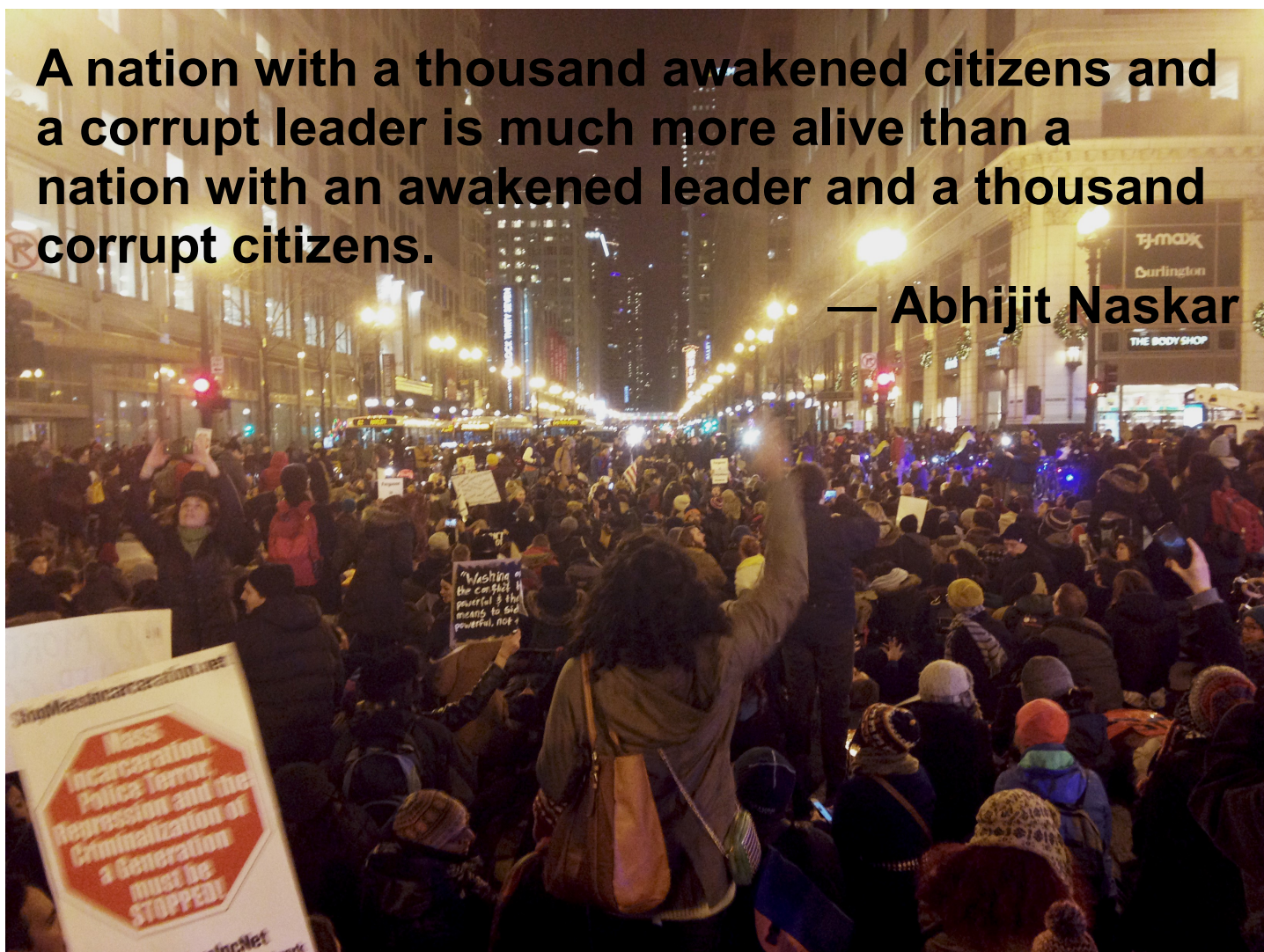


# CONNECTIONS

July—October 2020

**A nation with a thousand awakened citizens and a corrupt leader is much more alive than a nation with an awakened leader and a thousand corrupt citizens.**

**— Abhijit Naskar**



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**Shannon Perkins, LMSW**  
*President, Connecticut Chapter*

## Proud to be a Social Worker

I am honored and humbled to be writing this column today as the new President of the NASW CT chapter. Before formally introducing myself, I want to take a moment to thank outgoing President, Michelle Kenefick. Michelle has been a true mentor to me, and I cannot thank her enough for her hard work and contributions to the chapter not only in her tenure as President but in her years on the board prior to that. I am grateful for the lessons Michelle has taught my fellow board members and me along the way and she will never be forgotten for securing title protection for social workers in Connecticut. Michelle, thank you for your support, past, present, and future.

My name is Shannon Perkins and prior to my new role with the chapter, I served as Second Vice President for Budget and Finance for two years and President-Elect for one. I have also served on both the PACE and ELAN committees. I received my master's degree in social work with a focus on administration from the University of Connecticut. Though I spent two years working as the Director of Social Services at a skilled nursing facility, I am a macro social worker through and through. I currently work as the Director of Education and Training at The Connecticut Women's Consortium spearheading the development of continuing education opportunities for behavioral health professionals across the state. I am excited to begin my tenure as President of the NASW CT Chapter

and I am hopeful that my experience as an administrator, advocate, organizer, trainer, and field instructor will offer a new and unique perspective to address the needs of our social work community.

Like many chapter Presidents before me, my connection to NASW CT started when I was a student at UConn. Nearly every professor I had that first year discussed the importance of NASW and encouraged all students to join – there was *even* a discount! I joined and became active in NASW CT because I am proud to be a social worker. I am proud of social workers at all levels from micro to mezzo to macro and in all disciplines from schools to hospitals to grassroots organizing. Together, we advocated for and secured things like interim clinical licenses, preventing folks who do not pass their clinical exam from losing employment and title protection, ensuring that only those who received a social work education have the right to call themselves such. This chapter, the board, our wonderful Executive Director Steve Karp, and our members are dedicated to advancing the careers and livelihoods of all social workers across the state. The more of us there are, the more change we can make.

I feel I would be remiss if I didn't address the recent police killings of George Floyd, Breonna Taylor,

## Proud, continued

Ahmaud Aubrey, and Tony McDade, among many others, which has further compounded the existing trauma that Black Americans face as a result of the systemic racism that exists in the United States. On top of this, research has shown that the current COVID-19 pandemic is disproportionately impacting people of color, particularly the Black community. I believe that Black lives matter. I stand against police brutality and systemic racism. I stand with my fellow Black social workers, community members, and the Black community as a whole. I understand the immense value that diversity lends to all aspects of the field and I am determined to amplify the voices, passion, and ideas of social workers of color. By expanding our membership and broadening our reach, I am confident we will continue our progressive path

forward and advocate for changes that will improve the lives of everyone we serve.

I am honored, privileged, and humbled to be your new chapter President and I look forward to two years with you all. We have one of the best boards in the world with some new and passionate members committed to furthering our work. We are here for you, want to hear from you, and are dedicated to representing each and every one of you. Please do not hesitate to reach out – we want to hear your thoughts and opinions and provide you with the continued support and services you need.

Until next time – keep up the good work and remember to take time for yourself.

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## CT PACE Endorses 7 Social Work Legislators

CT PACE, the political action arm of the National Association of Social Workers, CT Chapter has made its first endorsements of the 2020 election year. CT PACE has endorsed all seven of the social work legislators serving in the CT General Assembly. The seven legislators comprise the Social Work Caucus in the Legislature.

For the State Senate we have running Senator Steve Cassano (D-4) chair of the Planning & Development Committee. Also running for the State Senate is Rick Lopes (D-6) who is currently a member of the House in the 24<sup>th</sup> district.

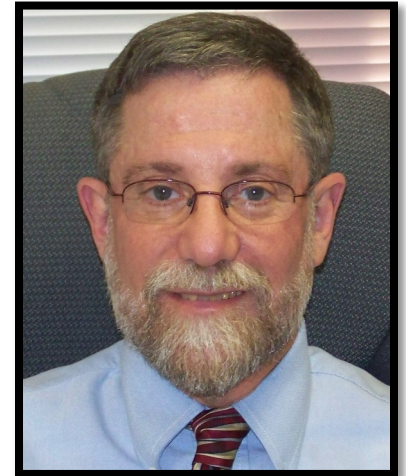
The House races are Jillian Gilchrest (D-18), Anne Hughes (D-135) who co-chairs the Progressive Caucus, Cristin McCarthy Vahey (D-133) Chair Planning & Development, Toni Walker (D-93) Chair Appropriations Committee, and Pat Wilson Pheanious (D-53).

CT PACE is a non-partisan political action committee that endorses candidates based on support for issues of concern to NASW/CT. Additional endorsements will be made over the summer and possibly early fall. CT PACE does not endorse candidates in primaries, with the exception of social worker candidates. All candidates for the CT Legislature will be offered the opportunity to seek our endorsement. National PACE is responsible for endorsements for federal office.

If you know of a social worker running for the State Legislator please let us know by emailing Steve Wanczyk-Karp at [skarp.naswct@socialworkers.org](mailto:skarp.naswct@socialworkers.org)



## Making the Most of this Moment



**Steve Wanczyk-Karp, LMSW**  
*Executive Director*  
*Connecticut Chapter*

I have been a professional social worker since 1977. I have been employed with NASW since 1988. I have never seen a moment in time as we have now for the profession of social work. The question that faces us is can we come together as one profession, with a unified message and strategies that will build on the public's recognition of the importance of funding and expanding social work services.

Perhaps this moment in time really began back in September 2019 when the National Academies of Science, Engineering and Medicine issued a report titled "Integrating Social Care Into the Delivery of Health Care: Moving Upstream to Improve the Nation's Health" <https://www.nationalacademies.org/our-work/integrating-social-needs-care-into-the-delivery-of-health-care-to-improve-the-nations-health> This report recognized social work's 100 plus year history as specialists in social care at the micro, mezzo and macro levels. At long last our profession received the recognition so well deserved as an integral part of health care delivery.

Jump forward now from last September to June 2020. The nation has been rocked to its core by a once in a century pandemic and again a murder of a black man, this time in Minneapolis that triggers national calls for defunding of police departments and reallocation of resources to social programs. Unlike any time before that I can recall, newspaper opinion writers, newspaper editorials, NPR broadcasts, policy makers and community

advocates all are talking about the need for social work!

As a profession we have struggled to make our presence and value known. Part of this is that one of our core principles is confidentiality. We cannot share actual work done with clients without their consent and to do so has an element of exploitation that we will not allow. Another aspect is that in general, social workers do not "blow their own horns". We do not expect public thanks, nor do we seek it. We are also a predominantly female profession in a society that remains sexist and devalues contributions of women. We are also an increasingly racially diverse profession in a society where institutional racism is abundant and respect for persons of color is lacking. As a profession we have come to expect to be underpaid, under-appreciated and misunderstood. So now we stand on the precipice of change that is calling out for new ways of doing business in law enforcement, behavioral health, health care and social services. Are we ready to embrace this moment, stand up and act? Or will we allow ourselves to pass up this opportunity?

Now is the time to encourage social workers to become a member and share their expertise with us, be it micro, mezzo or macro practice. We need input and support from social workers in all areas of practice. That is how the Association will best represent each sector of social work and advance the profession as a whole.

## Making the Most, continued

As social workers we are advocates for social justice. No other profession within social services or health care has our training and track record in this area. No other profession has over a 100-years of history in utilizing a biopsychosocial, person-in-environment approach that starts with where the “client” is at and working collaboratively to make positive systems changes. Right now, the “client” is the greater community that has risen up and said we need to recognize the value of every person and we need new systems in place to handle our social needs. Those same voices that are raising the call for action are turning to us, social workers, and saying we need more of you, funded and integrated into the community response. That can only happen if we step forward, listen to the voices of change, partner with community leaders and offer concrete ways to better address social problems through the skill sets of social work practice.

The starting point is with police and law enforcement. Police are not social workers, nor should we expect them to be social workers. We can provide training to law enforcement on mental health, trauma, de-escalation techniques, etc. that will support the understanding of officers as to what they are often dealing with. But just like we have advanced professionalized social work practice in state agencies by employing professional social workers, we must employ professional social workers to meet the challenges of individuals and families facing behavioral health issues, domestic violence, homelessness, drug and alcohol usage, societal violence, and the list goes on. We need to move these issues from a law enforcement response to a social care response that includes social workers as first responders.

To achieve a meaningful response that matches the interest in our profession will take thoughtful and deliberate interactions in a timely fashion. We need as a profession to be externally engaging the media, elected officials, state and federal administrative policy makers and community advocates. Internally as a profession we need to be

engaging schools of social work, leadership of social work organizations and our colleagues. This has to be happening now and continuing until we have reached desired systems change. Congress, state legislatures and municipal level elected officials have the power to act. We have the power to inform and guide that action in ways that incorporate social work into the solutions.

NASW/CT is the best vehicle that social work has in Connecticut to press forward with a positive social work agenda. Only social workers can speak for social work. We would not want another group defining us or determining what it is we bring to the table. Likewise, it is through our members sharing their perspectives that provides the Chapter with the ideas and experience that is needed to guide the Association’s statements and actions in the policy arena. NASW/CT has in place the structures that can effectively deliver social work’s recommendations. You can join us in making this moment in time count for the profession and for the larger communities that social workers work with. If you are a member let us know your ideas and ask your colleagues who are not members to join. **This is the time to be at our strongest and that occurs by having a growing membership.** Join at <https://www.socialworkers.org/nasw/join>

If you have expertise in judicial reforms, anti-racism, delivery of social services to vulnerable populations, law enforcement reform, health care, and all the other issues that have been elevated at this time, share your time and knowledge with the Chapter. It will help to direct the public debate. In fact, it is the only way that the public debate will include the one profession that is being looked toward as a means of improving our state’s residents lives.

Offer your time, your ideas and your recommendations to [skarp.naswct@socialworkers.org](mailto:skarp.naswct@socialworkers.org)

## Chapter Opposes School Social Workers Cuts

NASW/CT has been made aware of four public school systems considering elimination of school social worker positions. The municipalities are: Preston, Hartford, Stamford and Woodbridge. In the case of the first three budgetary considerations were the driving force, but in Woodbridge the purpose was to eliminate a part time school social worker in an elementary school and replace them with a full-time school psychologist.

In each case the Chapter was informed rather late into the budget process, with initial budget votes scheduled the evening that we learned about the cuts in several of the systems. Even given the extremely short notice about Hartford, Preston and Woodbridge, NASW/CT leapt to action, corresponding with Boards of Education, Boards of Finance and Superintendents. As for Stamford we had enough notice to send an alert to our members asking them to lobby the school board.

Here is part of what we wrote:

“Social workers are trained in a biopsychosocial perspective that starts with the individual. Social workers use a systems approach that is unlike any other profession in that the social worker evaluates the individual, family, and community to determine where intervention is necessary. In school systems the social worker is the only school personnel that addresses student’s needs, from this comprehensive approach that considers both the educational environment and larger systems that impact on students. This is particularly important in a pandemic where children are at home. Social workers are recognized by the State of Connecticut as essential workers and essential workers should be the last employees to be let go during the Covid-19 virus.

Children today have more stress than ever before that place increasing numbers of children at risk. School social workers can help children learn ways of adapting to stressful situations before

maladaptive coping skills are established. It has been shown that children with healthy adaptive coping skills to stress have higher attendance rates, decreased drop-out rates, higher test scores and higher self-esteem. School social workers are the one discipline in a school system that proactively addresses academic barriers within the child’s home, school and community. School social workers serve as a catalyst to bring people together to create an environment conducive to learning.

According to the National Mental Health Association, less than 1 in 5 of the 12.5 million children in need of mental health services actually receive them. Many of these children will not achieve academic success due to social, emotional and behavioral problems affecting school performance. School social workers can help these students through means of prevention, early identification, intervention, counseling and support. School social workers address issues of isolation, loss of connections to other students and the school due to the pandemic, bullying, crisis intervention, drug use, counseling, conflict resolution, issues of self-esteem, child neglect and abuse, working to connect students with needed services, and the list goes on. These are services that benefit the student, the student’s family, teachers, and administrators. However, services once dismantled are not easily gained back and school systems that have reduced or eliminated school social workers quickly find that they need the social workers and ultimately have the expense of rehiring social work staff.

Schools do not function in a vacuum. When students cross that school door (be it physically or virtually) they bring with them the life stresses of their family, impacts of trauma, fears of being bullied, and in this pandemic environment where so many families are struggling to get by those concerns press on the student’s mind. All of these factors are obstacles to learning. All of these obstacles are brought into the classroom. School

## Cuts, continued

social workers break through these barriers by providing students with the coping skills and support necessary to allow learning to take place.”

In writing to school leaders in Woodbridge we added the following specifically addressing the replacement of a school social worker with a school psychologist:

“In regards to the school psychologists, we recognize the value of school psychologists, however they do not function in the same capacity of school social workers. The two professions complement each other, but are not interchangeable parts. School psychologists are master level trained personnel, as are school social workers, however school psychologists (unlike a licensed clinical psychologist) cannot diagnose and treat, whereas licensed social workers can. This collaborative approach between the professions was demonstrated during a 2015 meeting regarding a plan to use solely school psychologists for mental health services in the Avon Schools. The school psychologists reportedly did not support the decision to eliminate the school social work positions. Furthermore, the CT Association of

School Psychologists supports having both school psychologists and school social workers, recognizing the two professions are not interchangeable parts. After a 2.5 hours public hearing on replacing school social workers with school psychologists, with not one resident in support of the proposal, the Avon BOE voted to replace the school social workers with school psychologists. After 3 years the Avon BOE discovered they needed school social workers, rehiring several school social workers. Over the years this same scenario has played out in other towns with ultimately the same results.”

In the case of Woodbridge the Board of Education **reversed their decision and maintained the school social worker position** after hearing from concerned residents and NASW/CT.

NASW/CT will continue to fight these cuts until final decisions are made. We encourage members who are aware of reductions in social work positions in public schools or other public agencies to let us know. The profession will not always win but definitely will always lose if we are not aware of threats to social work positions.



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## An Aging Manifesto

No need to provide demographics. We know that the number of elders are growing and have been increasing for years. This is especially true for elders 85 years of age and older whose numbers are tripling. Persons living 100 years and older are no longer a rarity, but occurring with regularity. So why is it that so few, if any, individuals from medicine, nursing, psychology and social work express little, if no interest, in working with elders and their families? Social workers who purportedly espouse social justice, equity and inclusion have failed elders. Why do social workers, as well as the general public, have so many negative attitudes, prejudices and stereotypes toward elders, simply on the basis of their age? Dr. Robert Butler, Pulitzer Award winner for his book, "Why Survive. Growing Old in America" (1975), coined the term "Ageism" to refer to the fact, that like racism and sexism, ageism was a way of "... pigeonholing people. A kind of pessimism that prevails whereby elders are not perceived as being able to thrive, respond to treatment, or are worthy" (Butler, Lewis, Sunderland, 1998, p. 208). Butler noted that "Aging is the neglected stepchild of the human life cycle" and that "Ageism allows younger generations to see older people as different from themselves; thus, they subtly cease to identify with their elders as different from themselves; thus, they subtly cease to identify with their elders as **human beings**" (in Aronson, 2019).

Why such an obvious fear of aging? Aging and elders represent for so many of us a fear of illness, disability, dependence, weakness, memory impairment, loss -- loss of friends, family, status, finances and of life itself -- death. Read Arthur Brooks' Atlantic Magazine article (January 2020) "Learning To Accept Your Decline" where he states, "All the evidence suggests that your skills and professional achievements will peak much sooner than you expect. If you want to avoid

irrelevance and bitterness, start planning for that now". Or witness the seemingly innocent remarks by Paul Krugman, a Nobel prize winner in Economics and editorial writer for The New York Times in a recent New York Times article discussing the economics of dying secondary to COVID- 19. He states, "In fact, both transportation and environmental policy have in the past been explicitly guided by numbers placed on the value of a statistical life. Current estimates are around \$10 million. True COVID-19 deaths have been concentrated among older Americans, who can expect fewer remaining years of life than average, so that we might want to use a lower number, say \$5 million" (May, 29, 2020). Given such comments by Brooks and Krugman, why would anyone want to look forward to growing older or to work with a population who signify decline and death? Add to this, the harsh realities of COVID-19, where persons 65 and over account for 80% of all U.S. deaths (CDC, 2020). More than 38,000 nursing home residents and staff account for 40% of deaths. What is the explanation for such tragic numbers of deaths among elders? Compromised immune systems, multiple underlying medical problems, and a host of other chronic medical problems. Yes, that's true. However, the real culprit is the underlying disease of Ageism. Where's the evidence you might ask? Just look at a sampling of letters written to the editor of The New York Times (April 23, 2020) with the heading "How Government Failed the Elderly". One writer stated, "I just can't take it. My heart bleeds. Why did the government not come and assess the needs of nursing homes from the onset? Nursing homes have so few resources. We are warriors going to battle without all the necessary equipment. The government failed us. Most importantly, it failed the elderly". Another individual wrote, "Too many long-term care facilities represent a morally bankrupt way to care for seniors and people with



## Manifesto, continued

disabilities”. More profound was Elizabeth Bruenig’s article “What Are the Dying Worth” (New York Times, April 2, 2020). Bruenig writes of families’ anguish over not being able to be with their parents when they were dying from COVID-19. Telling the story of Jessica Smietana, whose father had recently died in a nursing home from the virus, she writes, “What Ms. Smietana saw was that the presumption of fulfillment—that the elderly has lived life, and can ask little more from it—is mistaken. As much as any young person can hope to feel more love, happiness, curiosity, satisfaction in the balance of life, so can the aged and the ill. In fact, they may experience those good things in life even more acutely for recognizing their scarcity”.

Yes, elders whether in sickness or in health, can and should expect happiness, love, curiosity and much more. So, today, as in centuries past, the negatives of aging continue to outweigh the positives in the eyes of so many people and in particular, social workers, and remains so difficult to change. Perhaps we should use a different vocabulary to describe old age. Can refinements of terminology such as “old old” “senior” “elderly” help? No! As Small (2007) notes “such terminology betrays the basic poverty of our vocabulary here, and they are often impediments rather than aids to social and political reform” (p.3). Sadly, there seems to be no clear explanations for “our **Othring of Old Age**” (Aronson, 2019). It comes down to “how we think about the meaning and value of lives generally” (Small, 2007, P.4). “... if we want to think differently about old age, we need to think differently about life itself –about thinking itself – the whole system - - is at issue” (Small, 2007, p.4).

Yes, the “whole system is at issue”. The systemic racism that was so brutally seen with the killings of George Floyd, Ahmaud Arbery, and Breonna Taylor. The profession of Social Work, from

individual social workers, to NASW, to Schools of Social Work calling for and doing something to bring about social justice and equity for Black, Brown, Yellow, and Red Americans, for the rights of LGBTQ individuals. And yet, during this COVID-19 crisis, elders have constituted the largest group of individuals who have died- many of whom are African American, Puerto Rican, and Native Americans. However, there have been no calls from most social workers for social justice and equity for elders. From almost time immemorial, aging and elders remain devalued and invisible to the arch of justice. I challenge our profession and specifically, Connecticut social workers who work with other age groups, to radically change their practice and agree to work with and include elders as part of their practice. They can start by agreeing that 10% of their caseloads will include work with elders and their families. (For those social workers who do not feel they have the skills or knowledge to work with elders, join NASW/CT Committee on Aging. We will provide you with consultation for effective clinical and policy practice). That they will agree with equal and just energy, involvement, and commitment to work with elders as they have voiced their support to fight for social justice for the many other BIPOC (Black, Indigenous, People of Color) oppressed groups.

When so many elders died alone in their nursing home beds, there were no protests, no calls for social justice and equity. Only hours of lonely, deadly silence. I just don’t understand the fairness of this. **DO YOU?**

Jack Paul Gesino, DSW, LCSW  
Associate Professor  
Southern Connecticut State University  
Department of Social Work  
Chair, Elders and Families Specialization  
NASW/CT Again Committee Co-Chair

## Telehealth Coverage Permanence Sought

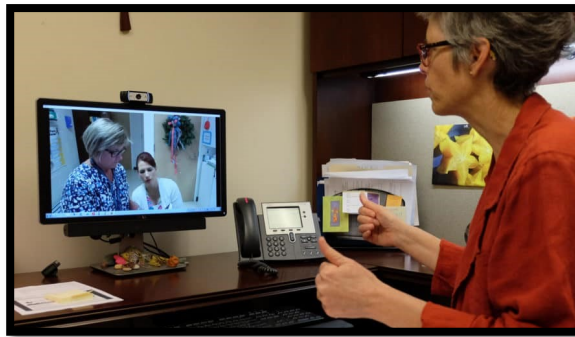
For most clinician's telehealth was not by choice but a forced decision from Covid-19. Despite the fact that CT insurance and public health statutes allowed for telehealth utilizing visual and audio for treatment, factors such as costs of HIPAA compliant platforms, lack of familiarity with telehealth, discomfort with not being in-person with clients and reduced payment by insurers, kept the use of telehealth to a minimum in Connecticut. Covid-19 changed all of that and now NASW joins other mental health professions, nationally and statewide, in calling for permanence of insurance coverage of telehealth and pay equity.

NASW/CT led the campaign to have Anthem pay equal rates for in-person and telehealth sessions. Anthem being the largest health insurer in terms of covered lives in CT it was important to have them set the standard. The Chapter's efforts were successful for now, but Anthem currently is only assuring pay equity until September 13, 2020. Other fully insured insurers are also paying equal rates on a temporary basis, due to the pandemic.

Health care advocates are actively lobbying for telehealth to be permanently allowed and that such permanence be for both audio and visual or just audio. However, that alone is not sufficient. Telehealth payment rates must include equity with in-person rates.

National NASW has joined with other national mental health groups in calling upon CMS to recognize and cover all telehealth services. It is well

understood that if CMS requires coverage of a treatment or modality that other public insurance, fully-funded private insurance and self-funded health plans are much more likely to do the same. These same national groups are lobbying key congressional leaders to act and each state's governor has been contacted. NASW/CT followed up with Governor Lamont in support of the national letter.



In a separate letter signed by all of the mental health professions in Connecticut, sent to key leadership in the CT Legislature, with copies to the Governor, plus the Commissioners of Public Health, Social Services and Insurance, we requested that legislation be passed during the summer special session to codify the Governor's executive

orders on telehealth. The key points raised in the letter are:

- Making telehealth permanent under Medicaid;
- Requiring payment equity so that telehealth is paid at the same rates as in-person sessions;
- Require that audio only sessions be allowed and covered the same as in-person for both public and private insurance;
- Allow providers to use any HIPAA compliant platform for the private insurance market.

NASW/CT mobilized members to lobby their legislators in support of the letter to key state policy makers. At the time of this writing we await action by the Legislature.

## Racism is Not an Individual Problem. It's a Public Health Crisis.

Ever since the senseless and brutal murders of George Floyd, Ahmaud Arbery, Breonna Taylor, Rashard Brooks, and countless black and brown lives, our nation has been confronted with a legacy of systemic racism and white supremacy entrenched in some of our most respected institutions, particularly law enforcement and our criminal justice system. Social workers can no longer ignore their own role in historically reinforcing and perpetuating racial bias and discrimination; many have called for not only reform of law enforcement but radical structural changes in the police force, including divesting funds from police departments and reinvesting money and resources in community-based organizations. It is critical for social workers to consider multiple facets of the reforming vs. defunding the police debate since the solutions and interventions are complex and should include the voices and narratives of people most affected by racism.

Race is a powerful social determinant of health and wellness, but it is *not* the cause of violence and discrimination against black and brown folks. For example, some may think that that “being black” makes people more susceptible to police brutality. However, this argument simply blames the individual for what is actually a structural problem and stigmatizes racial minorities. Racism rather than race is a fundamental cause of police brutality, racial profiling, and mass incarceration. Racism has also decreased non-white people’s access to money, healthcare, housing, and other social and institutional supports and exacerbated many of the health inequities highlighted by COVID-19. If these barriers to social services and economic opportunities for people of color were removed, then we would most likely see an increase in positive health outcomes and fewer cases of police brutality and incarceration of black and brown folks.

Several cities, including Boston, Massachusetts; Columbus, Ohio; and Charlotte, North Carolina, have declared racism a public health crisis. They recognize that racism has had a direct and community-level effect on the physical and mental health and safety of black and brown folks. They also acknowledge that local, state, and federal governments have to take more responsibility or accountability to dismantle

racism in their communities; racism is not only a current public health crisis but an *ongoing* systemic injustice that can only be tackled through educational, practice-based, and policy change.

Advocating for our clients and social justice values is an essential part of our Code of Ethics. **We must join others in declaring racism a public crisis in Connecticut and nationwide.** Making such a powerful statement in support of our clients and communities of color is an effective vehicle for challenging our own internalized and institutional biases and strengthening the social worker profession. We need to be intentional in how we achieve racial equity and vote for policymakers and leaders that respect and amplify the voices of people of color.

In short, we can’t breathe until we make the clear and conscious decision to be anti-racist.

*If you want to support efforts to declare racism a public health crisis in Connecticut, consider signing the petition to Dismantle Racism in Connecticut authored by Health Equity Solutions at <https://hesct.salsalabs.org/calltoactiondismantleracisminct/index.html>.*

*If you want to learn more about how social workers can work with the police to change law enforcement practices and policies, check out the recording of a recent NASW-sponsored webinar, “Congressional Briefing – Black Lives Matter: Social Work and the Future of Policing”: <https://csd.wustl.edu/congressional-briefing-black-lives-matter-social-work-and-the-future-of-policing/>. For additional resources on anti-racist practices and education, visit <https://blacklivesmatter.com/> and <https://www.swcares.org/>.*

*This article solely expresses the views of the author and does not necessarily reflect the views of NASW/CT.*

By Alberto Cifuentes, Jr., LMSW  
NASW/CT Macro Network Chair  
NASW/CT Latino/a Social Workers Network Co-Chair



## Open Letter to NASW-CT and Connecticut Social Workers Regarding the “Chapter Position Paper on Police Reform and Social Work”

Recently, the Connecticut Chapter of the National Association of Social Workers released a [‘Chapter Position Paper on Police Reform and Social Work.’](#) While we recognize the need for this conversation, as licensed Social Workers in the state of Connecticut working in educational, clinical, and community settings, we reject the recommendation to push for Social Workers being hired in police departments around the country.

NASW-CT is the voice of professional Social Work in the state of Connecticut. As such, we believe that it is imperative that this body call on our membership to challenge systems of oppression, not find ways to join them. In this same vein, recommendations for changes and divestment should also challenge these systems, rather than upholding them. Laura Abrams, Chair and Professor of UCLA Luskin Social Welfare, and Alan Dettlaff, Dean of the University of Houston Graduate College of Social Work, provide a clear rationale for resisting the call to integrate social workers within police departments and outline clear action steps for those in leadership positions within our profession in [a recent open letter of concern to NASW.](#)

At this socio-historical moment, it is time to question society's dependence on police departments to dealing with social problems, not a time to pour more resources into and expand policing. We doubt communities historically most impacted by police violence would have trust in these Social Workers, and likely for good reason. There is precedence to show that when Social Workers become a part of unjust systems, they often become [another unit of complicit social control](#), rather than advocates for change.

Social Workers find themselves in the position of having to choose whether to maintain employment or challenge the systems in which

they work, becoming less likely to speak out and advocate for changes within these systems. Examples include [Japanese internment camps](#), [prisons and criminal “justice” systems](#), [immigration processes](#), [child protection systems](#), [court-mandated substance abuse treatment](#), etc.

We need new systems to deal with community problems, not just for serving basic needs, but also to empower communities to have agency in their own lives. During this historical moment, rather than reinforce systems of injustice, it is time that we lean on our profession's long history of organizing with people directly impacted by injustice for social, political, and economic justice. Today the Black Lives Matter movement asks us to join us in the struggle against anti-black racism and police violence, which includes divestment from policing; Social Workers should take this seriously and heed the call. Anything else would be tone deaf and from the belief that we know more about what communities need than they do. Instead, we call on NASW-CT to heed the call within our profession, including the endorsement of the [demands of the Movement for Black Lives](#), which include the following:

- Divest from surveillance, policing, mass criminalization, incarceration, and deportation.
- Invest in making communities stronger and safer through quality, affordable housing, living wage employment, public transportation, education, and health care that includes voluntary, harm reduction and patient-driven, community-based mental health and substance abuse treatment.
- Invest in community-based transformative violence prevention and intervention strategies, that offer support for criminalized populations
- Uncouple access to services, care, and support from the criminal punishment system.

## Open Letter, continued

- Provide reparations to survivors of police violence and their families, and to survivors of prison, detention and deportation violence, and their families.

In addition to endorsement of these demands, we call on NASW-CT to begin a meaningful conversation across the state on how we can have a significant impact on divestment from policing and organizing for healthier communities. This may include conversations hosted by NASW-CT with those directly impacted by police and community violence and the Governor and Mayors to discuss the creation of other systems and solutions to deal with community problems. It is our belief that Connecticut Social Workers should

act in solidarity with the Black Lives Matter movement's push to divest from policing and to reinvest in "[communities and the resources to ensure Black people not only survive, but thrive.](#)"

In Solidarity,

Amber Kelly, PhD, MSW, LCSW  
Assistant Professor of Social Work  
Quinnipiac University

Emily McCave, PhD, MSW, LMSW  
Associate Professor of Social Work  
Quinnipiac University

**Wondering how to get 6 Continuing Ed Online Credits that you know will meet Connecticut's licensing requirements?**

Go to the **CE Institute** on the NASW/CT website at [www.naswct.org](http://www.naswct.org), then click on Continuing Education/CE Institute. There are dozens of classes on dozens of topics at reasonable prices!



## How to Know if a CE Program is Approved in CT

Covid-19 has led to a dramatic increase in virtual trainings, with most offering CEUs. If you are seeking continuing education units make sure when you sign up for a program that it has CT recognized approval. DPH accepts programs approved by NASW, Association of Social Work Boards (ASWB), and schools of social work (BSW & MSW) that are accredited by the Council on Social Work Education (CSWE). If a program does not have one of these approvals it is **not acceptable** for license renewal. If you take a course that is not approved by one of the aforementioned bodies, NASW/CT does offer an approval review after you have taken a program <http://naswct.org/continuing-education/individual-reviews-continuing-education-credit/> at a fee of \$20 for members and \$60 for non-members.

## Now What? Navigating Social Work in the Age of the Pandemic

Over the past couple of months, I have read countless firsthand accounts of social workers in various roles across the state and had the good fortune of interviewing two over the phone. Upon reflection, one word comes to mind – *humility*. Having roots in humanitarian giving and dating back to the 1860's, social work was and is a humble profession. According to the International Federation of Social Workers, the goal is simple, social work “promotes social change and development, social cohesion, and the empowerment and liberation of people.” For me, this has never been clearer.

As we move through a collective global trauma social workers are rightly concerned with the present day; but the biggest concern seems to be – *now what?* Humble in our approach, we know that for many of our most vulnerable populations, the biggest impact of the coronavirus pandemic is still to come. While many professions are appropriately focused on how to get through the pandemic, social workers are also preparing, bracing for impact and considering what happens next as we ready to lend a helping hand. With increased rates of domestic violence, social isolation, and depression as a result of self-quarantines and social distancing, we understand there will be a great need for the work we do across all disciplines.

Often quietly working behind the scenes advocating for others, social workers have been at the forefront of the coronavirus pandemic since it began. Many social workers do not consider themselves to be “on the front lines”; but I think that depends on how you define “front lines”. Countless social workers are working day-in and day-out to ensure that folks continue to receive essential services including access to food, shelter, transportation, and counseling. The following firsthand accounts, will solidify the important role of social work in a crisis:

- Social workers are necessary for crisis mitigation;
- Social workers are key partners in the planning and development of a solution;
- Social workers are fully engaged and invested in the greater good; and,
- Social workers promote social change and development regardless of global circumstances.

Below is a firsthand account submitted to the Connecticut Chapter of the National Association of Social Workers (NASW/CT) from a member who runs an aging in place organization focused on assisting older adults to remain in their homes and communities as they age. This

submission highlights the ways in which social workers have always been imperative in the day-to-day lives of some of our most vulnerable Americans, while stressing changes must be made and lessons learned as we move forward into life after the pandemic.

*“As the pandemic struck, access to food and necessities became priorities, but also highlighted the isolation and fear. People put their trust in the organization. It’s not an option to let them down. The first wave of worry centered around food. Can I shop? Can I manage? The second wave came 2 weeks later with “I ran out of things” .... “I need medication” ... “a check cashed” .... “The blood work needed to regulate my medication.” I put out small fires all day long. I am so grateful for the help of my colleagues – meal delivery, grocery drop off, food shopping. My fear is this current wave – the aides are unable to see their clients – and some clients receive 24/ 7 care with the inability to remain at home alone. Aides are pressed for childcare, worried for their own health and the exposure of the virus to their families and clients. Agencies work hard to cover the absences. This is a group effort. We are all scrambling. I hope that we learn something from this experience. The emphasis on working together and relying on each other’s expertise. But we have more to learn. Recognizing that everyone needs health insurance and a safety net that can carry you over the scary times of life. That essential workers are often quite invisible – the migrant worker picking fresh produce that we all crave now and a new appreciation for folks who do the hard work every day – the cashiers, the stock people, the transit workers and a renewed appreciation for the nurses and doctors and of course the social workers – we are in this fight too.”*

A second account submitted to NASW/CT highlights one behavioral health social worker’s experience providing therapy in a Connecticut nursing home during a pandemic. This account has been edited for clarity and emphasizes the empathy, compassion, and thoughtfulness exhibited by social workers during this difficult time.

*“I have seen spikes in patients’ anxiety and depression related to the uncertainty of what’s going on as patients consider whether they are safe or will fall ill. Unable to see their families, symptoms of depression come into play. There continue to be new admissions to the facility, having just gone through a sudden and traumatic illness, these admissions are now unable to see their families and receive their support. Once highlights to their week, regular family visits have ended, and residents are stuck; they are placed long-term and short-term residents cannot leave as planned. I have seen increased*



## Navigating, continued

*restlessness, anxiety, and depression in my patients with lower cognitive abilities including dementia at all stages. These patients rely on social and sensory stimulation, one to one contact and physical touch; we are no longer able to touch our patients and it is hard to comfort them without holding their hand or stroking their arm or even coming within 6 feet. That goes for all my patients – human touch is one of the most powerful ways to support someone whether they're fully oriented or always disoriented. We are no longer able to do that, so we have had to become creative and try our best to provide comfort. To my earlier point about social stimulation and interaction, group recreation activities have ceased for all skilled nursing facility residents; something many rely on. Group activities not only provide entertainment but also remind residents that they're not alone. Now everyone is largely confined to their bedrooms, they can't eat their meals together in the dining room. They're struggling and we have not stopped going in. Our presence is a comfort to the staff as well, often frightened, overworked and worried about catching the virus at work and bringing it home to their loved ones."*

The planning and crisis mitigation skills, humble approach, and caring nature of social workers were evident in a recent interview with Jessica St. Louis, the Assistant Manager of behavioral health social work at Connecticut Children's Center for Care Coordination. The following excerpts summarize our conversation around a variety of topics addressing social work and the COVID-19 pandemic.

### On overall experience...

*"I work from home but the staff I supervise are truly on the front lines. Patients continue to come in and out of the hospital with both medical and behavioral health needs. Many social workers are still interacting with children under investigation for coronavirus and providing bereavement support for both patients and families. As much as possible, we meet with patients and their families through Zoom but when that isn't possible, we gown up and do all that fun stuff to prepare for a face-to-face. Although I certainly see a high level of stress across the staff, there is no sense of dread, we continue to be happy to do the work we do and remain hopeful about the future."*

### On work/life balance...

*"On top of my job managing the social work team, I am a single mom of three young children. I am grateful that their grandparents previously set them up with the technology they needed to make the transition to learning from home easier. Now, more than ever, I am meeting my kids where they are and spending more time talking about their feelings. I make a conscious effort every day, to spend a few minutes checking in and ensuring*

*they are all okay. The school system has been fantastic and very understanding of the limitations I have in teaching my children while working fulltime from home; without folks who are coming from this 'we're all in this together' mentality, it would be hard. I often think about and feel for other families and parents who do not have this type of support within their communities or school systems."*

### On how the pandemic has changed social work...

*"This pandemic has really pushed CT Children's to adapt and leverage technology in a way that benefits our clients. For many individuals with significant trauma histories, connecting through a screen has allowed for greater intimacy and safety in our sessions. It has also benefited many families who are short on time; 30-minutes might be all a family can give for a session and doing this virtually, has allowed them to use this full time for sessions rather than needing to pack up the kids and drive to our office. All this said, I worry about the families that do not have access to this kind of technology. For me, our ability to leverage technology in this new way, has really highlighted disparities between the families we serve and seeing significant job and income loss has further compounded this. As we continue to utilize technology to work with clients into the future, we [social workers] need to keep these disparities in mind and be strategic about how to work with restrictions. My biggest concern right now has been how to reach and accommodate our most at-risk families."*

### On challenges...

*"As social workers, we do a great job of being there for everyone else because that's what we want to do – make people's lives better; but you look at this, and there is nothing we can do."*

*"My biggest challenge has been staying connected with my colleagues. Were all in this together but also very separate as well, feel disconnect a way that is not normal, I don't know how else to say it. I am just trying to stay as connected as possible and ensure that the social workers still going into the office know that I am here for them. As social workers, we do a great job of being there for everyone else because that's what we want to do – make people's lives better; but you look at this, and there is nothing we can do. I remember crying and being so overwhelmed watching folks in NYC cheer for medical staff; overwhelmed by how we are all coming together and trying to provide support in a place where we have no control. It has also been immensely challenging to work with families who are unable to see their loved ones who've been hospitalized; how do you support a parent or guardian who cannot comfort their child while sick? That said, these challenges have allowed me to see how resilient people are. We are given a challenge and to see everyone rising to meet the challenge and still make it*

## Navigating, continued

*through day in and day out. We've tackled it, we know what we need to do, and the vast majority are following. The ingenuity of people and the innovations that have come out of this – it has allowed me to see the good in people and the help that people have to offer."*

### On the future...

*"I want to see the opportunity for additional tele-health and maybe even tele-communities. Really taking a step back and looking at what can stay virtual and what really needs to go back to an in-person format. There are so many meetings that I never had the time to attend before because it was too long of a drive that I can now attend again because they are being hosted virtually. I want to see us remain connected in ways where there was not always access before. Let's get creative and see what really worked – what can be done by zoom and what couldn't? Take this as an opportunity to re-think how we work and what our places of business look like. I would like us as a team of social workers, to consider that this pandemic has impacted folks in a variety of ways. Americans have all lived through this, we internalize and process it different so what can we do to prepare to help those who might be suffering a year from now?"*

### Final thoughts...

*"We're still here and we are here for you. I want people to know that they can reach out to us for whatever they need in whatever capacity practicing social work means to them. We are here, we haven't gone away, we are just learning new ways to meet your needs. Please reach out if you need it. It's what we do, we help, we can help, we like to help, and most of us are still able to help."*

*We've tackled it, we know what we need to do, and the vast majority are following. The ingenuity of people and the innovations that have come out of this – it has allowed me to see the good in people and the help that people have to offer."*

A week after my conversation with Jessica, I was able to interview Kathleen Gilbert, a school social worker from Darien, Connecticut. Kathleen showed a true dedication to her students and immense thoughtfulness, particularly for those who are most at-risk.

*"There is and will be a huge wave of folks struggling with the impact this crisis has had on their lives; social work will be more necessary and needed than ever before. I think social workers have a unique training to be systematic thinkers, looking at the problem from macro and micro angles and responding accordingly."*

### On work/life balance...

*"I live by myself, so this is a little easier for me than others; I know it is hard for those home with children and other family members to care for. I am pretty good about maintaining my schedule and find that it is important for me to do so throughout this. Each morning I get up and truly act like I am going to work, just in more casual clothes. I go through the day from morning to evening as I would if I were at the office, taking a short break at lunch to move around. There is a lot less walking and that has been the hardest for me, the immobility of it all. I am pretty flexible about meeting with my students later in the day if necessary but for the most part, I really am sticking to my typical schedule."*

### On how the pandemic has changed social work...

*"The mission remains the same [for social workers], if not more compelling. There is and will be a huge wave of folks struggling with the impact this crisis has had on their lives; social work will be more necessary and needed than ever before. I think social workers have a unique training to be systematic thinkers, looking at the problem from macro and micro angles and responding accordingly. I think we have a lot more work to do with a wave of need on its way that will knock your socks off and force us to address the impact of this pandemic on our most vulnerable populations. I am hoping for a more open dialogue around American social and health structures that put many individuals at risk for inequality; we [social workers] can be voices to advocate for this."*

### On challenges...

*"Technology! It has been challenging to navigate and manage the multitude of new technologies we are being asked to use. It can be difficult to manage your regular workload while also trying to outreach for IT support and solutions. Technology challenges aside, it has been an adjustment to accept that I am only able to do what I can within the constraints of my time. There are some students that I really worry about – I can't reach them, and I worry. These kids might be living with grandparents or other guardians because of the pandemic and I can't get to them. Having to say to myself, I did everything I could to make myself available, has been tough. I can't control these circumstances, I know that, but it still bothers me. Through these challenges, I have been very impressed by the power of connection. We offer a student group through Zoom and in many ways, it has become more valuable since we moved to a virtual format. The kids are more appreciative of the group and of their peers than ever before; it is the power of this connection that is so critical. It has been really moving to hear from these students and how they and their families are coping with the stress of it all."*

## Navigating, continued

### On the impact on client functioning...

*"There are just tremendous levels of stress to deal with. Students are wondering how to even show up and participate in class. There is one student that I am worried about, there is a history of self-medicating to manage stress there and I worry it is still happening, likely more so right now. In addition, there are high, high levels of family stress; parents are trying to juggle working and children. Students who were already experiencing instances of depression and anxiety are no longer able to manage it with this added stress. The isolation of home-schooling has had a real impact on our students, particularly those with ADD or organizational issues. Some students have a hard-enough time figuring out what classes are when and we are adding in a need to navigate technology at the same time now. Moreover, some students have parents who are still leaving the house for work; they are worried for the wellbeing of their entire family. The high school students I work with are incredibly aware of everything that is going on, they see what the media is saying, and they are anxious. There is just a lot of anxiety and these students generally look to us [adults] for the answer but we can't assure them in this situation. There are too many unknowns with this pandemic, and it is difficult to walk the line between being realistic and providing reassurance."*

### On self-care...

*"I have definitely needed to add to my self-care. I am a spiritual person, so I do use some meditation and prayer; and many of my students do, too, so I like to help them access these things. I have been far more connected with folks I haven't talked to in years; we're all being more up front about checking in and making sure everyone is okay. I walk, from a socially distant 6 feet, with a neighbor every day; she is a Grand Mother and went from babysitting her grandson every day to not being able to see him at all. It's hard and I feel for her. This pandemic is causing all sorts of losses that we need to compensate for. I have become a baker and am taking more time to be thoughtful about my meals. I just think that everyone needs to work on incorporating more self-care during this time; it is new that we are all experiencing anxiety about even just going to the grocery store. We must try to make healthier choices and have fun where we can. Keep those connections!"*

### On the future...

*"...That is a long list. I think we [social workers]*

*must be, and have been, more vocal and political about speaking up for and organizing better health care, support, and social structures. The other night I saw Patrick Kennedy discussing the increase in mental health needs we are about to see. As we clearly see an uptick in porn, alcohol, and gambling sales, I worry about folks who may have been managing their mental health before having a relapse. There is a concern about a wave of increases addiction and suicide attempts. I am really worried about PTSD in our first responders and health care providers because this isn't going away, we are in it for the long haul. Though I imagine there will be an impact on us [social workers] as well, it is going to be our job to help folks through this. The impact will be lasting, and I want to be ready."*

### Final thoughts...

*"I value my profession more than ever. The connectedness of us all as people, it's a wonder to witness. I would say that the value of social work is that we know these systems (schools, hospitals, nursing homes, communities, private sector), we work in these systems, these are our systems. We know how to navigate them, and we know what works and what doesn't. This is a great resource for our communities but also for us as we challenge ourselves more and more to do better the next time, because there will be a next time."*

***"The impact will be lasting, and I want to be ready."***

I have never been prouder to be part of the social work community. The biggest theme running through my interviews and digital submissions was care for others. Whether it was how we can be better next time, ensure the care of our most vulnerable, or learn a new way to support those in need, social workers are getting ready. We are lifelong learners. We listen. We observe. We act. We advocate. We make change. We are present. We are always here for you. No matter who you are or where you are, there is a social worker out there ready and willing to support you and meet your needs. Reach out. We want to hear from you.

By Shannon Perkins, LMSW, NASW/CT President



## Continuing Education

### **ZOOM** Webinars with NASW/CT

Since late May, the Chapter has held five ZOOM Webinars to offer support, skills, and understanding during this time of COVID-19. The response to the topics and the speakers has been excellent and we thank those of you who participated. While we are pausing for the month of July to offer a few Zoom Meetings on different topics, we will be back later in the summer and early fall for additional webinars to help you manage the pandemic, both personally and professionally.

Our first Webinar was on *“Screening, Assessment, Support, and Intervention for Victims & Survivors of Domestic Violence During the Covid-19 Pandemic”*. Led by Sharlene Kerelejza, LMSW, Clinical Assistant Professor at Sacred Heart University School of Social Work, Kai Belton, LCSW and Linda Blozie, both of the CT Coalition Against Domestic Violence, offered screening strategies, valuable information and resources to those who attended.

*“Zooming Into Mindfulness: Telehealth With Children”*, presented by Rose-Ann Wanczyk-Karp, LCSW, Senior Clinician at Community Health Center School Based Health Clinic, was our second Webinar. A popular presentation, we were all practicing our calming activities—unmuted—and having some fun. Seriously, though, the workshop was informative and creative and provided many helpful ideas for children and families already dealing with challenges but now while in quarantine.

Dana Schneider, LCSW, owner of Contemplative Insights, LLC offered our next Webinar on *“Mindfulness for Social Workers.”* In order to enhance a therapeutic practice as well as strengthen one’s own personal resilience, the practice of mindfulness was explored during this presentation. Social workers were encouraged to have a deep and consistent mindfulness practice of their own and the workshop was so calming and uplifting there were many wanting to sign up for “Mindfulness Continued” by the end of the two hours.

*“Grief and Bereavement During Covid-19”*, presented by Cheryl Green, PhD, RN, LCSW, was particularly relevant by the time this workshop was held on June 17 given our collective experiences with the virus and the fears, sadness, isolation, and mourning it brought. As a nurse, Cheryl was able to provide very concrete information to attendees regarding self-care and the reopening of private practice offices. Discussion of loss, absence of traditional rituals, and how this virus has been life changing generated an interest in smaller group meetings that might meet in the future to provide support to one another.

Our fifth Webinar was titled *“Building a Trans-Affirming Practice”*. Led by Sarah Gilbert, LCSW of Transitions Therapy, LLC this was a very informative workshop based on significant education on Sarah’s part as well as much experience in her clinical work. Clear discussion of sex and gender, gender identity, gender presentation, and gender roles was provided with an overview of legal, social, and medical transition options. Concrete steps to make your practice more inclusive and affirming, including language used and marketing ideas, were useful and appreciated by participants.

NASW/CT intends to provide additional Webinars in the months to come so check your email announcements or the NASW/CT web site. Should there be topics you would like to have addressed please let me know at [phartman.naswct@socialworkers.org](mailto:phartman.naswct@socialworkers.org)

## Vote Like Our Health Depends On It!

Voting is a clinical intervention. It is a basic human right and one of the most effective ways to contribute to your community's well-being.

When people vote, especially marginalized and underrepresented communities, they exercise their ability to inform and change practices and policies within their locality that directly impact their physical and mental health. When social workers in direct practice encourage their clients or patients to register to vote, they are able to engage in non-partisan voting recruitment that ensures funds and social services are being allocated to the most vulnerable populations.

We all know that this is an important election year, so it is critical that social workers advocate for their clients by connecting them with Get Out the Vote (GOTV) efforts. Fortunately, social workers have a long track record of success doing voter registration at rates higher than even traditional voter registration groups. For instance, the successful National Social Work Voter Mobilization Campaign (Voting is Social Work) demonstrates that the social work profession has always known that voter registration and voting support a robust democracy, a just society, and an equitable health care system.

VotER ([vot-er.org](https://vot-er.org)) is a new tool for medical providers and social workers to engage in non-partisan voter recruitment and education. The VotER team has known that for decades, social

work has been at the forefront doing the hard work of voter registration in all settings. **Our free Healthy Democracy Kit makes it easier for social workers across the country to do just that!**

Social workers across all specialties can help get their clients registered to vote with our VotER badge backers (see image of badge and lanyard).

It's as simple as giving your client the QR code and letting them scan it on their phone. We also have temporary badge backers available to download at <https://vot-er.org/temporaryhdk/>.

Order your free Health Democracy Kit at [vot-er.org/socialwork/](https://vot-er.org/socialwork/)! You can also get resources on how to register your clients to vote via remote and digital

(Telehealth) platforms at <https://vot-er.org/telehealthsw/>.

Be sure to visit our partners, Voting is Social Work at <https://votingissocialwork.org/> and TurboVote at <https://turbovote.org/>, for additional voting recruitment and engagement resources.

If you have any questions about the kit or VotER, please contact Alberto Cifuentes, Jr., LMSW, at [jr\\_alberto.cifuentes@uconn.edu](mailto:jr_alberto.cifuentes@uconn.edu). **Vote like our health depends on it!**

By Alberto Cifuentes, Jr., LMSW  
NASW/CT Macro Network Chair



## FREE Summer Meals for Kids

*CT Summer Meals sites are now open, find a location nearest you!*



The State of Connecticut operates a federally-funded summer meals program that allows children age 18 and under access to free, nutritious meals – no questions asked!

End Hunger Connecticut!'s [Meal Site Mapper](#) shows all summer meal site locations in the state. You can even add your zip code and pinpoint all locations near you! Please note that this map is a work in progress, as we upload new sites as we receive data from the State, so check back frequently. Many sites are operating differently this summer due to COVID-19, so be sure to read the details carefully for each site.

CT Summer Meals are offered at over 500 sites around the state through August, serving combinations of breakfast, lunch, dinner, and snacks. This summer, parents will even be able to pick up meals for their qualifying children. Many sites are providing enough food to last several days.

Visit [www.ctsummermeals.org](http://www.ctsummermeals.org) for more information on CT Summer Meals and to view the Meal Site Mapper, and don't forget to follow @ctsummermeals on Facebook, Instagram, and Twitter for the latest news on summer meals!

Submitted by

**Molly Stadnicki** | SNAP & Nutrition Outreach Coordinator | End Hunger Connecticut! | 65 Hungerford St. | Hartford, CT 06106 | 860.249.4024 | Call for SNAP: 866.974.7627

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**Defeating any bills that infringe on social work practice;**  
Supporting an increase in Medicare rates for LCSWs;  
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Contributions are an investment in your profession but regrettably not tax deductible.



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Due to circumstances around COVID-19, and the closure of venues, SWES has migrated its upcoming exam prep classes to Zoom! Please see the attached flyer for details. Register in advance to receive your Comprehensive Study Guide, included with registration, by mail. [www.swes.net](http://www.swes.net) or by calling 800-933-8802.

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[info@swes.net](mailto:info@swes.net)

"The zoom format was great. Comfort of your own home and helpful..."

"Very beneficial and interactive..."

## Reminders: On Our Website

### Seeking Online Education for LCSW Renewal?

Visit the NASW/CT website [www.naswct.org](http://www.naswct.org) and click on the CE INSTITUTE. Here you will find a wide range of online classes and webinars all with continuing education credits. Remember CT LCSW renew allows up to 6 hours of home study including online education. Live webinars count the same as in-person programs.

No matter what practice field you are seeking education on you will find it at the NASW CE INSTITUTE @ <http://naswwa.inreachce.com/>

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### Seeking LCSW Supervision?

If you are a LMSW seeking supervision for LCSW eligibility check out the **NASW/CT Supervisors Registry**. Here you will find supervisors that have met the criteria of NASW/CT to offer supervision. Under state law any LCSW can offer clinical LCSW supervision. NASW/CT has a higher standard that we apply to the LCSWs on the **Supervisor's Registry**. Go to <http://naswct.org/supervisors-registry/> to see the full list of available supervisors.

Are you an LCSW seeking to offer supervision? Consider being on the **Supervisors Registry**. For details on qualifications, cost and an online application go to <http://naswct.org/add-new-supervisor-listing/>

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### Advertising Your Classified Ad on the Web

#### ***NASW/CT ACCEPTS EMPLOYMENT AND CLASSIFIED ADVERTISING ON OUR WEB PAGE***

#### **IT'S OUR 30 – 30 - 30 PROGRAM**

#### **30 WORDS FOR 30 DAYS AT \$30.00**

Web Advertising Is EFFECTIVE AND INEXPENSIVE! We'll post your ad of up to 30 words for 30 days for only \$30.00. For larger ads, there is a range. Ads 31 to 50 words are \$50.00, 51 to 75 words are \$75.00 and so on, but that's not necessary; there is a field to link to an online employment listing, whether on your website, or elsewhere. Submit your ad with payment to NASW/CT. For more information or to discuss this service contact us at 860/257-8066. To submit an ad go to <http://naswct.org/place-classified-ad/>

Value added feature for advertisers. We will forward your ad to our members who have signed up for our Job Seekers list at no additional cost to you.

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## Contact Information

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Rocky Hill, CT 06067

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Fax: (860) 257-8074

[naswct.naswct@socialworkers.org](mailto:naswct.naswct@socialworkers.org)  
[www.naswct.org](http://www.naswct.org)

Change Membership Data  
National Office, DC  
\*Members can make changes online

800-742-4089\*  
[www.socialworkers.org](http://www.socialworkers.org)

NASW Assurance Services

855-385-2160

LCSW Exam Application—Department of Health

800-509-7603

Ethical Questions  
Stephen Wanczyk-Karp, NASW/CT Executive Director

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Committee Participation  
NASW/CT Chapter Staff

860-257-8066

Licensing Questions  
NASW/CT Chapter Staff

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Continuing Education Information/Conference Questions  
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