Getting Comfortable with Disability
What Social Workers Should Know
Nancy D. Miller, LMSW, Executive Director, VISIONS/Services for the Blind and Visually Impaired

Unlike many other issues that we confront as social workers, any one of us may join the group of people with disabilities. We are one disease, one accident, one injury away from becoming disabled ourselves. All of us will experience disability. A family member may become disabled. We may serve clients with disabilities in our agencies or in our practices. We may come into contact with a person with a disability in the communities we serve or live in. Or like me, your child may be born with a disability and then acquire another as an adult.

I am a licensed social worker, the Executive Director of VISIONS/Services for the Blind and Visually Impaired for 21 years, a Social Work Pioneer, with 34 years of experience working with people with disabilities and I learn new information about and from people with disabilities every day. I hope this issue of Currents will increase your awareness and knowledge of disability, the issues people with disabilities confront every day and the positive and important role you can play.

Who do I mean when I speak of a person with a disability? One of the myths about disability is that it is easy to identify a person with a disability. In fact, many disabilities are hidden, for example a person with “low vision” or partial sight or hearing loss. Another myth is that living with a disability is experienced in a similar way by everyone. In fact a person who is paralyzed may have had a stroke – the leading cause of paralysis, sustained a spinal cord injury – the second most common cause, or developed multiple sclerosis. Each of these conditions is very different and will affect different people in different ways.

Definitions of disability vary. The Americans with Disabilities Act (ADA) of 1990 is considered pivotal civil rights legislation since it prohibits discrimination. The definition of disability in the ADA has been challenged on many occasions, all the way to the Supreme Court. The ADA protects anyone with a physical or mental impairment that substantially limits one or more major life activities, anyone with a record of such impairment, or anyone regarded as having such impairment. The categories not only protect a person who is obviously disabled, but also anyone who appears to have a disability. The Social Security Administration definition of disability is based on an inability to work.

Although the definitions are important for benefits entitlement and public policy, there are a number of important practical issues that may impact how you work with a person with a disability as a social worker. We will take a closer look at these in the coming months.

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SPECIAL ISSUE
Social Work and the Disabilities Community

As a part of NASW-NYC’s ongoing commitment to provide members with information about the diversity of social work practice across the profession, as well as an increased understanding of the diverse communities that social workers serve in New York City, the Chapter has focused a number of special issues of this newsletter to social work practice in and with specific communities. During a recent meeting for expanding the Chapter’s Diversity Plan, it became clear that a special issue of Currents was needed to highlight social work with the disability community.

As the planning process began, there was an acknowledgement of the complexities that arise as soon as the word “disability” is used to describe a person or a group. Questions such as the following were considered: What is the range of disabilities? What constitutes a disability? Who gets to decide? What role can and do social workers play in serving persons with disabilities? This special issue of the newsletter is not meant to be a comprehensive account of the breadth of issues relating to social work with the disabilities community; however, our contributors offer practical information and share valuable insights through their personal stories, and they inspire as many questions as they offer answers.
Looking For a Job?
Some Misconceptions About Applying for a Social Work Job and How to do Something About it.

I have just been through a search process to hire a new member of the NASW-NYC staff. Each time I conduct a search I am reminded that numerous applicants present themselves, both in writing and in person, in a way that probably prevents who they are and what they have accomplished from coming across in the most favorable manner. Anyone who takes a little time to address some of the issues relating to this is likely to increase ones chances of rising above the pack, assuming she or he has the basic qualifications for the position.

What is presented below are tips on getting and moving through the interview. They are based on personal experience as one who has been involved in the hiring process as well as on insights shared by social workers who have been leading career coaches and “head-hunters” involved in executive searches.

Easy steps to take at the outset

Before you apply for a position that you are interested in, there are two key steps that too anyone looking for a job should take. First, get all the information you can about the organization and program that you are applying to. With the internet, this has become incredibly easy to do. Then second, ask yourself several questions and set about to answer them, using your experience, judgment and intuition:

1. What are the problems that are being addressed? Why are these problems so difficult that funding is needed to create a program to address them?

2. Given the program, what are the outcomes they are likely to be looking for?

3. What are the processes that might be utilized to achieve these outcomes?

4. From your own experience with similar work you have done, what makes it hard for staff and the program overall to achieve its objectives? What would you bring into this new situation to help resolve or manage these issues?

This reflects basic research into and analysis of a position. Once you have done this, you are more prepared to apply for the job than you would otherwise be. To go further, find someone who works in that program or in one similar and interview them. The insights will be significant. Or check out a publication such as the NASW’s Encyclopedia of Social Work on related programs and approaches.

The Cover Letter

Many applicants for a job do not adequately take advantage of making a positive impression with their cover letters. It could be a great opportunity to do so, and a poor cover letter can reduce your chances of being considered. First, formatting of the letter is important. I see cover letters that do not follow any formatting principles whatsoever. Many that I have received were part of the body of an email where the formatting can be quite unpredictable once received. Sending a letter in an attachment helps, as does sending a hard copy with the resume as a back up if e-mails are what is expected. There are fundamental formats for writing a business or professional letter, and taking a look at this will serve

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A Long Way to Go
Disabilities, Social Work, and Non-Profit Agencies
Shelley Akabas, Ph.D., MBA, Director, Center for Social Policy and Practice in the Workplace, Columbia University School of Social Work

An estimated 54 million Americans qualify as individuals with disabilities under the definition of the Americans with Disabilities Act. Among all marginalized groups, individuals with disabilities may experience the greatest level of discrimination of any marginalized group, particularly in relation to opportunities in the labor market. Although not all individuals with disabilities have visible impairments, many do. Look around the social agency world. Where are the individuals with disabilities? Many of them are the recipients of social work services. But social work, so dedicated to diversity, so committed to social justice and human rights (including the right to employment opportunity for all), has all but excluded individuals with disabilities from its labor force.

Talk with any social worker with a visible disability and one is likely to uncover an experience of discrimination. A Columbia graduate, with severe mobility problems from childhood rheumatoid arthritis, testified to rejection at agency after agency after she received her MSW degree. A totally bilingual, Spanish speaking clinician, she had expected to have little difficulty securing a job providing therapeutic mental health services. Although she eventually found employment, when asked for a comment she told the author, “Please do not see us as ‘clients,’ just see and accept us as peers. We have the same education, skills and devotion to our profession, if only you’d let us in.” The author is familiar with another wheelchair user—a graduate from Hunter, who is also bilingual in Spanish, who has been looking for a job for eight months while agencies are clamoring for Spanish speaking staffers. When she arrives for an interview, granted in response to a resume sent concerning an advertised job opening, (she is also a summa cum laude graduate from college and passed the licensing exam immediately after graduation), she reports invariably being met by comments like, “I didn’t expect someone in a chair,” and then is asked many personal questions rather than about her abilities as a social worker. She has yet to receive a job offer or even a second interview.

The situation is even more extreme for individuals with mental health conditions. There is a sense in which practitioners do not want to see individuals with mental health conditions as professional colleagues. The “we” and “they” divide was painfully apparent in a research project of the Workplace Center of Columbia University School of Social Work when we examined the issues around the integration of peers (persons whose contribution to the treatment team results from their own experience in the mental health system rather than from any professional training) into mental health treatment teams. Though prior research findings indicate that the outcome for recipients of mental health service is improved when teams include peers compared with treatment teams that do not, social workers at the agencies to which we offered consultation around the issue of peer integration treated peer employees as “patients,” rejected sharing charts with them, and were wary of including them in staff meetings. Furthermore, employing agencies rarely had HR policies that were consistently applied to their employees regardless of status.

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Grist For The Mill
The Experience of a Clinician with a Disability
Josephine DeFini, Ph.D., LCSW, Mental Health Practitioner

One of the very first issues that surfaces with my new clients is whether or not to tell the individual in advance of the first session that I am blind. Some might argue that it is important, as it would prepare the client for the first meeting. I, however, believe that it is more beneficial to note the client’s reaction to the fact that I am blind and how he or she deals with this first encounter. Granted, the client is seeking therapy because of his or her own issues/problems, and someone might argue that the client confronted with the therapist’s blindness is placed at a disadvantage, inhibiting him or her from dealing with his or her own problems. Is it the therapist’s responsibility to prepare the client or to use the client’s reaction as a therapeutic intervention? A skilled therapist should be able to make use of whatever reaction the client presents to enhance the engagement process.

Many individuals find it difficult if not impossible to deal with a person who is blind. There is no question that we live in a visually dominant society and that making eye contact equals making a connection. When speaking to someone, it is required that you look at them. To not look at someone when they are speaking is often seen as disrespectful toward, disinterested in or devaluing of the individual. A client was referred to me for individual therapy. Sensing her hesitation upon our meeting, I asked if she knew prior to coming to see me that I was blind. She said no and remained mostly quiet for the remainder of the session. When she returned for the second session, I commented that she always took her shoes off. She was startled, wondering why I asked. I commented that she always took her shoes off. She couldn’t believe that I was aware that she was barefoot and couldn’t understand how I knew as I could not see her. Another of my clients would routinely begin to apply fresh make-up several minutes before the session ended. I also had a client who would enter my office and turn off the lights. While some might argue that these are acts of aggression, defiance or hostility, or acts taking advantage of the therapist’s vulnerability, they could be interpreted as acts which make the client feel that he or she has an advantage, that he or she may in some way be “better” than the therapist, or that there is someone more helpless than him or herself. Whatever the motivation, these behaviors become “grist for the mill,” and can be used to enhance the therapeutic process.

There is no question that the therapist with a disability must be very aware of his or her own vulnerabilities and the kind of situations (transference and countertransference issues) that the client can trigger. The client who wants to know about the therapist’s disability - What happened? How? How can the therapist help? - may be asking these questions out of curiosity or may be using the query to seek a solution to his or her own struggle. Whether one has a disability or not, every therapist must be skilled in knowing how to respond to personal questions and how to help the client to understand the reason he or she is asking the question. Again, is the client seeking a solution for his or her own problems or trying to avoid the work of the therapy?

Sigmund Freud often had his clients face away from him, breaking eye contact, as he felt that clients needed to verbalize – that is put into words all of their thoughts and feelings – if therapy was to be effective. Like Freud, I feel that whether the therapist be blind or sighted, it is his or her responsibility to engage the client, enabling the client to put into words the problems, thoughts and emotions that brought him or her into treatment.
I’m a person with a disability (polio 1944), a wheelchair user for 65 years, and a social worker. My caseload includes families, children, adults crushed by poverty, mental illness, stigma and discrimination. In the 1960s, Congress passed the Civil Rights Act of 1964, Medicare and Medicaid in 1965, and possibilities seemed limitless.

The civil rights laws and movement gave hope to others with second-class status. Most persons with disabilities (pwd) received their services in segregated settings. They had yet to organize a movement to demand dignity, equality, and independence, and had yet to embark on their campaign to change the structural environment, and to shift funding priorities to meet their needs.

From 1944-1958, I lived in institutions. As a young girl, I was placed in a YWCA, and my parents paid room/board. Educational and transportation costs were covered by the state vocational rehab agency. In 1958 I had my first integrated educational experience since second grade until 1964. After graduate school, I worked at Bellevue Psychiatric Hospital from 1964-1972.

I paid taxes, yet could not leave my block, use public transportation, enter most buildings, restrooms, theaters, concert halls, stores or the local polling site, without relying on assistance from strangers. Humiliating and infuriating, yes; however the upside of no curb cuts was that I met my husband of 39 years! In 1972, I gave birth to our daughter, and decided then to put my anger, energy and skills to work for change. In 1977, I joined Disabled in Action (DIA), a volunteer civil rights group.

DIA was preparing to test the Rehabilitation Act of 1973, a federal funding bill which contained language prohibiting discrimination on the basis of disability in federally funded agencies, programs, and services in Section 504. DIA joined with public interest lawyers eager to establish case law, and access to public mass transportation became the test case. Since the MTA, as a major public service, received its funding at the federal level, DIA filed its lawsuit in the federal court; Eastern Paralyzed Veterans Association (EPVA) filed in the state. The goal was to force the MTA to replace retired buses with lift-equipped ones, and through attrition develop a fully accessible fleet. DIA and EPVA launched a multi-pronged campaign: DIA held rallies, sit-ins at the MTA, visited representatives, held “Ridership Days” and street actions. Disabled veterans and seniors, having greater access to elected officials, worked the halls of Albany and D.C. The Court forced the MTA to settle the lawsuits before it could spend $9 billion on subway upgrade. In 1984, the state legislature passed the Handicapped Transportation Act, and the community eventually got 100% lift buses, key subway stations with elevators, and a paratransit system (Access-A-Ride) for persons needing door-to-door service. With the enactment of the Americans with Disabilities Act (ADA) 1990, accessible public transportation extended nationwide. The ADA public accommodation provisions and DIA’s One-Step Campaign made many stores and services accessible, using the “readily achievable” standard.

The strategy of enforcing existing law in the courts, generating new law in legislatures, building coalitions for mutual support, and becoming politically active, worked for us. All government agencies and services, such as polling sites (and machines), a citywide pedestrian ramp program, ferries, terminals and piers are becoming fully accessible. First state, then city and now national building code standards require accessibility in residential and commercial buildings, newly-built and substantially renovated. There are some wheelchair accessible taxis and livers, but foot-dragging officials and powerful lobbyists have slowed the drive toward 100% cabs via attrition.

The journey toward independence was aided by elected officials who “got it”, and worked with us to make it happen. There were others who saw us as zealots seeking special privileges, and filing frivolous lawsuits. They stirred negative press and other roadblocks. Even the Supreme Court misinterpreted the ADA civil rights bill as a benefits bill, and ruled against disabled plaintiffs in employment discrimination cases, and in favor of corporations. Congress recently clarified its intent in the ADA Amendments Act of 2008.

In 1999, the Supreme Court’s “Olmstead Decision” ruled that forced institutionalization is discrimination. The ADA mandates government services are to be delivered in the “most integrated setting”. Disabled persons seek an independent lifestyle, and seniors want to age in place. For years, disability groups

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Organizing the New York City Coalition on Aging and Vision

Alberta L. Orr, MSW, Coordinator, New York City Coalition on Aging and Vision

As New Yorkers age dramatically, increasing numbers experience sensory – vision and hearing – and physical disabilities as a result of many causes. In the physical disability arena, many convening groups include professional and consumer advocates, especially many older people, and exist to advocate for access to the physical environment.

Various service and advocacy groups exist in the hearing impaired arena because there are various forms of hearing loss requiring different needs. Comprised of New York City vision rehabilitation services, agencies in the aging field as well as those in the health care arena, the idea for the formation of the New York City Coalition on Aging and Vision was about educating direct service providers about the availability of the five private vision rehabilitation agencies and the services they had to offer older people who are visually impaired. The focus was on how to know when to make a referral to these agencies as far too often, professionals in aging and even the health care arena do not know where to turn for help. Older consumers frequently think that vision loss is a part of the normal aging process and do not seek help; family members also do not know where to turn. So many older people are experiencing so many other comorbidities, that vision often seems minor in comparison. In a way, vision rehabilitation services are one of the best kept secrets in town.

1 The five private vision rehabilitation agencies are: Catholic Guild for the Blind, Helen Keller Services for the Blind, Lighthouse International, The Jewish Guild for the Blind, and VISIONS/Services for the Blind and Visually Impaired.

In the summer of 2007 – under the direction of the Aging In New York Fund, with support from the NYC Department for the Aging and funding from the Reader’s Digest Partner for Sight Foundation, The New York Community Trust and Allene Reuss Memorial Trust – the five private agencies and the Coalition Project Director (Mebane Powell), sat down at what was the initial formation of the coalition. They brainstormed what professionals needed to know and what additional services NYC older persons needed to have. Professionals needed training – no question.

The then-small Coalition strategized on who else they needed to reach out to in the aging and health care networks and lend additional credibility to the coalition. The coalition grew to include: American Diabetes Association, Hunter College, Isabella Geriatric Center, NYS Home Care Association; NYS Occupational Therapy Association, Commission for the Blind and Visually Handicapped, SUNY College of Optometry.

The first meeting of the full Coalition was in November 2007 where the Coalition decided to convene a full day symposium for service providers outside the vision field. By pulling in all the resources and expertise of the Coalition members and their contacts, the symposium, Aging Gracefully with Changing Vision, was held in June 2008. Attended by 238 professionals, the symposium offered six presentations during the morning plenary and six breakout groups, each repeated twice in the afternoon. The word of the day was “refer” – whatever you learned about the vision-related services available: refer, refer, refer. A unified form was distributed so that all referrals would come to the Project Director who would distribute the referrals to the 5 agencies based on the services they provide.

Each agency that attended the symposium was invited to have a two-hour community outreach training at their facility. The Project Coordinator (the author) developed a six module curriculum which was reviewed and had input from a core of coalition members. Coalition trainings have been taking place since the late fall by a team consisting of either the Project Director or the Project Coordinator and a representative from two of the other rehabilitation agencies.

A completely unique aspect of the Coalition efforts is addressing the rehabilitation needs of older limited-English speaking consumers who sometimes had to be turned away because there was not a staff member who spoke their language. In order to fill this service gap, an interpreter project was developed and an interpreter bank was created. To date the project is able to provide interpreter services between the older visually impaired person and the vision rehabilitation professional in the following languages: Spanish, Russian, Cantonese, Mandarin, Taiwanese, Haitian Creole, Korean, and Arabic.

With the development of the Coalition, these activities bring together service providers from so many professional arenas about age-related vision loss which would otherwise not be possible and more older people are being referred and have access to essential services. The Coalition is helping vision loss reach the priorities of the aging agenda and continues to brainstorm about its composition and its next projects and hope for further growth and development.
Educating Social Workers on Best Practices

An International Conference with 3,000 Attending

Joel M. Levy, DSW, Co-Chief Executive Officer of the YAI/National Institute for People with Disabilities Network

Thirty years ago, the field of developmental and learning disabilities was just developing from an institutional-based model to a community-based model. There were no books or training materials on how to open a residence or create a day program. There was no Internet and the advent of VCRs and use of public access television was just beginning. There was no easy way to transfer knowledge and so, as Executive Director of the YAI/National Institute for People with Disabilities Network (YAI/NIPD), I began to look at different ways to share it.

Conferences in the field were emerging, but they were geared primarily toward academics. The vision was to bring the talent here to New York City and to share the knowledge. In the early years, people questioned how YAI – a small, struggling agency – could be hosting an international conference, bringing together professionals, thought leaders, parents and individuals with disabilities. People criticized the effort saying, “I can’t believe you’re doing this.” and “Who are you to be doing this?” Our response was that somebody has got to do this – it has to be done. With determination, the First Annual International YAI/NIPD Network Conference was born.

At a time when workers in the field were not regarded as professionals, it was important to educate workers in the field by exposing them to the most up-to-date training and best practices. YAI was a provider; we were bridging the theory and the practice, therefore, people could take information from our conference back to their organizations and implement it in their programs. We were identifying the gaps in services and in service delivery – the unmet needs. Back then, people would only raise the issues of problems facing people with disabilities and this emerging field. By focusing on empowerment – empowering parents, empowering staff and empowering persons with developmental and learning disabilities – YAI was offering models and solutions through our conferences.

The YAI/NIPD Network Conference began as a two-day event; the first conference was held at Adelphi University’s School of Social Work and hosted 175 attendees. In its early years, many of the topics reflected the transition of individuals with intellectual disabilities from institutions to community settings. The conference focused on providing attendees with information on how to build the infrastructure that would enable persons with intellectual disabilities to lead dignified lives in the community.

Today the YAI/NIPD Network Conference spans a full week and attracts an audience of over 3,000 professionals, parents, and persons with disabilities who come from all over the world. The conference features approximately 200 seminars and workshops.

Although the rights of individuals with intellectual disabilities to live in the community have been largely accepted, many challenges remain. Today, the conference focuses on issues such as promoting greater employment opportunities for individuals with intellectual disabilities, meeting the challenge of aging and the need for additional services, creating greater public awareness and erasing stigmas, coping with disabilities and in service delivery

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in daily life, many people with disabilities are concerned primarily with functioning which is reflected in the need for systemic physical and attitudinal changes to create a disability-friendly environment. Some of the major issues are identified and discussed below. Within the physical environment, provisions for accessibility must be made; persons with disabilities should be able to get into and out of an apartment or restaurant, safely cross the street, and use public transportation. Adaptations and accommodations as also needed, such as Braille or large print signs for people with vision loss and strobe light fire alarms for people with hearing loss. Shifts in the attitudes and expectations of others go a long way in shattering myths and stereotypes. Keep in mind that everything that persons with disabilities do has been learned through specialized training or trial and error. It is most helpful to ask persons with disabilities if they need help, without assuming that they do or that you know what help they need. Others’ expectations often run counter to the reality that persons with disabilities can work, graduate from college, raise a family, or be social workers. Furthermore, these expectations act as barriers if others offer unwanted pity or attempt to prevent persons with disabilities from trying, even if they fail. Finally, persons with disabilities have rights to vote independently without assistance, understand the implications of and receive adequate and appropriate medical care, and live and grow old at home rather than in a nursing home or institution.

I co-founded and was the Founding President of the Disabilities Network of NYC (DNNYC) and the New York Vision Rehabilitation Association (NYVRA). These coalitions are unusual in that they were created to be inclusive in their memberships. Anyone who cares about disability issues and wants to improve the quality of life and quality of service delivery is welcomed. Members include professionals working in the field of disability, consumer groups, advocates, parents, educators and people with disabilities themselves. Why this model? Disability tends to isolate people. Disability sets up false divisions of the “included” and the “excluded.” Disability is used as a reason to limit choices. Yet we know as community organizers that strength is in numbers, as well as in the persistence to create a system that is fair and just, promoting equal opportunity and real choice. For people with disabilities, this status has not yet been achieved for all.

There are an estimated one million persons with disabilities of all ages residing in New York City. Yet despite the large number, the attitudes and behaviors of the general population, and social workers specifically, toward disability include fear, discomfort, avoidance, stereotypes and incorrect assumptions. I have often received a call from a school of social work about accepting a student with vision loss for placement at VISIONS even when the student has no interest in working with people who are blind or visually impaired. I have also receive a referral of a person who is blind from a colleague when the expressed need has nothing to do with the person’s vision loss.

A pet peeve of many people with disabilities is inaccurate use of language. Social workers do not always use or know politically correct language. Person-first language is preferred, such as “persons who are blind” instead of “the blind” or “persons who are Deaf” instead of “the Deaf.” A person with a developmental disability is preferred language rather than the mentally retarded. A wheelchair user is preferred language to “confined to a wheelchair.” In fact, a wheelchair expands the world for a person with mobility impairment. The United Spinal Association has an excellent disability etiquette guide on their website (www.unitedspinal.org.)

When writing about disability, the media often reinforces stereotypes. The media generally covers stories of exceptionally talented people with disabilities or presents circumstances that evoke pity. Neither is an accurate portrayal since people with disabilities are as diverse as the general population. It is also true that disability is more common in communities that lack access to adequate health care. There is a higher prevalence rate of disability for people living in poverty. Some diseases that cause disabilities, such as diabetes and glaucoma, which can lead to vision loss, are more common in communities of color.

What are some of the problems or issues that a person with a disability would face that require social work intervention? This is a question frequently expressed by persons with disabilities, their families, schools or workplaces. For example, within family systems and school settings, children with disabilities may be overprotected or victimized. Siblings may be saddled with being responsible for the disabled sister or brother. Parents may need help with advocating for an appropriate educational setting or support services for their child with a disability. Scapegoating may occur in school or in families.

Adjusting to or coping with a congenital vs. adventitious (acquired) disability can also present the need for social work services. A parent or a spouse or the persons themselves may reach out to a social worker for counseling or may also turn to a social worker to help understand access benefits and other resources. Dysfunctional behavior (uncontrolled anger, depression, withdrawal, acting out, etc.) may lead to a social work referral. Cultural taboos may interfere with acceptance of a disability and lead to the need for social work intervention. For many individuals, adjusting to disability is adjusting to loss and it may require stages

"Disability tends to isolate people… and] sets up false divisions of the ‘included’ and the ‘excluded’.”
with disabilities who are likely to be less productive than other applicants.” Their prejudiced attitudes informed their discriminatory behavior. Somehow there is a disconnect between our professional values and our deeds.

We might well ask why this is so and what can we do to change the situation. First, let us agree that the foregoing is not universally so. There are, of course, social workers with disabilities who are successfully employed and there are social agencies that actively recruit professionals whose experiences mirror the conditions and circumstances of their clients including individuals with disabilities. I am reminded of the blind student with a seeing eye dog who wanted to become a hospital social worker. It was not easy to find a willing department but she was finally accepted for a field placement. (Seeing eye dogs are allowed in all hospital settings by law.) Assigned to the oncology unit, the dog proved to be a “co-therapist.” Difficult dialogues proved easier when they could begin with a discussion of the dog and her service.

There are practical actions that can be taken. Individuals with disabilities can be specifically mentioned in an agency’s diversity statement. A social agency can model itself as a learning organization and invite individuals with disabilities to share their experiences so that staff can become more comfortable interacting with people of difference. An inventory of the physical environment of the agency can be undertaken, thereby spotlighting the needs of individuals with disabilities and providing a forum for discussion of their employment. Active recruitment can be undertaken by contacting workforce development organizations that are likely to serve job seekers with disabilities. Employees who become disabled can be encouraged to remain in employment. As the baby boomers among social workers age, we will have increasing call to provide accommodation at the workplace to maintain skilled professionals in their jobs. The issue can be discussed in staff meetings and suggestions solicited concerning achieving greater diversity among employees. We should and can do better.
Undoing Racism Workshop

Anti-Racism Training for Social Work Practitioners and Educators

Are You Challenged by How to Deal with Race Issues in Your Practice or in the Classroom? Are You Concerned About the Impact of Racism in Our City?

July 18 - July 19, 2009

Saturday, July 18
9:00 a.m. - 6:00 p.m.

Sunday, July 19
9:00 a.m. - 6:00 p.m.

Location:
TBA

Cost is $350, which includes tuition and light breakfast.

Make check payable to The People’s Institute, please write Undoing Racism on the check.

Mail to Sandy Bernabei, c/o AntiRacist Alliance, Inc.
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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you well. Putting your name and address, phone number and email address, along with your credentials at the top of the page, basic to a business or professional letter, will immediately separate you from many other applicants. This is quite easy to do.

One of the things I see over and over in cover letters is the phrase: “I am the perfect candidate for the job.” When you think about it, you cannot know this. What is probably more meaningful is to help the reader of your letter see that there are several reasons to believe that your prior experience appears to be quite applicable for the job being advertised. What the cover letter gives you the opportunity to do is to show why that might be.

Here is another thing to consider with the cover letter, and this may be a little bit more subtle. Many writers of cover letters use the bulk of the letter to highlight their experience, which is appropriate, but not enough. In many cases, what is being highlighted has little to do with what is being sought in the advertised position. Good cover letters highlight as much as possible those experiences which overlap with the job announcement. That is still not really sufficient.

Here is where I think you can make a difference: use what you have discovered from the basic research. If you can, use a little space in the cover letter, perhaps early on, before going into your own experience, to show that you have some familiarity with the organization, even if it is from the distance of the internet. Then discuss how you would bring your experience to the job in question. I have found that relatively few applicants do this; you can position yourself in a different and relevant way.

The Resume

There are many books on resume writing, no less workshops and consultants who can be utilized. However, just flipping through books that can be accessed in almost any bookstore of samples of different types of resumes will help. There are different types of formats and presentations of experience. Many of the resumes I see are formatted well enough, but poorly formatted resumes are likely to be set aside quickly, especially when there might be a huge pile for the reader to go through.

The next issue in resumes is the bare listing of responsibilities for each position held. This is what most resumes reflect, and if you do this you will not be doing anything unusual. Here is what I think takes you to another level: It can be quite meaningful to share very succinctly what you actually accomplished in each position. Of course, you may need to ask yourself: “What did I accomplish?” if you have not thought sufficiently about this. A resume that does this might be referred to as an accomplishments-oriented resume. The point is that by listing some accomplishments, you have moved from a bare listing of responsibilities to something additional and valued. In my own experience, such resumes have stood out.

The Interview

A colleague of mine who has probably conducted more interviews of social workers for clinical jobs than anyone, started off a presentation for graduating students on how to prepare for an interview by saying “dress appropriately.” She went on to say how people show up for an interview by saying “dress appropriately” and resumes rising to the top, is that the person I have invited in for an interview, based on their cover letters and resumes rising to the top, is that the person is unprepared for the interview. I am talking about social workers with a lot of work experience. What would have prepared them? - the basic research that could have been done at the get go. Instead of demonstrating some basic sense of the organization, the program and the position, the person being interviewed runs the risk of appearing not to have done her or his homework.

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of coping to enable the individual and/or the family to accept the situation and move on. Finally, as we age, disability is more common and often this stage of life is accompanied by negative attitudes about disability.

Social workers use their assessment skills to help the individual define the problem, understand and accept it. A person who is newly disabled may need to focus on accepting the new me. However, it is important to note that the need for social work intervention may have nothing to do with the disability. A person with a disability may be depressed for an entirely different reason, or may experience life changes or conditions that social work intervention can assist with such as death of a child or spouse, loss of a job, mental illness, anxiety or addiction, to name just a few. The challenge is to both consider and look beyond the disability in completing a psychosocial assessment and determining the goal of the work.

Social workers are often not alone in helping a person with a disability function more effectively or better manage their lives at home, at work or in the community. Potential partners in the work of behavior change include the persons with a disability themselves, family members, teachers, physical and occupational therapists, orientation and mobility instructors and vision rehabilitation therapists (the specialists in the field of vision loss), vocational rehabilitation counselors, audiologists, speech therapists, optometrists, psychiatrists, nurses, doctors and other health professionals. These allies can also be recruited to effect systemic changes that break down attitudes that discriminate, isolate and marginalize people with disabilities.

I have come to strongly believe in specialized services. Having worked with people with vision loss since 1971 and particularly older people with acquired disability, I am aware of the extraordinary capabilities of people who are blind. Other than flying a plane or driving a car, people who are blind can do everything as well as sighted people but in a different way. This is true of a person with any disability. Finding creative ways to help a person who is blind to accomplish and excel is based on solid education and competencies and definitely improves with practice. The more you teach, or counsel or train persons with particular disabilities, the better you get at it. For some advocates, this is a controversial opinion. To some,

**Select Resource List for More Information on Disabilities**

<table>
<thead>
<tr>
<th>Organization</th>
<th>Contact Information</th>
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<tbody>
<tr>
<td>Autism Society of New York</td>
<td>315.447.4466  <a href="http://www.cnyasa.org">www.cnyasa.org</a></td>
</tr>
<tr>
<td>Center for Hearing and Communication</td>
<td>917.305.7700  <a href="http://www.llh.org">www.llh.org</a></td>
</tr>
<tr>
<td>The Disabilities Network of New York City</td>
<td>212.925.6675 ext. 293  <a href="http://www.dnnyc.net">www.dnnyc.net</a></td>
</tr>
<tr>
<td>International Center for the Disabled (ICD)</td>
<td>212.585.6000  <a href="http://www.icdnyc.org">www.icdnyc.org</a></td>
</tr>
<tr>
<td>The Learning Disabilities Association of NYC</td>
<td>212.645.6730  <a href="http://www.ldanyc.com">www.ldanyc.com</a></td>
</tr>
<tr>
<td>Lighthouse International</td>
<td>800.829.0500  <a href="http://www.lighthouse.org">www.lighthouse.org</a></td>
</tr>
<tr>
<td>National Multiple Sclerosis Society</td>
<td>800.344.4867  <a href="http://www.nationalmssociety.org">www.nationalmssociety.org</a></td>
</tr>
<tr>
<td>Resources For Children with Special Needs</td>
<td>212.677.4650  <a href="http://www.resourcesnyc.org">www.resourcesnyc.org</a></td>
</tr>
<tr>
<td>United Cerebral Palsy of New York City</td>
<td>877.UCP.CONNECT, ext. 720  <a href="http://www.ucpnyc.org">www.ucpnyc.org</a></td>
</tr>
<tr>
<td>Very Special Arts</td>
<td>202.628.2800  <a href="http://www.vsarts.org">www.vsarts.org</a></td>
</tr>
<tr>
<td>VISIONS/Services for the Blind and Visually Impaired</td>
<td>212.615.1616  <a href="http://www.visionsvcb.org">www.visionsvcb.org</a></td>
</tr>
<tr>
<td>Vocational and Educational Services for Individuals with Disabilities (VESID)</td>
<td>212.630.2300  <a href="http://www.vesid.nysed.gov">www.vesid.nysed.gov</a></td>
</tr>
</tbody>
</table>
In Memoriam

Sister Mary Paul Janchill, co-founder of Center for Family Life (CFL) - a youth support center in Sunset Park, Brooklyn, died at the age of 88 on Thursday, May 7, 2009. A program of SCO Family of Services, Sister Mary Paul opened CFL in 1978 with the late Sister Mary Geraldine Tobia; it served as a model for community-based family centers across the country with a focus on family preservation.

Born Hilda Janchill in Brooklyn on June 15, 1920, Sister Mary Paul became a member of her order, Sisters of the Good Shepherd, in 1945. After having worked in Good Shepherd centers for a number of years, she earned her master’s degree in social work from Catholic University in 1955. Then, in 1968, she went on to graduate from Columbia with a doctorate in social work.

Sister Mary Paul was a tireless advocate for children and families, with a national reputation. Over the years, she received numerous awards, including the Eleanor Roosevelt Award from the Citizen’s Committee on Children of New York. Furthermore, she was recognized by elected officials such as President Ronald Reagan and New York City Councilperson Sara M. Gonzalez, and in 1984, she was honored as an NASW Social Work Pioneer.

Agents of Change
Continued from Page 5

have worked to change Medicaid law, which is mandated to fund institutional care, but not mandated to fund care in a person’s home. The Community Choice Act would correct this institutional bias. Both Obama and Biden, as Senators, co-sponsored the bill last year, raising hopes for passage this session. Hundreds of persons with disabilities were in D.C. in April to push the bill in Congress, with AARP support.

Social workers act as the eyes, ears and conscience of society. They’re uniquely positioned to be change agents. Whether working with individuals, groups or communities, Social Workers have the skill to perceive patterns, document problems, propose workable solutions, garner support from natural allies, and work for systemic change.

Getting Comfortable
Continued from Page 11

specialized is equated with segregated. As a mother, I know that my daughter’s life was saved by having her live in a specialized boarding school with other teenagers coping with similar disabilities and having social workers and teachers and administrators who understood her particular needs and individualized the help they offered.

So, the next time you are offered a social work student with a disability, say yes to the placement; you can teach and learn at the same time. If you are hiring, seek out candidates with disabilities. Take a course in disability policy, or join a Board of Directors of an organization serving people with disabilities. Volunteer with a disability organization. Learn American Sign Language or how to read and write Braille. If you attend a social work event in a venue that is not accessible, complain. The next time you see a person with a disability waiting on a street corner, ask if they need any help. Get comfortable with disability. You never know when it just might be a necessity for you.

Best Practices
Continued from Page 7

strategies for families, counseling issues, ethical issues and numerous other topics. Over the years, the conference focused on a key theme, with different tracks for direct service professionals, families, persons with disabilities, management and leadership. In addition to prominent experts in the field, legislative leaders such as John F. Kennedy, Jr. and Governor Mario Cuomo, have been brought in to speak about issues and to promote public education. The themes were really part of our advocacy to address questions like “What are the needs of persons with disabilities?” and “What will their needs be in the future?” Hence, the conference became a vehicle for building valuable partnerships with government officials over the years, as well for introducing these critical issues into the field.

When I reflect on what has made me most proud, I must say that it was great to set the stage and change things that helped better people’s lives. We were persuading parents that their children could be productive, could live in the community. These were concepts that, at that time, were unheard of. As for the future of YAI’s conferences, the use of the internet, distance learning, webcasts and teleconferences will be essential to provide training and knowledge to more people. Our greatest challenge is finding new ways to support persons with disabilities by using technology.

Finally, we are proud that over the years, the YAI/NIPD Network Conference has been co-sponsored by NASW-NYC, as well as by some of the nation’s most prestigious schools of social work. We look forward to many more years of engaging social work professionals in the process of continuing education, and to influencing the directions in which the field is moving and ways in which it is growing.

(Editor’s Note: After four decades with YAI, Dr. Levy is retiring from the organization effective July 1, 2009.)
What many, if not most, social workers bring into the interview is an eagerness to get across all of their relevant experience and hope that this helps make a good impression. This is not the key to the interview; it is important but not the top priority.

The top priority in the interview belongs to the interviewer, and it relates to the fact that the interviewer has a problem. The interviewer’s problem may seem to be hidden and unknowable, but it is not. From a social work point of view, we can anticipate the “interviewer-in-situation,” just like we should know and “person-in-situation.” The interviewer needs to fill a position for a particular program; the job is likely to be challenging for a variety of reasons, and no one wants to hire the wrong person. Behind this may be interviewers’ own anxieties and concerns about how they are doing, themselves (they are people, and employees). There is an opportunity in understanding this.

The definition of the interview could be, from the interviewee’s point of view: “I have a range of experience. I have been a problem solver and a team player. How can I be of help to you to make filling this position a successful outcome for you, the program, and the organization? Are there special challenges that I can help you address? Let’s see if I am the right fit for what you are being confronted with as you try to fill this position.” In my experience, it is refreshing to meet a person who has the presence of mind to take some responsibility for this in the interview.

Given the uniqueness of every situation and who the interviewer is, I cannot say exactly how this gets implemented in the interview. But there is likely to be an opportunity to ask questions, and when this is possible, the interview can turn from an uneven relationship to more of a dialogue, even if it opens up toward the end. The ideal may not be achievable, if there even is such a thing, but it is a direction to strive for.

After the Interview

There is one more thing that can set you apart from many others. Believe it or not, sending a card, a letter or email expressing thanks for the interview can be a big game winner. Too few people do it, and yet it scores additional points. It reminds the interviewer of who you are in the midst of seeing a lot of people. More than this, you can express interest in working in the program. The interviewer may not know that you are really interested. Also, if you learned something about the program from the interview, you might share that, as well as to say you look forward to a further opportunity to discuss the job.

An Additional Point: Networking

It is so often said that a key to finding a job, especially one that you would want, is to network. Some people are more comfortable with this than others. One of the best places in New York City to network is, of all places, NASW. This is no exaggeration. Through our committees and activities, social workers meet social workers that they might never meet anywhere else. New social workers meet future employers, get leads for jobs, and parenthetically, even meet their life partners. In many ways, this is exactly what NASW is about for many people.

Please feel free to email me at schachter@naswnyc.org to discuss the topic addressed in this column.

Free Gift For NASW-NYC Members Interested in Social Work Leadership

With 50% of all leaders in human services retiring within the next few years, NASW-NYC is encouraging as many social workers as possible to set their sights on becoming leaders of human service programs and organizations. If social workers don’t pursue this goal, non-MSWs will fill these positions.

To support social workers in this pursuit, NASW-NYC will give away copies of the recently-published book, The Challenge of Change by Philip Coltoff, MSW, formerly the Executive Director of the Children’s Aid Society.

Copies are available on a first-come, first-served basis. One book per member, please. Send your request with mailing address to naswnyc@naswnyc.org.
CALENDAR OF EVENTS
JUNE 2009 - SEPTEMBER 2009

(All meetings held at the Chapter Office unless otherwise specified)

Thursday, June 18, 2009
New Professionals Task Force Educational Meet-Up
Topic: Job Search and Networking for New Grads and Job Seekers
6:00 p.m. - 8:00 p.m.
Location TBA

Tuesday, June 23, 2009
Gerontological Committee Meeting
Topic: Outlook for Future Programs Relating to Older Persons in New York City with guest speaker, Commissioner Lilliam Barrios-Paoli, of the New York City Department for the Aging
Space is limited, please RSVP to gerontology@naswnyc.org
10:00 a.m. - 11:30 a.m.

Wednesday, June 24, 2009
Addictions Committee Meeting
9:15 a.m. - 11:15 a.m.

Wednesday, July 8, 2009
NASW-NYC PACE
6:00 p.m. - 8:30 p.m.

Friday, July 17, 2009
Disaster-Trauma Committee
9:00 a.m. - 11:00 a.m.

Monday, August 3, 2009
Social Workers Advancing the Human-Animal Bond
6:00 p.m. - 9:00 p.m.

Wednesday, August 12, 2009
NASW-NYC PACE
6:00 p.m. - 8:30 p.m.

Monday, September 7, 2009
Social Workers Advancing the Human Animal Bond
6:00 p.m. - 9:00 p.m.

Wednesday, September 9, 2009
NASW-NYC PACE
6:00 p.m. - 9:00 p.m.

**Please note: Private Practitioners Group will resume meetings in the fall.**

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Currents Advertising Schedule Rates and Policies

**Effective July 1, 2009**

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<tr>
<td>November</td>
<td>September 21st</td>
<td>Last week in October</td>
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<td>January</td>
<td>November 23rd</td>
<td>Last week in December</td>
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<td>February/March</td>
<td>January 11th</td>
<td>3rd week in February</td>
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<td>April</td>
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<td>June</td>
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<td>Full Page</td>
<td>10 h x 7 1/2 w</td>
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<tr>
<td>2/3 Page</td>
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<td>1/6 Page</td>
<td>4 1/4 h x 2 3/8 w</td>
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Union Square/ 11th St. and Broadway – Full-time office in a newly renovated suite. Beautiful windows, high ceilings, landmark building. Great location, close to subway lines. Doorman building, open 6 days/week. Call (917) 701-5219

University Place and 12th Street – Sunny quiet therapy office. Great for individual, couple, or small group. Private wait area. Med arts and therapy building. Night security. Well kept building. Rent all day Mon and Fri, other mornings. Excellent rates. Contact Michael, LCSW, (212) 463-0244

Greenwich Village/ West 13th Street – Psychotherapy ground floor office suite, shared waiting room. Warm and comfortable, windowed, furnished office on prime village block. Available for rent Tuesdays, Thursdays and Saturdays. Accessible to all transportation. (212) 243-7177

853 Broadway (between 13th and 14th Street) – One full-time office space available in a 2-office suite. Very Sunny. 7 day, 24 hr. doorman building. Accessible to all transportation. Info. (212) 924-7621

Union Square at 14th Street – Small, furnished, sound-proofed, windowed, internal office with A/C. Part of two-office psychotherapy suite. Shared waiting room, electronic keypad entry, 24/ hour, 7 day/week building with concierge. $1,200/month, $275/day/ month (2 day minimum) Call (212) 228-1631

Fifth Ave. at 16th Street – Part-time. Elegantly decorated professional psychotherapy office space for rent. Centrally located, accessible to East and West side train/ busses. Info: (212) 633-0486

Union Square Area (East 16th Street) – Available in three-office suite. Full-time or part-time. Shared waiting area and bathroom. Convenient to multiple subway lines (4,5,6, R, N, Q, W, L). Call Karen for more information: (212) 677-1501

East 16th St. conveniently located near Union Square – Sunny, spacious office with large windows in elegantly decorated waiting area. Amenities in office include refrigerator. Available all day Wed. $285/mo. Immediate occupancy. Call Sharon, (212) 529-3794

Union Square – Large, sunny, comfortable office in prime location, great view. 24 hr doorman, private waiting room, voice mailbox available. Opportunity for networking and referrals. Available all day Monday, Tuesdays until 3 p.m. (soon to be a full day) and from 3 p.m. Friday. All day Sunday. Hourly, half day, full day - Very reasonable rent. Call Judy at (212) 982-8835

Fifth Ave. at 20th St. – Exceptional full-time office in therapy suite. Large windows with views of Manhattan skyline. Warm and inviting, with thick walls and high ceiling. Approximately 225 sq ft. Long term lease available. Spacious, well-appointed waiting room. Bathroom, kitchen, central A/C. Gorgeous landmarked building with 24/7 manned access. Rent $275 to $950/ month. Contact Sharon, (212) 529-3794

5th Ave. and 30th Street – F/T, P/T. Large, sunny, multi-windowed offices in a newly built psychotherapy suite. Each sound-proofed office has wood floors, private A/C and a small closet for the therapist. Beautifully decorated waiting rooms. Kitchen and bathrooms in suit. Centrally located. Near all subways. All expenses including electricity, A/C, cleaning and supplies are included in reasonable rents. Contact David Sumberg at ubellsumberg@aol.com or (212) 679-5585, office (646) 285-3489, cell (917) 837-6926

Chelsea/ West 25th Street – Sunny psychotherapy office available Mondays, Wednesdays and Fridays. $300/ day. Conveniently located near transportation. Call (917) 837-6926

Chelsea – Beautifully furnished office facing quiet landscaped courtyard in a 24 hour doorman building. Bathroom and waiting room within suite. Available Wednesday, Friday, Saturday and Sunday. Call (212) 366-1688

Chelsea/ 31st St. and 6th Ave. – Loads of sun and sweeping views! Large windowed offices available full-time in small, private suite on high floor of fully staffed professional building. Unbelievably convenient location - 24/7 access, manned lobby, beautifully decorated waiting area and full staff kitchen, all utilities included. Contact Larry Iannotti, (212) 465-1917

33rd St. and Lexington Ave. – $900/ month. Full-time windowed psychotherapy office. Small but impressive. Spacious, well-appointed waiting room in a safe doorman building. Perfect office for someone building a practice. Conveniently located; one block from subway, walking distance to Grand Central, Penn Station, near Midtown Tunnel, NYU and Belvoir. (212) 545-8482

34th Street and 5th Ave. – Bright office with window, big enough for small groups, A/C, waiting area in a professional building. Full/ Part-time, hourly. Also an office for Friday, Saturday/ Sunday. Call (212) 564-6544
34th Street at 3rd Avenue – Sunny, large windowed offices, 225-400 sq. ft. Available part-time in a collegial suite, shared waiting room and kitchen. 24 hour/7 day access, WiFi. $350 – $400 per day/ per month, depending on office size. Smaller, 70 sq. ft. windowed office available at $250 per day. Workshop space available on weekends. E-mail psychofficesE34@aol.com or call (718) 768-9885

34th Street (near Fifth Avenue) – New expanded office space. Ideal midtown location, windowed, furnished office, suitable for psychotherapy, counseling. Available FT/ PT & hourly. Reception; answering service; cleaning; all utilities. Local phone use included. High speed internet access available. Friendly environment, Networking; collegial interaction. Call (212) 947-7111, Barbara at the Private Practice Center of New York

East 37th Street (Park and Lexington) – Tree lined street; private entrance on ground floor of brick townhouse; suite of 3 therapy offices; part-time availability. Call (212) 687-5335

5th Avenue at 39th Street – Beautiful 2–office suite, luxury building, doorman /concierge, waiting room, bath and kitchen. Perfect for individual and group therapy. Reasonable and available Monday and Friday. Call (212) 889-7013

Near Grand Central – Single Parent Resource Center: 2 person office, share meeting room, kitchen and reception area. 24/7 security, internet ready, cleaning included. $1,000 per month. Contact Eileen Terzo at etpeace@aol.com

51st Street and 1st Ave. – Sunny, large, beautifully furnished office in three–office suite with shared waiting room. East midtown location facilitates daytime sessions. Available Wed. thru Sun., days and evenings. $300/ day plus shared expenses with two-day minimum, discount on additional days. (212) 832-1526

55th St. and Lexington Ave. – Sublet of large, bright, attractively furnished Psychotherapy office. Available Mondays, Thursday through Saturday or part thereof. Monday and Tuesday until 2 p.m. also available, asiskind@jfcfs.org

Midtown East 52nd St. – Overlooking Private Garden – Available Part-Time. Serene, large, beautifully furnished office in a doorman building where both therapist and client face a private garden. Convenient to midtown offices and transportation. Available all evenings, and all day Monday and weekends. Very reasonable. (212) 355-4250 or email jackalm@verizon.net

Midtown: East 55th St. off Lexington – A must see! Large office in two-office suite, lovely waiting room, kitchen, bathroom, doorman (24/7 access), high floor, great light, internet access, utilities and cleaning services included. Available everyday (including weekends) except Thursdays. Fees are negotiable! E-mail deb28k@aol.com or (718) 997-9536


West End Avenue and 68th St. – Lincoln Towers – Spacious (20’x12’), beautiful, quiet, convenient waiting room, kitchen, bathroom, doorman, intercom, lobby floor. Available: Monday, Tuesday, Thursday mornings until 2 p.m.; Friday starting 2 p.m. through afternoon and evening. Saturday all day. Rent dependent on time needed. Contact: Bruce: (212) 580-8419

Riverside Drive and 84th Street – Charming, nicely furnished office in doorman building with shared waiting room and kitchen. Available Mondays, Wednesdays and Fridays, reasonable rate. Call (212) 769-0220

5th Avenue and 85th Street – Part–time Psychotherapy Office. Professionally designed, ground floor office with private waiting room, bathroom, and intercom. Utilities and cleaning service included. Available Mon., Wed., and Weekends. Contact Cathy at (917) 882-7770

CPW at 88th St. – Near building entrance on street floor. 10’x14’ office with analytic couch. Large casement window. Ample space for individual and couples. Shared waiting room and two bathrooms. Available all day Fridays, Saturdays and Sundays; Mondays until 2:00 p.m. Minimum, Monday and Friday, $500 or $900 for full three and a half days. (212) 799-7913

90th and CPW – Part time office. Pleasant, quiet, 11x15. Available Wednesday and Friday day and evenings, for $650/ mo (or $400 for single day), more hrs. possible. Contact ocheselka@optonline.net, or call (212) 787-5973

Upper West Side Office Space – Part-time, available Sept.15th with adjacent playroom space. Available Monday, Wednesday, Friday, Weekends. Shared waiting room and bathroom; Doorman building. Reasonable Rent. (212) 362-7116

Brooklyn Heights – Lovely furnished light–filled office near all trains. Separate waiting room. Appropriate for adults and children. Wireless access. Tues. and Wed. available. Fri. afternoon/ evening, weekends for reduced rate. Contact: scarapalmer9@gmail.com or (917) 648-1559

Brooklyn Heights – Attractive part-time furnished offices in psychotherapy suite. Convenient to all subways. Large waiting room. A/C and Intercom system. Secure 24-hr. building. Contact Debra (718) 624-3192; dctr1@aol.com

Forest Hills, Queens – Attractive, furnished psychotherapy offices in suite of 3. A/C, windowed, private intercom. Ground floor professional wing, wheelchair accessible. Excellent location 1 block North of Queens Blvd. Near parkways, bus, subway and LIRR. Conveninet street parking. Congenial smoke-free environment. Opportunities for networking/referrals. Full-time or 2 days per week minimum. Call (718) 793-9592

Forest Hills – Modern part-time, full–time psychotherapy offices; good for individuals or groups. Shared waiting room, fax/ copy machine, kitchen. Close to buses, subway. Referrals. (718) 938-9788
Forest Hills, Queens – Affordable fully furnished part-time offices exclusively for mental health professionals. Individual, group, analytical rooms. Ideal for networking. Near LIRR, buses and subway. Queens Blvd. Two hour metered parking. Forest Hills Center for private practice. (718) 786-4990 or e-mail karen@tfipa.com

Kew Gardens – Private suite in residential bldg. on quiet tree lined block. Furnished offices with window. Includes reception, cleaning, restroom, electricity, DSL. (FT/PT). Near train/ LIRR, bus, car. (718) 786-4990 or e-mail karen@fhipa.com

Little Neck, Queens – Warm, comfortable, lots of light, newly built and elegantly furnished offices. Triple insulated office walls provide quiet privacy. Free Wireless Internet. Locked Mailboxes. Tenant listing in the building’s directory. Rent by the hour/ day/ month. Please contact Igal Levy at (516) 817-8879


SOCIAL WORK SERVICES

Calling ALL Social Work MOMS – Would you love to: Move from chaos to calm? Turn procrastination into productivity? Finding yourself feeling frazzled, overwhelmed, disorganized? Develop strategies to better organize your life, kids/family, home, practice/career. Call for a 30 minute complementary telephone consultation. (212)734-4302 Karen Perlman, LCSW ADHD Coaching, Family Therapy, Wellness Consulting e-mail: Karen@MomsLifeBalanceCoaching.com website: www.MomsLifeBalanceCoaching.com

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Please call the membership office at: (800) 742-4089
LMSW Test Prep Workshop

-Limited Space Available-
Saturday, June 13, 2009
10:00 a.m. - 5:00 p.m.

Presenter Dawn Hall Apgar, PhD, LMSW, ACSW

This workshop will provide information on the format and structure of the LMSW examination. It will help participants develop successful test-taking strategies, and will provide review material in each of the content areas. Content areas include: theories of human development; assessment, diagnosis and treatment; psychopathology; psychopharmacology; communication; professional ethics; management and administration; research; and diversity. Practice questions will be reviewed to illustrate test-taking strategies and reinforce content material.

Dawn Hall Apgar, PhD, LMSW, ACSW, is the Director of the Developmental Disabilities Planning Institute at the New Jersey Institute of Technology. Dr. Apgar has helped thousands of social workers across the country prepare for licensure examinations. She is currently the NASW-NJ liaison to the New Jersey Board of Social Work Examiners, Chairperson of the NJ Chapter’s Task Force on Licensure, and a member of the National NASW Board of Directors.

Second Date Just Added
Tuesday, June 30, 2009
10:00 a.m. - 5:00 p.m.

Both Workshops will be held at:
Hunter College
School of Social Work
129 East 79th Street
1st floor auditorium

(Please note: No food or drink is allowed inside the auditorium.)

For registration information, please visit our website at www.naswnyc.org or call (212) 668-0050 ext. 235