75
Student $50

For more information please contact:
Sofia Oviedo, Coordinator for the Latino Social Work Task Force
Tel: (212) 229-6923
E-mail: soviedo@prfi.org
The Institute for the Advancement of Political Social Work Practice presents

The 10th Annual Campaign School

When:
Friday, April 21 and Saturday, April 22, 2006
9:00 a.m. - 4:00 p.m.

Location:
University of Connecticut
School of Social Work,
West Hartford, CT

This year's Faculty includes well-known and politically experienced social workers such as:
Kate Coyne-McCoy, Scott Harding,
Nancy A. Humphreys, Shannon Lane,
and other political social workers.

For more information log onto:
http://www.iapswp.uconn.edu/
or contact us at iapswp@uconn.edu
Phone: (860) 570-9262, Fax: (860) 570-9139

 Undoing Racism Workshop
Anti-Racism Training for Social Work Practitioners and Educators
February 26 thru February 28, 2006

Sunday, 6:30 pm - 8:30 pm
Monday, 9:00 am - 7:00 pm and
Tuesday, 9:00 am - 3:00 pm

Location:
Fordham University Graduate School of Social Service
Lincoln Center Campus
113 West 60th Street
New York City, NY

Make check for $250 payable to The People's Institute
(this includes tuition and light breakfast on Monday and Tuesday)
Please write Undoing Racism on the check

Mail to Sandy Bernabei
351 W. 53rd St. #4E
New York, NY 10019

For more information, call (914) 723-3222
or visit our website at
www.naswnyc.org

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For additional information, contact:
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Spring 2006 Courses

• Supervising Gerontological Practice
  Instructors: Ann Burack-Weiss, DSW, LCSW and Frances Coyle Brennan, MSSW, LCSW

• Blending Clinical & Case Management Skills
  Instructors: Ann Burack-Weiss, DSW, LCSW and Barbara Silverstone, DSW, LCSW

• The Uses of Narrative in Gerontological Practice
  Instructor: Ann Burack-Weiss, DSW, LCSW

• When the Family is Our Client
  Instructors: Barbara Silverstone, DSW, LCSW and Renee Solomon, DSW, LCSW

For more information on the courses and Group Supervision:
Visit www.sbwpartners.com
Call (212) 337-2555
Email information@sbwpartners.com
Silverstone & Burack-Weiss, LCSW, PLLC

Committee on Psychoanalysis and Addictions Treatment (COPAT)
SPRING LECTURE SERIES
March 11: Crystal Meth and HIV
9:30-1:00
April 29: Self-Mutilation
9:30-1:00

PPSC also announces a new Educational and Supervisory Program for Social Workers L.M.S.W.'s)

For more information contact PPSC at: (212) 833-9162
Visit our website at: www.ppsc.org
Send us an email: ppsc@att.net

PPSC does not discriminate on the basis of race, color, religion, sex, sexual preference, national or ethnic origin or analytic orientation in the admission of its admissions and education policies.
Members Only

NASW-NYC Announces a “Members Only” Section of the Website
The access instructions are found inside this issue on page 5.

As of mid-February, 2006, the Chapter has a new feature on its website. It is a special section that only members can access. Previously, all materials, latest alerts, articles, and notices were available to the general public on the Chapter’s website. The “Members Only” cover page is shown here, to familiarize members with the page.

Inside
• NASW V.P. Volunteers in Katrina Aftermath p. 2
• Author Kotlowitz will address Annual Meeting p. 3
• Log on to Members Only Section p. 5
• Drop The Rock Teach-In p. 7
• New Loan Forgiveness - Call for Action p. 8
• Reexamining Cultural Competence Standards p. 10