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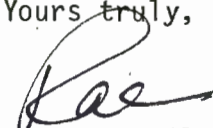
Dear Linda:

Attached is an article on tax reform we recently published in our newspaper. This is as close to an official position as we have taken thus far on the President's proposal. As you can see, it represents neither unqualified support nor unqualified opposition. In assessing the plan, we have endeavored to take as even-handed a stance as possible given what we believe to be the best interests of the social work profession and those it serves.

NASW, nonetheless, has not taken an official position. I am relatively certain that it would be inclined to support the proposal if changes were made to eliminate the reservations expressed in the attached article.

If you have any further questions, please call.

Yours truly,


Rae M. Hamilton
Director of Public Information

Enclosure: NASW NEWS (see p. 5)

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NASW

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Families and Genes

Genetic disorders can affect families' lives for generations, making social workers' involvement vital in their treatment. Page 3

Touting Tax Refonn

President Reagan's new tax-reform plan is a major social policy move, and analysts are looking at both pros and cons. Page 5

Social Security at 50

The past and future of the Social Security Act are examined as it reaches the half-century mark. Page 8

Black Homicide

Guest commentator Creigs C. Beverly of Atlanta University looks at black-on-black violence and what is ing done to curb it Page 9

On the Hill

NASW pushes to keep social programs alive in the 1986 federal budget and joins an effort to save a civil rights restoration bill. Page 16

NASW Ballot Results

See page 7

No August NASW NEWS

As in past years, the *NASW NEWS* will not be published in August. The deadline for receipt of advertising copy for the September *NEWS* is August 5.

World of Work Examined At Occupational Fortim

HE TOPICS RANGED from social workers counseling employees to social workers counseling each other. And, although employee assistance programs dominated discussion, industrial safety and corporate responsibility were among many other facets of the work world explored at the NASW Conference on Occupational Social Work held in Boston May 29 through June 1.

More than 1,350 professionals, a number which startled even the most optimistic conference organizers, attended from 46 states, Puerto Rico, Africa, Canada, England, Egypt, France, Greece, Israel, and Japan.

Conference Planning Chairwoman Carvel Taylor observed, "We expected quite a few people to come, but this turnout is phenomenally gratifying."

Professionals weren't the only people to show interest in the conference. Media coverage was extensive and seemed to attest to the full spectrum of clientele that occupational social work now touches. Reporters who covered the meeting or interviewed presenters came from national as well as local publications - the *Christian Science Monitor*, the *Boston Globe*, United Press International, and the *Bay State Banner*.

Officials at the Bureau of National Affairs thought the issues tackled at the conference merited coverage by two correspondents. A 32-page supplement on the conference was carried in the June 24 issue of the bureau's publication, *Employee Relations Weekly*.*

The first of three conference plenary sessions was opened by NASW outgoing President Robert Stewart, who was lauded by then President-Elect Dorothy Harris for taking "a leap of faith when he decided two years ago to commit [a large amount] of resources to the ongoing development of this field of practice."

Other business experts who spoke at the plenaries included author Rosabeth Moss Kanter, a Yale University professor of sociology, organization, and management, who talked about changes occurring in the workplace. (See separate story.)

John Sims, vice-president of COIJO-rate personnel at Digital Equipment Corporation, and Alan Bosch, a community service representative from the AFL-CIO, discussed the labor and management perspectives on human resource policies. (See separate story.)

(See *Work w* page 10)

*Reprints are available for \$20 each (quantity discounts will be offered). Write BNA, Inc., NASW Special Supplement, Attention: Customer Service, 1231 25th Street, N.W., Washington, D.C. 20037.



Photo by Cindi Whwmnb

Incoming President Dorothy Harris says occupational social work "holds promise for men and women in industry who are struggling with problems in the workplace as they try to increase their creativity."

High Court Upholds Health Benefit Law.

IN A JUNE 3 decision, the Supreme Court upheld a Massachusetts law requiring that all group health insurance plans offered to employees in the state include minimum mental health care benefits.

The 8-0 ruling backed a decision by the Supreme Judicial Court of Massachusetts, which had rejected arguments by two insurance companies that the state law conflicted with federal law. Justice Lewis F. Powell, Jr., did not take part in the case.

Metropolitan Life Insurance Company and Travelers Insurance Company argued that the Employee Retirement Income Security Act called ERISA, and the National Labor Relations Act took precedence over a Massachusetts law requiring them to offer minimum mental health coverage in their group policies.

ERISA makes the federal government the primary regulator of employee pension and benefit plans, the companies argued, and the National Labor Relations Act makes welfare benefits subject to collective bargaining. The companies contended that Congress intended to leave specific benefits subject to the free play of the market without state intervention.

The Court pointed out, however,

that although mandated-benefit statutes are a relatively recent phenomenon, they are now commonplace in all 50 states. The most familiar are those regulating the content of automobile insurance policies.

Other state laws have regulated substantive terms of group health insurance contracts. For example, all 50 states now require coverage of infants at birth, rather than at some time shortly after birth as had been the practice in the unregulated market. Other state laws require insurance carriers to offer particular kinds of coverage on an optional basis.

The mandated mental health law of Massachusetts was enacted to "address problems encountered in treating mental illness in Massachusetts.... The legislature believed that the public interest required that it correct the insurance market in the Commonwealth by mandating minimum-coverage levels, effectively forcing the good-risk individuals to become part of the risk pool," according to the decision written by Justice Harry A. Blackmun.

The Court's opinion concluded: "We hold that Massachusetts' mandated benefit law is a 'law which regulates

(See *Court Rules*, page 2)

FROM THE PRESIDENT



Dorothy V. Harris

IN MY FIRST column as NASW president, I would like to share with you some views about the future and some of the priorities that will guide my term in office. But before doing that, I would like to look back for a moment, to recall for the record some of the outstanding accomplishments achieved by my predecessor, Robert P. Stewart.

Bob Stewart assumed the presidency at a time of organizational upheaval and immediately signaled his leadership style with a series of calm and deliberate actions. He moved quickly to take control and bring financial and program stability to the association. He skillfully led the organization through perilous transitions of national executive leadership. He helped orchestrate a successful dues-increase campaign. And he brought about a significant affirmation of the association's interest in and commitment to health and mental health issues.

Looking ahead, I am confident that with my ability, your support, the collective wisdom of our national Board of Directors, other elected and ap-

pointed leadership, and the staff, we will make NASW an even more effective organization.

I am certain the next two years will be a period of growth and expansion for the association and the profession. My confidence, in part, stems from the current strength and vitality of NASW. Our national board is committed to a balanced budget and to enhancing our fundraising ability. It has been given clear policy direction by the Delegate Assembly. We are building a committed, intelligent, capable staff at the national office. We are systematically strengthening our ties to chapters, all of which have been fortified by an increase in their share of membership dues.

And, in part, my confidence lies in the future that existing trends promise. I will speak more about this in subsequent columns.

Now that we are on our feet, now that we are strong, I believe our energies must be directed both at effecting progressive social policy at all levels — local, state, national — and at supporting professional practice by insuring its continued development, recognition, and sanction.

It is time to resolve once again that we use our collective strength to influence the nation's policymakers in a way that will allow all to share in the American dream, to live their lives with dignity and a sense of well-being. Now, NASW has been involved in national politics for some years. That involvement, however, has been confined largely to electoral politics. I would like us to go a step further: to engage in constructive dialogue with the key members of the executive branch of government. I propose such a dialogue, despite our philosophical differences with any given administration, in the hope that we can find common ground and work together on programs to enrich the lives of those the profession serves.

Because I live in the Washington metropolitan area, it will be more possible for me than it has been for previous NASW presidents to spend time in the offices of legislators, administrators, and others who influence government policy. I plan to make our voice heard on Capitol Hill, in those long hallways that stretch through the District's federal buildings, and in caucus rooms throughout the nation's capital, to exercise my influence in making things happen for NASW and its members.

There is no shadow of a doubt that on a certain level, Washington is a very partisan community. For those seeking power this may seem perfectly natural. But for those of us who are seeking to protect the interests of our clients, such partisanship has not always proven advantageous. We must try harder to put aside our personal political preferences in order to work with those who oppose our views when the interests of our clients are at stake. I am ready and willing to do so at the national level.

Concomitant with my desire to lobby for social policy that will further social work's mission is my commitment to support professional practice and encourage professional excellence, recognition, and sanction.

I am first, and foremost, a practitioner. And I support what the profession has consistently found to be true: prac-

tice and social action are two sides of the same coin; they cannot be divorced from one another. A child whose prenatal and infant care is deficient may never catch up to his peer group, no matter how much social work intervention takes place. Making certain through social action that programs are in place to provide adequate nutrition and medical care early in life will reduce the seriousness of individual problems, an outcome as cost-efficient as it is wise for the health of our citizens and the health of our nation.

We cannot expect professional recognition and respect for our point of view without doing all that is possible to insure that social work practice is the best that it can be. We cannot expect third-party reimbursement for service if we cannot demonstrate competency. We cannot expect our clients to respect our skills unless we are able to help them reach their goals. And we cannot draw the respect of professionals in other disciplines if we do not maintain high ethical, educational, and practice standards.

It is my intention to strengthen through whatever means are available the quality of our practice. We will support high standards for entry into the profession and intensify our efforts to obtain licensing of social work in every state. We will seek to stem the tide of declassification of social work jobs and to nurture emerging fields of practice so that they can thrive in a competitive environment.

We must encourage the return of professional social workers to public social services. Our flight from the public service sector, whether caused by civil service reclassification or marketplace trends, ultimately leaves the most vulnerable of our citizens without access to the highest quality of

services. Such a trend is contrary to our ethics and professional mission. You will hear more from me about this subject in the future.

In the meantime, beginning right now, I would like to hear from you. I would like to know what you think are our greatest challenges. I would like your ideas about how to meet these challenges. I would like to hear about the successes you have had in practice in your community which might be instructive to the professional community and to the national leadership. I would like to know about the failures you have observed as well — for the same reason.

Leading NASW through a sea of change in social policy, in a society that is moving from an industrial to an information base, is a difficult task at best. To do the best I can, I need your help. I am counting on you. □

Court Rules

(From page 1)

insurance' and so is not preempted by ERISA as it applies to insurance contracts purchased for plans subject to ERISA. . . . [T]he judgement of the Supreme Judicial Court of Massachusetts is therefore affirmed."

The Massachusetts social work vendorship law was an amendment to the mandated mental health benefits law. If the Supreme Court had struck down the law, it would have voided the vendorship amendment also. However, the legality of the vendorship amendment was never contested and it was not a part of the Supreme Court case.

"We applaud the Supreme Court's decision that states have the right to enact legislation which requires insurance carriers to provide minimal insurance for mental as well as physical illness," said NASW's Leila Whiting.

NASW participated in the amicus brief filed by the National Mental Health Association and contributed to court costs. □

Battle to NIMH: Council Needs Social Workers

NASW DIRECTOR Mark G. Battle has formally asked the National Institute of Mental Health (NIMH) to include social workers on its National Advisory Mental Health Council.

The 12-member body advises NIMH on policy, research, and grants.

In a May 28 letter to NIMH Director Shervert H. Frazier, M.D., Battle said that "as one of the core mental health disciplines, and the one which provides the bulk of mental health services in the U.S., social workers are particularly interested and concerned with the leadership role of NIMH and with its future directions."

Current council membership includes psychologists, physicians, nurses, and a lawyer. Three members' terms will expire this year leaving vacancies for Frazier to fill "to rectify the current imbalance through appointment of qualified social workers," Battle wrote.

Although NASW has been among a select number of organizations with "liaison representatives" to the council, NIMH has recently cut back opportunities for their participation. This spring,

NIMH said it could no longer cover transportation costs of liaison representatives and would no longer permit them to sit at the table with the council members. Instead, Frazier said he would meet separately with the representatives and other interested groups, a move which NASW staff member Norma Taylor said "relegates liaison representatives to the same status as any other observer."

Given these recent changes, Taylor said, "it is important that social workers be among advisory council members because it is at this level that decisions are made . . ."

Social workers appointed to the advisory council, Taylor said, would not represent NASW, but would speak for the social work profession. Battle promised to help NIMH identify eminent social workers for appointment.

Taylor said several NASW members who have worked with Frazier have expressed confidence in his appreciation of the profession of social work and believe he would be receptive to naming social workers to the advisory council. □

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Social Workers Need Special Training

Genetics Disorders Shadow Generations

FACE MAY BE fortune, but family is destiny — especially if the family carries a heritable genetic disorder. Technological developments for identifying genetic disorders and treating symptoms have burgeoned during the last 20 years. The new research has piqued interest in the medical community and raises hopes of thousands of individuals and families who have one of the 3,000 known genetic disorders.

Along with technology, recognition of the needs of families facing a genetic diagnosis is growing also. In 1973, a report issued by the American Society of Human Genetics recognized "the human problems associated with the occurrence, or the risk of occurrence, of a genetic disorder in a family."

Three years later, the U.S. Department of Health and Human Services (HHS) made funds available for education services, community outreach, and education for professionals, recognizing that new genetics advancements and services were reaching only a small population.

"There is a rapidly expanding technology in genetics, but we have not kept up in developing social and psychological services for people and families with genetic disorders and birth defects," according to Kathleen Kirk Bishop, a social worker at the HHS's Office of Maternal and Child Health (OMCH).

She and other social workers recently attended a Washington, D.C., conference on genetics support groups, co-sponsored by OMCH and the March of Dimes.

Despite recent advances, the growing need for psychosocial services, and the family involvement of genetics, surprisingly few social workers have studied genetics, and the handful who work in medical genetics have learned what they know on the job.

Joan Weiss, a social worker at the Moore Genetics Clinic at Johns Hopkins Hospital for 16 years, said she stumbled into the field after her son's open-heart surgery at Hopkins to correct a congenital defect.

Weiss had been a family and child counselor at a Jewish social service agency and also handled international adoption and foster care. When she was ready to reenter the job market, she applied to Hopkins "because I was so impressed with the social worker who had interviewed me" before her son's surgery.

The only opening was at Hopkins' Moore Clinic, which had received a grant from the National Institutes of Health for an interdisciplinary team including a social worker.

"I didn't even know I would be working for one of the world-famous geneticists of all time," Weiss said of Hopkins' Dr. Victor A. McKusick, who pioneered many new genetic developments.

"I used my skills and they were completely transferrable," Weiss said. "The only thing I didn't know were the terms." Later, she enrolled in a human genetics course.

Lynette Rosser, a social worker in genetic counseling at Children's Hospital in Pittsburgh, finds the interdisciplinary aspects of work in genetics interesting. Patients with genetic dis-



orders require the services of cardiac surgery, oncology, orthopedics, ophthalmology, special care, etc. "I have to navigate in everybody else's territory," Rosser said.

The challenge of genetics is helping not only the patient, but the entire family understand and learn to live with a genetic diagnosis. One characteristic is permanence. A genetic disorder won't "go away" or "be cured." It becomes a permanent attribute of the individual. Every genetic disorder has its crises, and some problems may be chronic.

In addition, because the disorder is genetic, an entire family may be the patient, whether the disease or dis-

order is transmitted by autosomal dominant or recessive or sex-linked genes. The implications of a genetic disorder for an entire family must be considered and their needs met, since other family members may be carriers. Some disorders such as Huntington's disease and Tay-Sachs are degenerative and ultimately fatal, and families must prepare themselves to handle the eventual outcome. Families' aspirations for future childbearing must be dealt with, and they may have to cope with labeling and stereotyping.

Mary Louise Franz, another Hopkins social worker, is part of a team studying Huntington's disease in one black southern Maryland family. So far the

team has located 35 affected members. Franz's contribution to the team's effort is two-fold. She helps locate family members, a process requiring "millions of phone calls" and hours in court houses and libraries pouring over slavery records, manumission documents, and birth, death, and marriage certificates.

She also explains the study to family members, convincing them to participate. Many family members know they have "sufferance," a corruption of "St. Vitas Dance," an erroneous 19th century diagnosis of what today is known as Huntington's disease.

The study requires that as many members as possible be located and participate in a blood comparison to cross-compare DNA in affected and unaffected people.

Prenatal and presymptomatic testing for Huntington's disease will be available sometime in 1986, Franz said. "We don't know whether it will up the suicide rate, or what, but we hope to find out how [family members] will cope with the knowledge" of the disease which has its onset at mid-life and causes early death.

Social worker Serina Gilbert works at Howard University's Center of Sickle Cell Disease, the hereditary blood disorder for which there is no cure and no "life expectancy."

Gilbert had been a hospital social worker doing discharge planning when she became interested in patients on her floor with sickle cell disease. She found that doctors often expressed anger at the "sicklers," as they called them, since they were frequently readmitted, which Gilbert thinks was an expression of the doctors' own inadequacy to treat the disease. She started a support group for these patients to provide them and herself with information and emotional support. When she finished her master's degree, she found an opening at the center.

"I really feel like I found my niche," she said.

Joan Burns, who teaches social work at the University of Wisconsin, the only program in the country offering social workers a specialty in genetics, believes it is imperative that social workers have genetics training. She told of a social worker who suspected a young child repeatedly brought into the hospital with bruises and broken bones was being abused by the parents. She reported the couple and charges were brought against them. Ultimately, doctors diagnosed the child as having Menke's disease, a lethal, heritable disorder causing easy bruising, broken bones, and early death in children.

"I don't expect social workers to diagnose [genetics disorders]," she said, "but they should be knowledgeable enough to question whether something is going on here."

"I think there is a natural role for social workers in genetic counseling," said HHS's Kirk, "because of the family history, because of the kind of information social workers receive in the counseling setting, and because [a genetic diagnosis] can be potentially devastating since it affects families over their life span and perhaps is multigenerational. It's the bio-psychosocial model." □

Courses Ready in Fall

STARTING IN September, schools of social work will be able to offer students basic genetics training, according to Donna DeAngeles of the Council on Social Work Education.

CSWE has developed "course modules" which social work professors can use to include genetics in their courses. The modules are applicable to the core courses in human behavior and social environment, social work practice, and social welfare policy.

The U.S. Department of Health and Human Services' Office of Maternal and Child Health gave CSWE a grant to develop the materials.

Most social work schools do not now offer genetics training. A 1975 study of 88 graduate schools showed that while 27 schools reported some genetic content in their curriculum, most admitted it was minimal. Only nine schools offered planned though limited content, and four others offered more extensive content through electives. Of the 19 schools with genetics courses available in other university departments, only six used them.

Although 31 schools used agencies for field placements where genetic experience was available, only 16 had (See Genetics, page 13)

Worker Killed in Chile

Demonstrations Protest Rights Abuses

JOSE MANUEL Parada, a social worker with the Catholic Church's Archdiocesan Vicariate of Solidarity in Santiago, Chile, was among three men found dead on a Santiago roadside March 31. They had been abducted several days earlier by gunmen widely suspected to be members of Chile's national security police, according to the Committee for Chilean Inquiry.

The committee, chaired by NASW member Sol Gorelick and composed of nine groups including the NASW New York City Chapter, obtained information on the killings from Amnesty International, an independent worldwide human-rights organization, and the Council on Hemispheric Affairs, which researches Latin American and Caribbean issues.

According to those sources, Parada and Manuel Guerrero Ceballos, president of the Santiago branch of the Chilean teachers' association, were abducted at gunpoint March 29 in front of the Latin American Integration School in Santiago. The third victim, draftsman Santiago Natino Allende, reportedly was abducted March 28 along with five teachers during a police raid on the teachers' association's local headquarters.

The teachers were released March 30, reportedly after being tortured and interrogated about their association's activities.

Chilean authorities denied responsibility for the arrests and killings, and are said to have requested an investigation by the courts, according to Amnesty International. But the group adds that "hundreds of official complaints of torture" have been filed with Chilean courts in recent years, "many

of which contained strong evidence of security [police] services' complicity and not one of which has led to a conviction."

During a demonstration in Chile April 11 protesting the killings, 12 persons were wounded and at least 30 arrested, the Committee for Chilean Inquiry reported. The killings were the latest of nine assassinations this year, and their relatives began a hunger strike on May 2, the group related. It is urging professional organizations and unions to take actions to support the strikers.

The committee asserted the arrests and assassinations are intended to repress dissent against the regime of General Augusto Pinochet. The regime has instituted a "state of siege" which prohibits political organizing and public gatherings and which makes more assassinations "a strong possibility unless there is intense worldwide opposition," the committee added.

The committee urges concerned persons to write to the U.S. State Department asking that the government intervene on behalf of human rights in Chile, and to send letters of protest to Chile's Minister of the Interior. The addresses are:

- George Schultz, Secretary of State, U.S. Department of State, Washington, D.C. 20520;

- Sr. Ricardo Garcia Rodriguez, Ministerio del Interior, Palacio de la Moneda, Santiago, Chile [air-mail postage \$.44].

Copies of letters, as well as requests for further information, may be sent to: Secretary, Committee for Chilean Inquiry, 130 East 16th Street, First Floor, New York, N.Y. 10003. □

Leaders Study Future

Human Services in the 21st Century

ABOUT 40 prominent leaders in social work practice and education met June 7-8 in Washington, D.C., to study trends that will affect the human services between now and the year 2000 and to develop recommendations to guide the profession's response to those trends.

The conference, a joint venture of NASW and the Council on Social Work Education, was funded by the HHS Office of Human Development Services as a follow-up to the "Symposium on Social Services in the Year 2000" it held last November in Princeton, New Jersey.

Conference participants studied data on economic, social, and demographic trends that will likely affect the number of persons who will need social services, the kinds of services they will need, and the changing conditions in society that will influence how the services are delivered.

They also received a report on the November OHDS symposium, which identified issues and recommendations, and a preliminary report by Indiana University School of Social Work Dean Sheldon Siegel on his study of social work labor force projections through the year 2000.

UCLA School of Social Welfare Dean Leonard Schneiderman delivered an address on "The Future Context of Social Work Practice." He cited two issues facing society in the coming years: the extent of dependency, and the problem of inequality.

Noting that being "dependent" is a normal part of everyone's life, Schneiderman said plans for meeting human needs should recognize the normal dependencies associated with life-cycle stages such as childhood and old age as well as the socially created dependencies of unemployment, poverty, and ill health. Social workers, he said, should point out that concepts such as "permanency planning," "diversion," "deinstitutionalization," and "normalization" are all part of a common effort to provide "nurturing care in a stable environment" but are handled quite differently in practice.

The problem of inequality, he said, is persistent in society. It is the overwhelming cause of poverty and must be reversed, because it seriously threatens both the future of this country and relations between Western society and the rest of the world.

Among the points made by participants in their discussions and recommendations were the following:

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- Despite shifts in the population (more aged, fewer children), the relative proportion of "dependent" persons will not change greatly.

- Those in human services need to challenge the current social policy of "disinvestment" in urban social programs as being impractical in the long run.

- Schools of social work must prepare graduates for leadership in the human services so they can compete effectively for administrative positions. While new graduates may not have the experience to move directly into administration, they must be prepared to make use of management and planning skills.

- CSWE and NASW should collaborate in examining issues of common concern. The concept of "personal social services," as developed by educators and researchers Alfred Kahn and Sheila B. Kammerman, was strongly felt to be effective for describing the essential nature of social work.

- More research is needed to describe existing services, their effectiveness and staffing, as well as to explore different approaches and institutional arrangements.

- Both employers and educational planners need data resources to be able to accommodate changes in the client populations they serve and to succeed under changing economic conditions.

- Social work, as the core profession of the human services, needs to delineate its *specific* role and to concentrate on that role.

- Today, trained social workers are

again becoming a rarity in the basic, essential social services.

- The human services field today lacks the data and management information necessary for competent planning.

- Educators should plan more off-campus and alternative programs to provide the kinds of educational experiences needed by professionals taking on new roles and functions in the human services.

- As NASW develops data on the human services, HHS should make its data resources available to the association to ensure compatibility of the data.

- The practice domain should assume more responsibility for post-graduate education, especially that related to specializations.

- NASW and CSWE should study regulation and monitoring of practice-quality control, particularly in reference to citizen involvement.

The conference was a cooperative project of the NASW-CSWE Labor Force Task Force, headed for CSWE by Adelphi University School of Social Work Dean Joseph Vigilante and for NASW by Executive Director Mark Battle. The task force is engaged in developing better social service labor force data, using data on the NASW membership, on graduates of CSWE-accredited social work programs, and on persons licensed by states. It has sponsored a project by David Hardcastle of the University of Maryland to develop a methodology for conducting a state-level census of the social work and social welfare industry. □

Social Policy Strides, Lingering Problems

Reagan's Tax Plan: Rich, Poor Get Richer

IN THE MAJOR social and economic policy initiative of his second term and perhaps of his presidency, President Reagan announced May 28 a tax-reform plan that drew at least qualified praise even from hard-line administration critics and high marks for fairness from most segments of the population.

According to a *New York Times*/CBS News poll based on 1,509 telephone interviews conducted May 29-June 2 and published in the June 5 *Times*, 60 percent of respondents said the plan is fair, while 29 percent called it unfair. ("No opinion" answers were not included.) Groups that rated the plan unfair were blacks and persons with family incomes under \$12,500, but even so, 34 percent of blacks and 38 percent of low-income people said it is fair. The highest fairness marks came from men (66 percent), Republicans (80 percent), and persons with family incomes over \$50,000 (73 percent).

Praise for the plan generally focuses on the way it treats low-income families and its shifting of tax burdens from individuals to corporations.

But in the weeks following announcement of the plan, some reservations began surfacing: If enacted, would the plan be "revenue neutral" and maintain current Treasury receipts as the president claims, or would it lose money, worsen the deficit, and set the stage for further federal budget cuts? Would it really stimulate economic growth by encouraging saving and investment, claims which analysts say the administration's 1981 tax cut did not live up to? Would its elimination of the state and local income-tax deduction cause pressure for tax cuts there, and further jeopardize state and local program funds? Is the plan as fair as first thought? The large middle class would get the smallest tax-rate reduction of any income group and the poor would only have recent tax increases rolled back, while the wealthy would get a sizable tax cut in addition to the one they got in 1981.

NASW legislative staff member Susan Hoechstetter says the president's plan takes "an important and positive step toward helping the poor" by reversing the "sharp and disproportionate rise" in the tax burden they have borne in recent years.

According to the Center on Budget and Policy Priorities (CBPP), a Washington, D.C., research group: "Since 1978, tax burdens on the working poor have soared — more than doubling in many cases and rising over 150 percent for a family of four with earnings at the poverty line." Center director Robert Greenstein says the plan's help for the working poor "... represents the most important anti-poverty initiative of the Reagan administration..."

The plan would take an estimated 2.5 million people, including most persons below the poverty line, off the tax rolls. That would be done mainly by raising the amount a family of four can earn before owing taxes from the current \$9,575 to \$12,798 and by increasing the earned-income tax credit (the amount of earned income the poor can subtract from their taxable income) from the current \$550 to \$726. Thus, it is estimated that a family of four with earnings at the poverty line

would have its taxes reduced by 53 percent from what it would owe under current law. A single-parent family of four would get a 58 percent reduction.

Nevertheless, low-income single persons without dependents would not fare as well. While getting some tax relief under the plan, they would still have to pay taxes on income above \$4,900, even though their poverty line is \$5,800.

In addition, says NASW's Hoechstetter, some poor and middle-class taxpayers would have their tax relief diminished by new taxation of some employer-paid health insurance benefits, repeal of the exemption for unemployment compensation paid to the low-income unemployed, and conversion of the current dependent-care credit to a deduction.

Unemployment compensation, under current law, is exempt from taxes for individuals with incomes below \$12,000 and for couples with incomes below \$18,000. The president's plan repeals the exemption, making their unemployment benefits taxable.

Currently, amounts up to \$4,800 paid for care of children or elderly dependents during the work day can be subtracted from taxes owed — a credit. The Reagan plan would change that to a deduction, which only reduces taxable income and is worth much less than a credit for the actual amount.

Still, CBPP says, many low-income families currently benefiting from the unemployment exemption and the dependent-care credit would get tax reductions under the plan because of the increases in the personal exemp-

Although under-\$10,000 households would have their taxes reduced by an average of 35.5 percent, CBPP says, their average tax cut, \$104, would amount to only 0.5 percent of their income. The 441,000 taxpayers making over \$200,000 a year would get an average reduction of 10.7 percent, but their average tax cut, \$9,254, would equal 2.3 percent of their income.

"The lowering of taxes for the rich is a serious problem," says Susan Hoechstetter. "They'll get much more than the poor from the changes."

The plan's boon for the wealthy would come largely from lowering the current top marginal tax rate of 50 percent to 35 percent and from cutting the top capital gains rate from 20 percent to 17.5 percent. According to the public-interest group Citizens for Tax Justice (CTJ), the 1981 tax reforms cut the top marginal rate from 70 percent to 50 percent, and the top capital gains rate from 28 percent to 20 percent, while taxes on the poor increased. The new plan, says the group, would only roll back most of the earlier increases low-income people bore, not provide them with additional cuts as is proposed for the wealthy.

The administration expects the higher-income cuts to help promote saving and investment. But economists say that after the 1981 tax cut, consumers spent much more than they saved.

Similarly, despite the higher proportionate tax burden corporations assume under the plan, it retained after heavy lobbying certain types of current corporate write-offs on grounds that they are economic incentives. But according to a CTJ study, the 50 lowest-taxed corporations in the country cut new plant and equipment investments by 22 percent for the two years following the 1981 tax cut.

Overall, the plan would lower individual taxes by 5.2 percent and raise

(See *Revenue Shortfall* page 19)

The Reagan tax plan draws kudos for helping the poor and upping corporate taxes. Still, its new tax cut for the rich, inclusion of state and local taxes, and potential for raising the deficit are criticized. The latter two features could hurt social services.

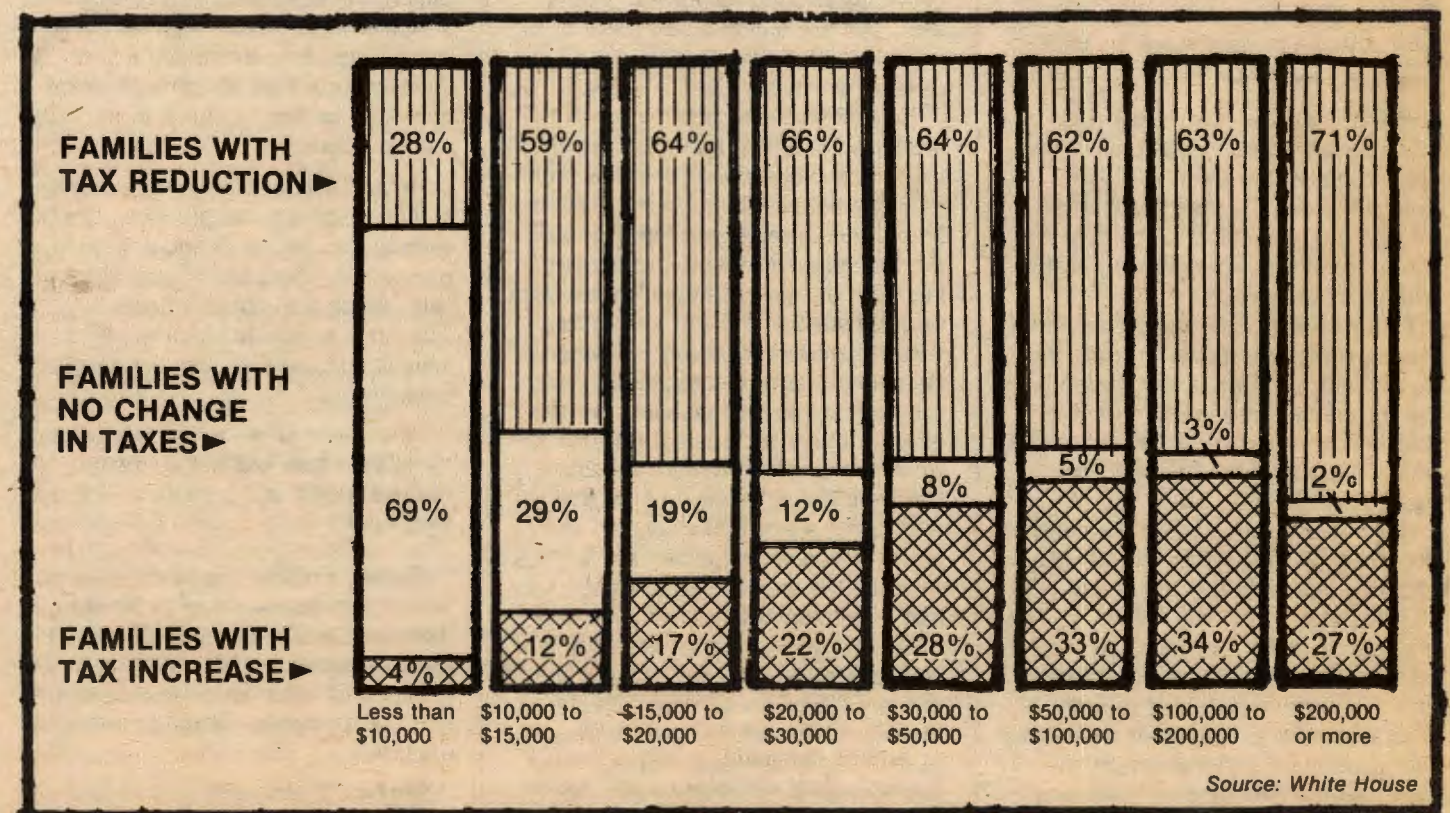
Fringe benefits, largely health insurance coverage, would become taxable on grounds that they are tantamount to income. While not disputing that theory, CBPP and others object to the design of the president's fringe-benefit tax scheme. The president altered a Treasury proposal that applied mainly to affluent employees whose extensive benefits exceeded specified values. Instead, the president would tax the first \$120 a year of individuals' benefits and the first \$300 a year of families' benefits. Thus, even modest benefits would raise a person's taxable income, while all but the first few hundred dollars of extensive benefit plans would go untaxed.

tion, the standard deduction, and the earned-income credit. (CBPP did not include taxation of fringe benefits in its calculations.)

Therefore, "for every household with income below \$10,000 a year that would face a tax increase, there would be seven households whose taxes would be reduced. For every household in the \$10,000-\$15,000 range that would have its taxes increased, there would be five households receiving tax cuts."

CBPP notes, however, that the plan would still require many working poor families to pay a larger percentage of their income in taxes than they paid in 1978, after inflation is figured in.

The Changing Profile of Family Taxes



IS IT REALLY possible that a person doing what he or she knows to be the right thing can do more harm than good? That question and others dominated the ethics discussions at a recent forum in Washington, D.C., co-sponsored by the National Assembly of National Voluntary Health and Social Welfare Organizations and the National Conference on Social Welfare.

Daniel Callahan, director of the Hastings Center of the Institute of Society, Ethics and Life Sciences, said so-called do-gooders are often criticized because their good works turn out badly. Ethical dilemmas, he said, come more often from weighing one good against another good rather than against evil, and the desire to do good does not guarantee a good outcome.

"Do-gooders are said to want to feed the starving in Africa, but if these people survive and raise children, then more people end up starving," he said, citing an example of an ethical dilemma.

According to Callahan, everyone faces moral dilemmas, such as the parent torn between safeguarding a child's welfare and allowing the child to learn to navigate in a dangerous world, or the doctor faced with prolonging the life of a person who is terminally ill.

In social welfare, Callahan said, the goal is to help people achieve a good life, and a fundamental moral principle is respect for the dignity of the person. Another important moral trait is empathy for the client. But Callahan said one will still encounter moral dilemmas.

"Sensitivity toward others is an important trait," he explained, "but how do you balance efficiency with the need to give people more time to grow?"

According to Callahan, it is unreasonable to expect perfect moral



Daniel Callahan tells ethics forum new dilemmas date back to 1960's.

positions, and the best solution is often compromise. He said many people recognize this and don't blame those they morally disagree with so long as they are sincere, but they do blame those who irresponsibly make bad moral choices.

Unfortunately, Callahan believes, too many people are unable to make wise moral choices. "I think our nation is in the throes of considerable moral turmoil. I date our current turmoil to the 60's, when many traditional values were discarded," he said.

An earlier period of moral change occurred, he said, when radio began affecting values in the 1920's and 1930's. Despite periodic values changes, he said, old values are constantly rediscovered and considered new. The one overarching moral dilemma today is "the great tension between tradition and modernity," he said, and the Reagan administration successfully plays on this conflict.



Photos by Greg Simpkins

Rep. Barney Frank: A "mean-spiritedness" guides federal actions today.

When Right Is Wrong: Social Ethics Plumbed At NA-NCSW Forum

He described four areas in which moral dilemmas are becoming apparent: government, business, social welfare, and personal or family life. His themes were later expounded upon by other conference participants.

Government. Callahan said the fundamental problem is society's need for government as opposed to an intrusive "big brother." Rights clash with obligations, although there has been a return to discussion of citizens' duties and what government should do for the needy.

"I think the question must be, what do we owe each other?" he said.

U.S. Representative Barney Frank (D-N.Y.) told participants a mean-spiritedness pervades government and uses the nation's economic problems to justify reduced social spending, although generosity to the needy never caused economic difficulties.

"We are woefully inadequate in providing needed resources," Frank said. "We are facing a real crisis of confidence in moving away from compassion in our society."

He said free-enterprise supporters are all for self-help and don't see the value in social service programs, but willingly help conglomerates, especially in agriculture. According to Frank, the federal government spent more last year on agricultural subsidies than on food stamps and Aid to Families with Dependent Children combined. He added that free-enterprisers often rail against "welfare queens," but are blind to cases such as a California agricultural group which got subsidies for not growing crops on land that was under seven feet of water. The group also received government funds to make the land arable for crops they had been paid not to grow.

Frank said moral inconsistency in government hinders the nation's ability to meet future social needs. "Why are incentives so useful in getting people to go into plumbing or carpentry, but not education or social work?" he asked.

Business. Callahan said most professionals believe they contribute to social good by doing the best job possible, although some, such as social workers, question the ethics of the trend toward private practice at the expense of work needed in the public sector.

Timothy Smith, executive director of the Interfaith Center on Corporate Responsibility, said investments by corporations and nonprofit groups such as churches must be tied to moral considerations. Smith said churches, for example, have long held moral positions but didn't follow through in practice. He cited the Episcopal Church's investment in a firm working on the MX missile project, which the church was lobbying against.

Smith said an increasing number of institutions are looking at the "social bottom line." Institutions with a combined investment of more than \$150 billion are expressing moral stands on a variety of issues through corporate resolutions, divestment actions, or socially conscious investment strategies such as putting funds in minority-owned banks.

He said willingness to take moral stands in investment practices can be seen in this country's anti-apartheid movement. There are 55 churches, he said, which told about a dozen top U.S. firms in South Africa to stand against apartheid or lose the churches' business.

"The issue of the social responsibility of investors will not go away," Smith said. "It will be with us for the long haul."

Social Welfare. Callahan said rationing scarce resources poses the most troublesome ethical dilemma for those in social welfare. Another is the question of volunteers. He said many feel that problems should be left to the experts.

Barbara Blum, president of both the Manpower Demonstration Research

Corporation and the American Public Welfare Association, said resources are painfully limited, but this only heightens the need to see they are allocated fairly. She cited a number of situations in which one need was met at the expense of another. The increased demand to adopt Asian immigrant children while black American children await homes is an example.

"This nation is haphazard about planning for the family and children," she said. "Shifting assistance from one needy group to a somewhat more needy group is only a second-best answer."

Blum said social welfare workers are uniquely able to affect human behavior, but changing one value may alter another one inadvertently. She said liberals were wrong to oppose "workfare" when their clients, it now seems, preferred to work for benefits.

"When we as professionals have the power to influence people, we ignore such moral questions at our peril," she said.

Personal and Family Life. In the 1960's, Callahan said, a sharp delineation between the private sphere and the public sphere developed. Alternative lifestyles were said to be beyond the government's reach. But Callahan said he doesn't think that sharp distinction will stand, because what is done in private does affect society. He said the trend toward personal prerogatives led to a selfishness now seen in the scorn among the young for social welfare and volunteerism. Yet many people today are content to take personal problems, such as poor relatives or aged parents, and make them the society's responsibility.

JoAnn Gasper, deputy assistant secretary for population affairs for the U.S. Department of Health and Human Services, said the Reagan administration supports the rights of families to privacy and self-determination, but often the government must intervene to safeguard the rights of individual family members. She said a family has the right to deny medical treatment for religious reasons, but the government also has the right to intervene and provide needed treatment for any of the members. In such a case, she said, both sides would be acting in an ethical manner.

"We are usually able to come to some agreement and avoid family rights and governmental rights coming into direct conflict," Gasper said.

She said a child learns about morals and ethical concerns, such as justice, sharing, and compassion, within the family. The so-called squeal rule, which would have forced abortion clinics to notify the parents of teenagers seeking abortions, was a response to the ideal of supporting the family's traditional role in sex education, she explained.

"The government should operate for the common good to supply those things for the family which it cannot provide for itself," she said.

Despite what seemed like an overwhelming number of moral issues, Callahan was optimistic. He cautioned, however, that people must examine what kind of moral life and what kind of society they are creating, and reconcile their ideals with reality.

"If there's anything I find disturbing about this current era," he said, "it's that people put moral problems to the side because it's difficult to solve them. None of us can have a good life unless we move to solve them." □

Webb-Dotson: No Chill Effect

Recantation a Minor Factor in Rape Underreporting Problem

EVERY HOUR OF every day, about 10 rapes are reported in this country, according to FBI statistics. There were 154,000 rapes or attempted rapes in 1983 and 186,000 last year. As shocking as those figures are, law enforcement officials and health professionals speculate that nearly 90 percent of all rapes and attempted rapes go unreported, though more recent estimates are that only a third are kept quiet.

A recent string of rape-case recantations has caught public attention, reconfirming for some the age-old fear that a woman might falsely accuse a man of raping her. Several recent reports have hinted at a possible backlash against rape victims and an undermining of confidence in their accusations.

The most publicized was Cathleen Crowell Webb's decision to retract her testimony that Gary Dotson raped her six years ago. This was not the only such case which received attention. In Chester, Pennsylvania, prosecutors dropped charges against a man, held for two months, after his 15-year-old accuser recanted. In Annapolis, Maryland, a woman was fined \$150 and sentenced to 1,000 hours of community service work for filing a false rape charge against her former fiance, held 13 months in prison.

So far, these cases do not appear to have affected the willingness of victims to report rapes. John Stein, a spokesman for the National Organization for Victim Assistance (NOVA), says the recantations have not yet had a chilling effect. "The sense that we've been getting is that the Webb business is a temporary setback at worst," he says, adding that in 12 months the effects of the most celebrated recantation will no longer be a significant factor in a woman's decision to report a rape.

Lisa Bogott, a social worker with Turning Point, a multi-service social agency in Greensboro, North Carolina, says more women lately have chosen not to prosecute their attackers, but none has cited the Webb-Dotson case as a reason. Bogott speculates that a more important factor is that many are so-called date rapes in which a woman is raped by someone she knows and without a weapon.

Though victims don't mention Webb-Dotson, Bogott says it comes up in contacts with other professionals. "We got it thrown in our faces by other community agency people in a rather joking manner," she recalls, "but sometimes people say things as a joke that reflect their true feelings."

Jay Lee, a social worker who directs the Greater Bangor Rape Crisis Center in Maine, confirms Bogott's observations that the most recent rape victims don't mention Webb-Dotson. But they did a few weeks ago, confirming a widely held view that the recantations would have only a short-term effect if any.

Lee says media handling has been inconsistent: some have covered it completely and professionally, while others focused only on limited aspects. "There was an article in *People* magazine which talked about poor Gary [Dotson] and poor Kathleen [Webb], but it only had a small block of information on why people believed she

was lying now," she explains.

The recantations' effect on jurors remains unclear, but NOVA's Stein says he is optimistic jurors will see each case individually without preconceived notions. "The litmus test," he says, "is a jury being able to believe a prostitute who claims rape and returning guilty verdicts. They are being persuaded that there is such a thing. It's happening all over the country."

Bogott says her agency does a great deal of rape-prevention education, particularly with female college students,

much closer to home. It may be as immediate as how the police react to her," she says.

Bogott says problems in the Guilford County, North Carolina, police system have caused some victims to drop charges. Police there usually use polygraph tests before investigating, and she feels this discourages some victims.

"Some of them come right out and say 'If they want me to take that test, then I don't want anymore to do with them,'" she says.



"I frankly don't see the recantations as having much of an impact on what victims do," says rape counselor Anne Van Ryzin. "When a woman considers what she will do, she considers factors much closer to home. It may be as immediate as how the police react to her." Fear of negative reactions by family and friends, as well as fear of the legal process, figure in underreporting, she says.

but she worries that they have not educated the community from which potential jurors are selected.

Many women don't press charges for lack of support from family and friends. "There continues to be a problem with men's willingness to give support to victims of sexual assault," says Anne Van Ryzin, a counselor with the Victim's Assistance Network. "Many men walk out. There are men who are very giving, though, and come to support groups." A 1978 study indicated that as many as 80 percent of all marriages where rape has occurred end in divorce. Van Ryzin says she feels those statistics are much too high and that the little research done is not sufficient. She also points out that it would be difficult to blame rape as the deciding factor in a divorce.

Van Ryzin says she has worked with rape victims whose reluctance to tell their husbands or boyfriends was the primary reason they failed to press charges. Others, she says, fear some part of the legal process, such as the physical examination or police questioning.

"I frankly don't see the recantations as having much of an impact on what victims do. When a woman considers what she will do, she considers factors

According to Bogott, many rape victims have doubts about the way the legal system will treat them, even though in her experience most prosecutors are supportive. These doubts lead women to delay a decision to report a rape. She says once a man is on trial, other women sometimes come in and report he raped them also and feel guilt that they didn't report it earlier.

Lee says she has seen the same thing, but while it is difficult to get a prosecution so much later, she encourages victims to report it anyway to put it on the record.

"When a person has raped, it is generally not the first time," she explains. "The police put the information into their computer and form a pattern. It gives them something to look for."

Stein says more consistent, compassionate treatment may up the numbers who report rape. The failure of many victims to report rape, he says, is a long-standing problem. He says rape hotlines often hear from women who have been assaulted yet refuse to take legal action.

"Rape hotlines are escape valves for many women who do not report," Stein says. "It's not uncommon for them to hear from victims, 80 percent of whom don't report." □

NASW Election

NASW MEMBER Alfonso J. Gonzalez of Washington, D.C., acted as proxy in presenting the votes cast in NASW's 1985 election to the Board of Directors at the association's Annual Meeting of Members, held June 20 in Washington, D.C. A notice of the meeting appeared in the May 1985 *NEWS*.

The results of the election are as follows:

Officers

First Vice-President

(Term: 1985-87)

Mable T. Hawkins 8,615
Yvonne M. Chase 5,961

Treasurer

(Term: 1985-87)

Richard L. Edwards 8,990
C. W. King 5,504

Board of Directors

Member at Large

(Term: 1985-88)

Kathy E. Sawyer 4,979
Susan S. Bailis 9,644

Student Member (BSW)

(Term: 1985-87)

Lauren Love 7,900
Jo Ellen Von Willer 6,158

Region III

(Term: 1985-88)

Audrey D. Smith 625
Estella N. Evans 429

Region IV

(Term: 1985-88)

Ann M. Wilson 581
Mariagnes E. Lattimer 639

Region VII

(Term: 1985-88)

Karen S. Haynes 556
Dorothy Faller 592

Region VIII

(Term: 1985-88)

Michael Ostrowski 494
Leon W. Chestang 614

Region IX

(Term: 1985-88)

Almera P. Lewis 635
Robert E. Cummings 375

Committee on Nominations and Leadership Identification

Region IV

(Term: 1985-88)

Lillian Ringel 395
Barbara K. Shore 824

Region VIII

(Term: 1985-88)

Margaret Feiler 322
Sandra McCormick 720

Region X

(Term: 1985-88)

Sandra Alcaparras 453
Harriett A. Mhoon 661

Region XI

(Term: 1985-88)

Joan Sotiros 718
John A. Caldwell 589

Region XIII

(Term: 1985-88)

Marguerite Phillips 395
Amelia R. Medrano 396

Deficit Makes Program Convenient Target

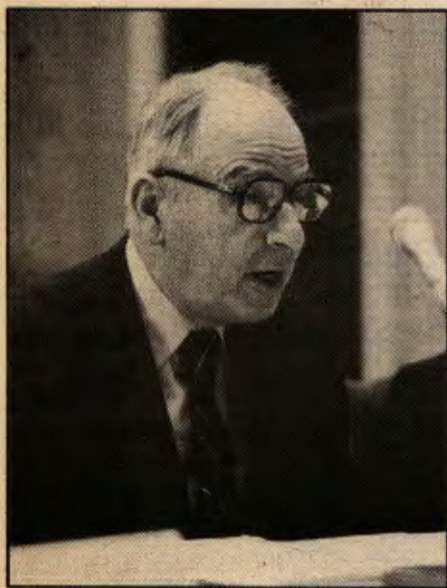
Social Security Turns 50: Mid-Life Crisis?

DURING THE GREAT Depression of the 1930's, more than 15 million persons found themselves without work. Businesses folded. Banks withheld depositors' funds as panic spread among the populace, alarmed by other bank closures. Few had pensions during this era, and retired persons without adult children to take them in faced their last years in poverty.

In this nightmarish setting, President Franklin Roosevelt formed the Committee on Economic Security, a Cabinet-level panel to help Americans meet what he called "the major hazards and vicissitudes of life." On January 15, 1935, the committee gave the president its recommendations for a new government system of security to guarantee "the assurance of an adequate income to each human being in childhood, youth, middle age, or old age — in sickness or in health."

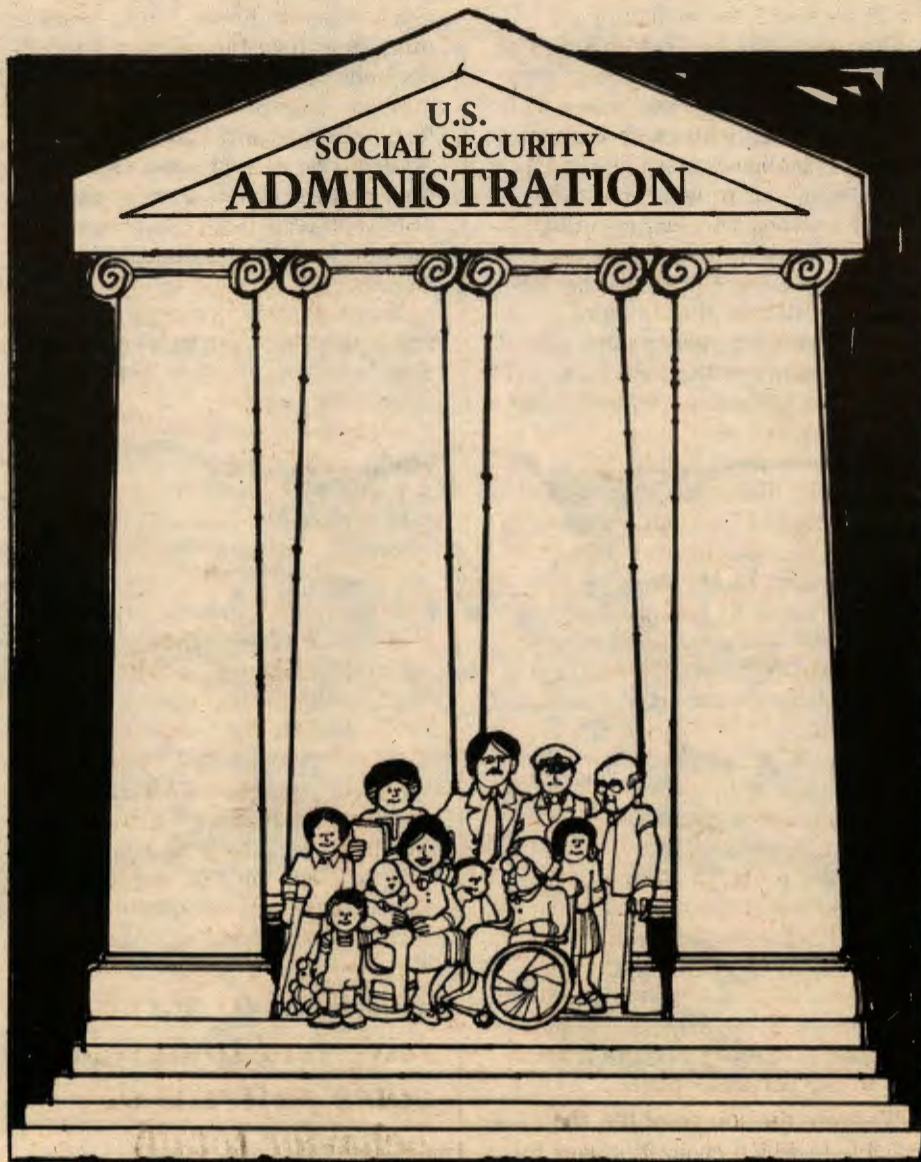
The committee asked the federal government to approve what is now called the "social safety net." Congress held intense debates during hearings on old-age assistance, old-age annuities, aid to dependent children, maternal and child health care, and unemployment compensation. Both the House and Senate passed the Social Security Act in early August of 1935, and on August 14, President Roosevelt signed into law what many feel is the most significant legislation ever approved by the U.S. Congress.

In this 50th anniversary year of the historic legislation, however, both the current president and Congress seem poised to alter this long-standing social contract. The administration is reportedly considering proposals to make Social Security voluntary and urge reliance on private insurance, pensions, and savings. Congressional hearings are under way to consider



trimming nearly 18,000 workers from the Social Security Administration by 1990 and closing more than 800 local agency offices. The Senate has voted to freeze for one year the cost-of-living adjustments (COLAs), thus cutting the purchasing power of Social Security benefits by \$8 billion, and the House may have to compromise its no-cuts position during budget actions later this year.

A coalition of groups (including NASW) known as Save Our Security, or SOS, estimates that about \$22 billion in benefits would be lost over a three-year period if the Senate-approved freeze on COLAs is approved



by Congress for even one year. As many as 600,000 elderly persons would be pushed into poverty, and Arthur S. Flemming, co-chairperson of SOS and a former HEW secretary, says the freeze would also hurt millions under 65 years old.

"Social Security is a program that older people rely on because of the retirement feature, but children, widows, widowers, and disabled people below the age of 65 are all very dependent on this program. It has become an important part of their lives. To some ex-

With budget deficits of more than \$200 billion looming and both Congress and the administration weighing every expenditure cut, Flemming believes Social Security makes a convenient target, despite its current sound financial footing. Both the retirement and survivors' trust funds are said to be sound for the next 75 years, the disability trust fund is stable, and though the Medicare fund is in some difficulty, 1983 reforms such as the prospective-payment program have brightened the Medicare picture con-

The federal deficit is prompting Congress to consider further Social Security cuts, but former HEW Secretary Arthur Flemming says talk of ballooning benefits and depleted trust funds is both inaccurate and irresponsible. His coalition is fighting cuts.

tent, the country has lost sight of that," he explains.

Flemming says Social Security was meant to be social insurance, but in recent years debate has focused on annuities. The retirement, survivors', and disability programs that comprise Social Security are part of this income insurance to protect families from lost income because of uncontrollable circumstances, he says, and any decision to cut back on benefits would violate a contract between the people and their government.

"This proposal to me is very severe in terms of what it would do to people needing benefits," he says. "It would be the first time Congress has cut benefits to make the overall budget look better."

siderably.

Flemming says politicians have been tempted to use Social Security to bail out the general budget before. "In 1969, Social Security had a healthy surplus. President Johnson was having problems with his guns-and-butter budget. He brought Social Security into the overall budget," he recalls. "The 1983 changes call for it to be taken back out."

He points out that Social Security is more than pulling its own weight, with surpluses of as much as \$150 billion predicted for the next five years. He considers all the talk of ballooning benefits and depleted trust funds not only inaccurate, but harmful to recipients as well.

"That kind of talk is really irre-

sponsible. It scares people. You've got 120 million people paying into this all the time, and you've got 36 million people drawing checks every month. They just shouldn't talk about it going bankrupt," he says.

There was a time in the not-so-distant past, though, when Social Security wasn't in such good shape. Flemming says that during the 1970's, an unexpected and unprecedented period of both rapidly escalating inflation and unemployment created a cash flow problem for the Social Security system. He feels the 1983 bipartisan congressional solution solved the system's woes for the foreseeable future.

But in spite of the current optimistic outlook, Flemming says some still want to reshape the system. "There is a school of thought, which is in the minority, that would like to make Social Security voluntary," he says. "The whole basic concept of Social Security was that it wasn't a complete answer but was a foundation on which to build a program. The opportunity to add additional sources of income has always been there."

One of the main proponents of voluntary Social Security has been President Reagan, who first announced his support for the concept in 1964 when Republican presidential candidate Barry Goldwater made it part of his campaign. Since then, Flemming says, Reagan has alternately backed away from the proposal and returned to it. Flemming says a voluntary system would make Social Security unworkable.

The administration did have some success in trimming around the edges of the Social Security system. In 1981, nearly \$24 billion was cut from Social Security over five years by eliminating the \$122-a-month minimum benefit for future retirees and other beneficiaries, eliminating the lump-sum death benefit when there is no surviving spouse or dependent child, and phasing out benefits for college students. Since then, nearly \$32 billion in Medicare outlays were cut over a five-year period, some benefits were made subject to federal income tax, and retirement age was raised to 66 by the year 2020 and 67 by 2027.

Flemming says his coalition's immediate goal is to fight the COLA freeze. When that battle is finished, SOS wants to improve health care, equity for women, and programs for youth. According to SOS, Medicare's problems reflect those of the entire health care field. A coalition report says the problems have been compounded by a maldistribution of health care resources, over-specialization, high-tech medicine, too much emphasis on "sick care" rather than prevention, unnecessary surgery and diagnostic testing, and hospitalization of people who should be outpatients. SOS is pushing for hospital cost containment, perhaps by extending the prospective-payment plan, as a first step toward national health insurance, which Flemming predicts will be approved in the next few years. He says at least 33 million Americans have no health insurance, which has increased public support for national health insurance.

A disproportionate number of women likely will be poor in old age, (See Social Security, page 14)

Recommitment to Personal Nonviolence Urged

Blacks Are Conspirators in 'Own Demise'

By CREIGS C. BEVERLY

THERE IS A virulent disease in the black community which has reached epidemic proportions. This disease is manifested in violent behavior of every kind and of every form. It is so pervasive that the primary cause of death of black males between the ages of 15 and 24 is black-on-black homicide — blacks killing blacks. Beyond black-on-black homicides, domestic violence is increasing at alarming rates, as are the rates of child abuse and suicide.

Guest Commentary

The reasons for this phenomenon are varied and complex. The primary ones include the effects of institutional racism, unemployment, stress, hopelessness, helplessness, substance abuse, and deficient human relationships and interpersonal behavior. Scholars such as Memi, Fanon, Friere, Brenner, and others have provided cogent analyses of the relationships between the oppressed and the oppressor.

Causation notwithstanding, the net effect is that today, I believe, we are co-conspirators in our own demise. I would be the first to admit the absolute necessity for us to continue the struggle against those who would deny us access to the goods, services, and resources necessary for humane existence; but I would be intellectually dishonest if I stopped short of ac-

Creigs C. Beverly, Ph.D., is dean of Atlanta University School of Social Work. His comments are adapted from a speech he gave to the Butler Street YMCA's Hungry Club Forum, Atlanta, Georgia.

knowledging our own responsibility in this regard.

This, I think, is the crucial issue for the black community today — our taking responsibility for rooting out the germs which have permeated our community and begat this virulent disease called violence. It is no longer acceptable for us to merely explain this phenomenon without moving on to resolution. Otherwise, explanation serves only to justify continuation. To put this into proper perspective, allow me for a moment to take us back in time to a different era of human history. After doing so, I'll then suggest a set of actions which I believe can permanently set us on the road to resolution.

As a people, our history is deeply rooted in concepts and principles of universality, reciprocity, mutual concern, caring, and love. We were nurtured in geographical environments of warmth and security (home, church, community), in a physical and emotional climate of hospitality, which fostered compassion as an integral part of our character. For us there were no X and Y axes, no alpha and omega, and no separation of the living and the dead. We were single and yet whole. We experienced our share of the anguish of life, but we had no need to strike out with our fists, and to curse to express ourselves and draw attention to our particular plight.

We were the source of life, the crucible in which civilization was fomented, and we understood the value of living in harmony with, rather than in opposition to, the universal order of things. This is how we lived, this is how we laughed, and this is how we cried. And then one day we heard screams, screams unlike any we had ever heard before coming from all parts of the motherland. The screams continued until millions of us had been taken away from all that was familiar, from all that gave life meaning, and deposited in strange lands, among strange people who had strange ideas.

And even then some of us conspired through disastrous decisions to participate in this rape.

We were treated like beasts, worked to the point of exhaustion, riddled and ridiculed at every turn, demeaned, devalued, scorned, hated, and dehumanized in every other conceivable manner. Though we have somehow survived all of this, it has taken a devastating toll on all that we once were.

In order to survive we have had to develop some patterns of behavior totally antithetical to our original characters. We learned how to scheme, lie and deceive. We have embraced self-interest above community interest. We have learned to glorify materialism and to honor power, control, and destruction. And we have learned how to kill, maim, and hurt with impunity. We learned these things and more in order to survive, but the human tragedy is that somewhere in the effort to survive, what was once a clearly defined evil has now become blurred. The violent actions of our people are not in our own best interest, and today we find ourselves co-conspirators in our own demise.

In order to survive we have had to develop some patterns of behavior totally antithetical to our original characters.

It is critical for us to understand that our historical virtues have not been lost, but only temporarily set aside in the years of unabated oppression. We must reclaim that which made us uniquely human and use it both as armament, against those who would destroy us, as well as nurture for ourselves, so that the evil is once again clear. We must do this now,

starting today, for the hour is very, very late.

Permit me to reaffirm this urgency by expanding upon the reality of black life in America. I will make no class distinctions, for these are not class problems; they are problems of a people.

More than 54 percent of the Afro-American population is under 24 years of age. The high school dropout rate is 25 percent. The jobless rate for black males in some central cities is 50 percent. Black teenage unemployment in some cities is estimated to be as high as 70 percent. Almost one-third of all Afro-American births in the inner cities are to teenagers between the ages of 15 and 19. In 1979, more than 31 percent of new recruits into the "volunteer" army were Afro-Americans. Homicide is the primary cause of death among Afro-American males 15 to 24 years old.

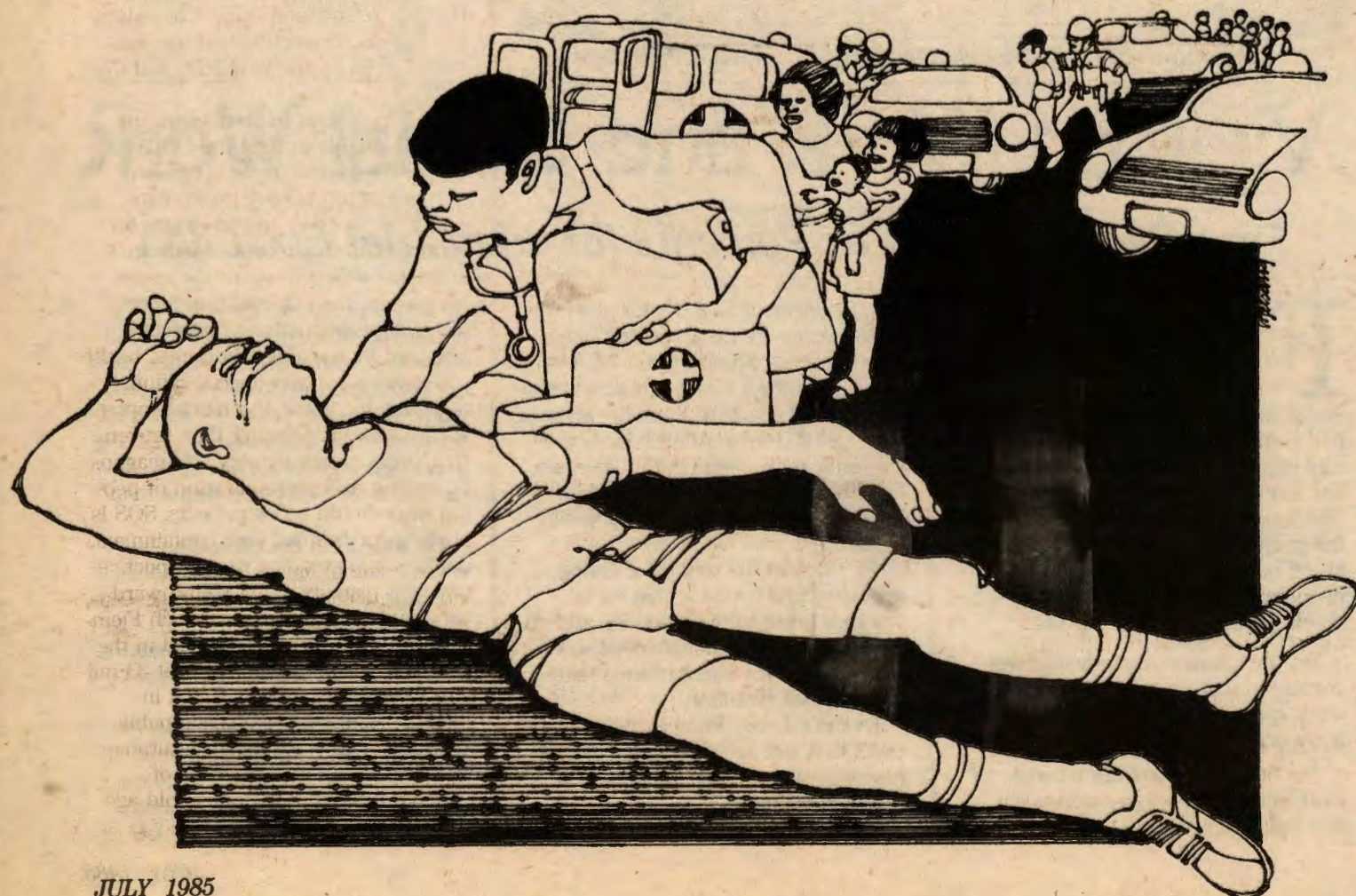
In 1972, Afro-American inmates accounted for 42 percent of the nation's jail population, and 51 percent of the Afro-American prison population was under 24 years old. Among prisoners sentenced to death, 50 percent were Afro-American. Within the group of Afro-American death-row prisoners, 35 percent were under 24 years old, compared to only 9 percent of European-Americans. The use of heroin is estimated to be as high as 36 percent among Afro-American males between the ages of 20 and 24 in some urban areas of the United States. In New York City, narcotic addiction is the greatest single cause of death of Afro-American youth.

Afro-American youth are 50 percent more likely than European-American children to die before they reach the age of 20. The primary causes of death among European-American youth are accidents and disease, while it is homicides, suicides, drug abuse and accidents that are most likely to account for deaths among Afro-American youth. Death records since 1960 show that Afro-Americans aged 15 to 20 commit suicide at a rate higher than that of the total population of all ages. Suicide is third among causes of death behind accidents and homicides among black males in the age range 15 to 24. To be young and Afro-American in the urban areas of the United States is to be subjected to the harshest elements of oppression during the most vulnerable period of one's life.

I know that many would prefer not to hear the facts. I also know that many who hear and accept the facts spend more time explaining why they exist rather than figuring out ways to solve the problems. I know that many of us, white and black, just don't care because we have been fortunate enough to escape the fallout, and I know some of us care enough to try and make a difference. The problems facing the black community require the knowledge, skill, commitment, and above all else, love of every human soul who has the courage to believe that "I cannot be, unless you are."

I have been meeting with concerned citizens for the past few months on ways and means to combat this problem. We initiated the idea of a non-violent weekend. Dr. James H. Costen,

(See *Fighting Violence*, page 14)

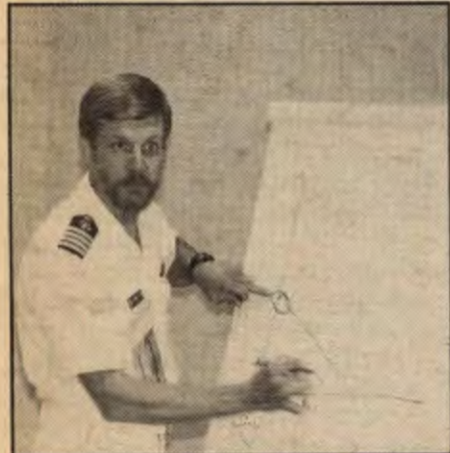


Work World Examined

(From page 1)

Robert Schrank, an author and visiting fellow at Cornell University's School of Industrial Labor Relations, enlivened the luncheon banquet on May 31 by tracing the history of work with a series of anecdotes and witticisms. (See separate story.)

Taylor said the planning committee asked main speakers to address cultural and economic aspects of work —



Photos by Cindi Whitcomb

Carl G. Leukefeld leads workshop.

past, present, and future — to provide "the big picture" against which social workers could see their work.

The conference also included a potpourri of workshops, invitational presentations, and institutes. The planning committee provided a broad representation of points of view and insured that direct-practice personnel were included.

A participant wandering from room to room could hear: Patricia Abelson, director of the Jewish Board of Family and Children's Services' EAP, warn that while selling EAPs is important, "content and services can get lost on the way to the bank" ("Marketing and Promotion of EAPs: An Extension of Social Work Skills"); Marcia Wagner, director of professional counseling services at the Chicago Police Department, explain that victims of trauma, such as police officers involved in a shooting, need to be assured that their actions during a crisis were justified ("Trauma: Working with Victims"); Lee Schore, displaced workers project director at San Leandro (California) Community Counseling, say that traditional work environments too often stifle creativity and even encourage employees *not* to think ("Social Work With Dislocated Auto Workers: A Display of Clinical Models With Laid-Off Workers"); Diana Chapman Walsh, associate director of the Health Policy Institute, emphasize that social workers must question whether they are shaping people to fit an unhealthy environment rather than helping change it ("EAP and Wellness in the Context of Health Care Cost"); and Marie Angell, a private practitioner, observe that the presence or absence of EAPs, job-sharing plans, flexitime, and wellness and child care programs are indicators of corporate concern for personnel ("Creating a Corporate Culture That Cares").

On the first of the four days, NASW Executive Director Mark Battle observed that the conference might well be a watershed for the burgeoning field of occupational social work.

"This is significant as the first time the profession of social work has nationally recognized this growing field of practice by focusing the spotlight of full and open peer examination on it," he said. "It is significant because each

of you has decided to share in this opportunity to examine and learn more about this developing field of practice."

Battle said NASW was committed to making the conference "the highest quality in its conference experience," and by week's end, many said NASW had fulfilled that challenge.

Cheryl Franks, program coordinator of the Retirees' Outreach Program at District Council 37 of the American Federation of State, County and Municipal Employees, AFL-CIO, said, "I've been to or coordinated seven conferences in the past nine months, and this is the best in terms of organization, the diversity of the workshops and speakers, the content of the material presented, and the opportunities for both formal learning and informal networking."

Social work supervisor Frances Curtis of the Retirees' Outreach Program enthusiastically concurred. "The conference was set up in such a way that people at different skill and knowledge levels could find a learning niche for themselves."

Roger Turenne of the National Institute on Occupational Safety and Health said, "I did not realize NASW was such a leader, but it is certainly leading this trend towards occupational social work, not following it. It has reinforced my bond with NASW and led me to a greater respect for my professional association."



EAP practitioners think through dilemmas of working with alcoholics.



A moment of mirth interrupts the writing-for-publications workshop.

By the time the conference drew to a close, those who attended had coalesced into a phalanx of social workers intent on furthering occupational social work. Addresses, phone numbers, and opinions were traded as networks were established.

And even the social work leaders had learned a thing or two.

"I have learned that the numbers of social workers involved in the field are a lot more than I expected," said Dorothy Harris. "Occupational social work touches on many other areas of practice and in time will affect the

way we practice in other fields. And I have come to realize that this field of practice holds great promise for our profession as we move ahead in the next decade."

She also noted, "It holds great promise for women and men in industry who are struggling with problems in the workplace as they try to increase their creativity."

Although there was scarce time for outside activities, some were able to break away for an elegant reception at the Boston Museum of Fine Arts on May 30. Guests mingled under the artistry of Impressionists like Manet, Monet, and Van Gogh, courtesy of the Massachusetts Chapter. In addition, the NASW Insurance Trust hosted a continental breakfast which drew a large crowd the following morning. □

Planners

MEMBERS OF the 1985 NASW Occupational Social Work Conference Planning Committee: Carvel U. Taylor (chairwoman), Ruth Antoniadis, P. Edward Cook Jr., E. Gregory de Silva, Joline Godfrey, Bradley Googins, Grace E. Harris.

Viewing Work and Social Work

Four See Profession as Powerful for 'Industrial Evolution'

FOUR OCCUPATIONAL social workers had their turn at the microphone during an NASW Conference on Occupational Social Work plenary session, and each had a different view of present and future relationships between social work and commerce. The opinions on the direction of business and industry ran the gamut from rose-colored optimism about better worker-management cooperation to grim prognoses of union demise and labor layoffs.

Yet the speakers nonetheless were convinced that occupational social work can powerfully influence the work environment.

The orators came from a variety of work settings: employee assistance and wellness programs (James L. Fran-

cek, manager of Exxon's Employee Health Advisory Program, and Marie Roy-Brisebois, administrator of Johnson & Johnson's EAP), a business consulting firm (Barbara Leavelle, regional director of Human Affairs, Inc.), and the labor movement (Beth Silverman, human service director for District 65 of the AFL-CIO's United Automobile Workers).

All extolled the virtues of caring, advocacy and listening that social workers bring to the worksite, and declared that occupational social workers could be the latest unsung heroes of industrial evolution.

Exxon's James Francek listed other traits that suit social workers to employee assistance and especially to health guidance.

"We're trained in the systems ap-

proach to problems," he said. "We're not fearful of a dynamic model of intervention with constant change going on. We're good networkers. We tend to work well as teamworkers, recognizing the things that other disciplines bring to address a given set of issues. We can focus on facilitation rather than control."

He added, "In the clinical area, we've come to have a good understanding of the differential diagnoses of problems, and often we find ourselves, in mental health situations, as the first person that meets the client."

These skills are in demand in the workplace, and will become even more so in the future, the speakers said. Heavy-manufacturing workers whose jobs have become obsolete are

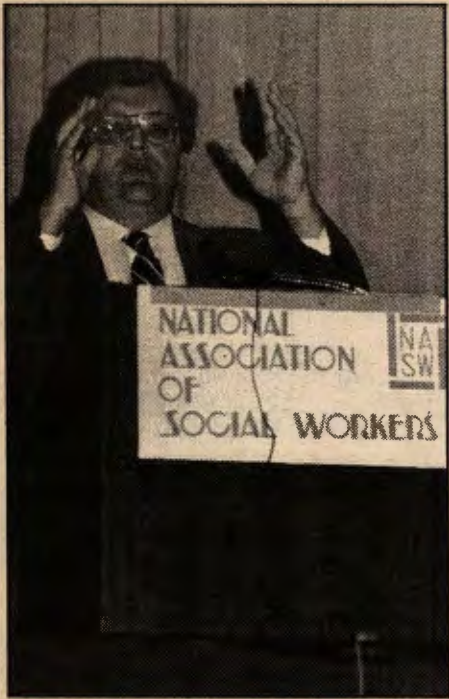


Photo by Cindi Whitcomb

Exxon's James Francek

an example of a labor population in immediate need.

Barbara Leavelle, who has served as a steel industry consultant, said jobs are dwindling in the older, northern industrialized section of the country. Although nine jobs are created for every ten lost, replacement jobs are located in the South and West or in developing nations abroad.

Occupational social workers, Leavelle pointed out, will have to assist workers to cope with moving away from homes, relatives, and lifelong friends. Also, she said, women, who have traditionally stayed at home in blue-collar families, may be forced to work by financial hardship.

These changes will leave pockets of poverty, devastated communities abandoned to the poor and jobless who choose to stay. Leavelle forecast that "in the near future, there may develop some type of public policy to assist those areas, and I think it very likely that some of us in the field of occupational social work may act as advisers in developing such policy."

Because heavy manufacturing has been a stronghold of the most powerful labor unions, Leavelle predicted that many, already floundering, will fall by the wayside.

Although she does not believe all occupational social workers are in positions where it is proper for them to actively support labor's struggle, she espoused "keeping our social work values clearly in place as we move about our corporate settings. We should acknowledge the struggle of any group for their livelihood as one we can identify with."

But United Auto Worker's Beth Silverman wasn't ready to conduct an autopsy on labor unions. She advocated social workers' involvement in unions and noted the pivotal role the two groups can play in tandem.

"Within the organizational context, you as a professional social worker meet one worker with a problem, you address that problem and enhance that person's capacity to relate to his or her co-workers. Then you've got the group's solidarity and cohesion. If you've got a group cohesive within a labor union context, you can fortify the organizational resources not only to meet the needs of the immediate membership, but to fight for the larger social-change agenda that speaks to distributed social justice."

The union setting, however, can be an ego-shattering forum at times for social workers, she cautioned, because it requires that they swallow their

need for praise and recognition.

"We put our shoulders to the wheel to empower people, to enhance their sense of self-esteem, but we go home and cry at night because no one's enhancing our self-esteem. You see, conceptually, within a labor union, you want the worker to believe he did it, we as a group did it."

Occupational social workers need their own helping networks — other social workers. She said NASW is actually a labor organization in which social workers can find social support systems and boost their self-esteem.

"We need each other, and I don't think we will find each other only by having comrades in the world of work. We need a much larger army of social workers across the United States. One cannot be only a dreamer attached to a visionary institution called the labor union. We must realize that there is a tension that must be managed in terms of our professional adaptation."

Johnson & Johnson's Marie Roy-Brisboise agreed, saying that occupa-

tional social workers — whether employed by the union or by management — need to foster good relations with those in other fields, for an additional but equally important reason: they often must work together.

"We do not practice in a vacuum," she said. "On occasion, we must work with these colleagues in child protection, family services, addictions. We have to find a way to enhance this collaboration, and the way I think we can do this is through reciprocity. As we are asking them for services in various areas, what can we give them in return?"

Roy-Brisboise counseled that, due to the reduction in public social services, business-arena practitioners must take up the slack. They should know community-based resources and expand third-party insurance coverage of social services.

Francek had some advice of his own, particularly on the future and on avoiding pitfalls.

He said that social workers must un-

derstand the corporate value system — the emphasis on productivity, accountability, and profitability. Yet they must remember their job is providing services, not pursuing dollars. Research is needed to evaluate as well as validate the impact of social work in the workplace, he said.

And finally, he added, occupational social workers should be aware that before they can become change agents, they must earn a standing within the organization they wish to alter.

"The most direct route is by handling individual situations, moving into health and wellness and training opportunities," he emphasized. "You document the impact you have. The organization may hire you as its consultant as you gain credibility. Only then can you begin to influence issues like office automation, reorganization, the nature of work itself, the structure of [the] company, the role of women in the workplace, or how the company spells out its social responsibilities in a community." □

Mutual Concern: Human Assets

Labor, Management Speakers Call Human Resources Vital



Photo by Cindi Whitcomb

Corporate executive John Sims says people-oriented companies do best.

ONE REPRESENTED management, with a view from atop the corporate ladder; the other came from the labor movement, surveying the scene from a grass-roots level. Yet they easily agreed: there is and will be a pressing need for programs to protect and develop business's most precious asset — human resources.

The call to conciliation wasn't raised at the bargaining table, but at the speaker's podium, as two men addressed the NASW Occupational Social Work Conference on "Human Resource Policy Inventions for the 1980's and 90's." The sentiments expressed were those of John Sims, the vice-president of corporate personnel at Digital Equipment Corporation (DEC), and Alan Bosch (standing in for scheduled speaker Joyce Miller), community services representative for the AFL-CIO.

Sims said that DEC has found a humane orientation toward employees successful not only for its personnel but for the company, too.

"DEC came out of an environment that did not drive itself for huge, economic, personal gain, although that is a by-product," he stated. "We manufacture and sell computers, but what we

do even more importantly is we build people. We are deeply committed to running a business where people and the business decisions are weighed equally.

"Companies that hold in highest esteem the people decisions tend to do the best economically," he added.

Bosch concurred, but emphasized that the major issue is not always how one company treats its employees, but, with computerization threatening some white-collar and many blue-collar jobs, whether workers can obtain and retain employment.

"Technological changes have eliminated jobs and altered the skills requirements for a number of others. We cannot talk about human resource development unless we deal with the basic issues of jobs and protection for workers.

"We cannot talk of human resources without placing a value on opportunities to earn a living," Bosch added.

Technology is proving worrisome even to high-tech heavyweights like DEC, said Sims. In fact, one of management's greatest concerns will be shielding human resources against "future shock." Like other conference plenary speakers, he stressed that

rapidly improving technology threatens to leave unprepared workers in its wake.

In the next 20 years, he stated, almost every American worker will have to be retrained, relocated, and introduced to new environments.

"It will require the fine wisdom of all of us to maintain the kind of health and stability we need to have in our society," he asserted.

Bosch said people should not become slaves, but masters of the new technology. He said changes in the nature of work should not dislocate, underemploy, or reduce the quality of life for laborers who "fostered economic growth which paved the way for this very advancement."

Although EAPs and wellness programs can cushion the transition, Bosch said, their success hinges on workers' input via the unions during development and implementation.

"We are willing to share equally with management in developing better ways of increasing our human resources. At the same time, we need to point out that hiring professionals of any background — lawyers, psychologists, social workers, or educators — who are led and equipped to pick the bones of our unions is no way to initiate a helpful, lasting relationship."

With the dynamic nature of industry today, how youngsters are readied for life after school requires close scrutiny, according to Sims.

Most educational institutions, from high school through graduate school, are "ill-equipped" to prepare students for the new work environment technology is shaping.

He urged conference attendees to visit a forward-thinking company, predicting they would be startled by the changes technology has already wrought.

Such a visit would instill a "sense of technology" in academia and those who must deal with the impact of roboticized worksites on the labor force, he said.

"The only way we're going to understand what we'll have to deal with in the future is if [the technology] is close enough to give us a sense of its reality." □

Stewart: Staying 'On the Move'

Occupational Practice Vital to Progress of Profession, Nation

IN HIS FINAL speech as NASW president, Robert P. Stewart said at the opening of the association's Conference on Occupational Social Work that "this is a move-or-be-left-behind time in the history of our nation and our profession." Both social work and NASW, he asserted, are "on the move." Important in that forward movement, he said, is the growth of occupational social work itself, a field he called "vital to the well-being of our nation."

Stewart told the conference's opening-night audience that NASW is "fiscally sound," membership is growing, and there is "new emphasis on raising funds from external sources." The association "is putting in place a sophisticated data management system, which is essential for our effectiveness as an organization in virtually every important area of our operation ...," Stewart said.

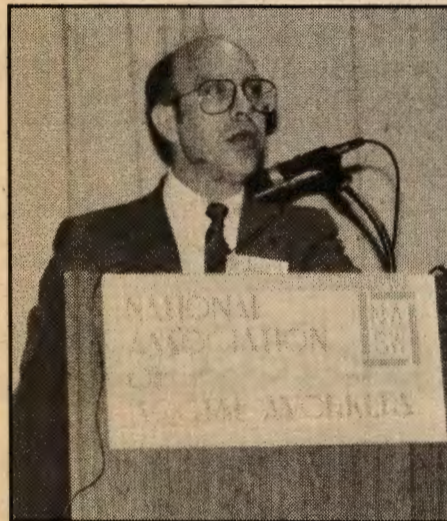


Photo by Cindi Whitcomb

Outgoing President Robert Stewart foresees social work opportunities.

The reorganization of NASW's program according to fields of practice, he said, is important progress. Among the five fields approved by the Board of Directors (May NEWS) is "employment and economic support," which includes occupational social work. Commissions of appointed NASW members will address policy and practice-advancement issues in the five fields. "Thus," said Stewart, "occupational social work will receive major ongoing attention by the association through a permanent structure charged with that responsibility."

The profession of social work, in general, "has been on the move," adapting to the far-reaching and rapid changes taking place in society, he said. Despite shifts in public attitudes and changes in the funding of social services, "social work is a valued and growing profession in this nation." This is indicated by, among other things, U.S. Bureau of Labor Statistics projections of "a significant increase in social work positions" in the next decade and a recent *New York Times* report that social workers are the leading providers of psychotherapy (June NEWS).

The rise of occupational social work is also an example of "the resourcefulness and adaptability of social work in a changing societal context," Stewart noted. It is "an important area of practice where social workers have recognized new challenges and opportunities, and with creativity and energy, so-

cial work is establishing its presence in industry."

Strengthening that presence is important, he said, because national policies regarding employment, income, families, children, and social services all converge in the workplace.

Through work, people meet the economic needs which largely determine their lifestyles, obtain their sense of value and self-esteem, form supportive social networks, meet the costs of health care, and build economic security for retirement, Stewart said.

"Well-functioning, reasonably content, dependable employees are the lifeblood of industries," he added, "and thus management at each workplace has a great deal at stake in creating the conditions that maximize the productivity of its employees. ... Workers need employers and employers need workers, and it is in the proper balance of that mutual interest that the well-being of both industry and employees is met."

The need for services to achieve that balance is heightened by more parents, both single and married, entering the work force and by displacement of workers with outmoded skills, Stewart said.

"Social services are the pragmatic means through which civilized contemporary societies recognize the fact that we need each other," Stewart said. "No single human context makes that more evident than what we see in the relationship of people to the workplace. In practice and policy molding, social work should have a substantial and strong place in the world of work. Occupational social work is vital to the well-being of our nation."

To ensure the profession's ability to face the new challenges and opportunities in the world of work and throughout society, however, it is "essential for our profession to be very clear about where we are going." He said a new center (currently and unofficially dubbed the "social policy

center") that the NASW board approved and that is now in planning, will help give the profession that sense of direction.

"A unique aspect of the center will be the merger of the policy and practice concerns of the profession," Stewart said. "With state-of-the-art data management and research technology, the center will ... pull together ... information [on] public social policy and the effectiveness of social work practice, provide sophisticated analysis of the human impact of social policy and directions of social work practice, and then recommend positions for NASW to adopt and strategies [for] molding public social policy and advancing our practice."

He told the conference audience that he would relinquish the office of NASW president on June 30 "with a mixture of satisfaction and regret. ... I think we have made progress, and I derive major satisfaction in having been involved in the efforts on the part of a dedicated National Board of Directors, committed staff, and a host of competent, informed and generous social work leaders all over this nation with a common interest in furthering the strength and progress of our profession in behalf of human beings in our nation and in the world." □

Kanter: Changing Corporations

Change-Agents Needed, but Must Grasp Corporation Dynamics

BUSINESS EXPERT Rosabeth Moss Kanter's message about corporate infrastructures could just as well have served as the theme for the NASW Conference on Occupational Social Work: The times, they are a-changin'.

The conference was held in Boston May 29 through June 1. Kanter was one of nine featured speakers to address the forum throughout the four days.

In her remarks, she noted that many companies are opposing rigid, hierarchical management styles which have not fared well against more progressive competitors. As a result of this receptive-to-new-ideas atmosphere, occupational social workers are gaining wide berth not only to deal with the victims of the corporate world, but also to help construct better working environs which foster mental as well as physical health.

"You in occupational social work," she told the crowd, "have an important role to play, not just as counselors, but as potential agents of change for the corporation." As experts on human behavior, she said, social workers can "help stimulate corporations to change structures and [corporate] cultures to make them better places for people to work in."

Kanter warned, however, that the first step toward remodeling a business is to study and comprehend the way it operates. Understanding what provides leverage in organizations "makes a tremendous amount of difference when you're starting to intervene," she said.

And helping troubled persons at the worksite is as necessary as it is in private life, she observed, because problems, whether they develop at home or at work, often transcend their place of origin.

"Even though people bring much of themselves to the workplace, there is

an awful lot of difference in whether people flourish or suffer that can be explained by the [employment] positions that they're in."

Kanter said reasons valuable employees blossom or wilt in corporate settings can be summed up in two words — opportunity and power.

She defined opportunity as access to training and education, challenge, the possibility of influencing the organization, and making more decisions. Kanter said employees with opportunity are "the moving," while those without it are "the stuck."

Old-style firms consign employees to one class or the other, she said, and from there the careers of the moving diverge sharply from those of the stuck.



Photo by Cindi Whitcomb

Rosabeth Moss Kanter

The two groups develop radically different aspirations, self-esteem, and levels of commitment to their work. The moving generally have a high opinion of themselves. Because the corporation sends them signals that they can get ahead and move up, they set themselves high aspirations, goals and standards. They invest time, energy and effort in their jobs because they see the realistic promise of a better future.

But the stuck, because the organization sends them the message that they aren't worth investment and aren't going anywhere, lower their sights. They have poorer perceptions of themselves and disengage from their work.

These reactions too often become self-perpetuating: the moving are encouraged to succeed further and the stuck become trapped in revolving-door routines.

Kanter decried such "cycles of advantage and disadvantage," where the moving cruise up the bureaucratic fast track, while the stuck are tied to the self-fulfilling prophecy of immobility.

Power is another key element Kanter cited in whether employees prove to be company assets.

"I mean power as in physical energy," she said. "When it's on, things happen; when it isn't, they don't. Power is the capacity to mobilize resources — whether people or things — to get things done."

Powerful people have an impact on the organization, usually retain a high degree of discretion and authority on the job, have the ability to make decisions, and are rewarded with visibility, recognition, and credit.

In contrast, powerless people have little control, which sometimes leads to petty tyranny. Those who have little control become possessive of their small turf, jealously guarding their territory even from co-workers.

A disgruntled, unhappy, and unmotivated work force with low morale costs more in higher turnover, more illness and absenteeism, and lost productivity. On the benefits side, Kanter noted that companies which empower and support their employees are repaid with more ideas, problems solved, better cooperation among employees, and less competition between them.

"In the past two years, I've probably spoken to or with management of at
(Continued on next page)

least 200 major American corporations," she said. "They're interested and they're listening. They're building systems that are better and more empowering for their people because they think it's good for business. They're aware that they can't afford to waste human resources and that they can benefit from having more people at more levels solving problems."

Kanter drew the following conclusions about these person-oriented "changemaster" organizations:

- They provide employees with job descriptions that are broad in scope. Instead of restricting employees to overdefined territory, the firms emphasize results. "In some high-tech companies," Kanter said, "people are almost literally told, 'Invent your job, find out what needs to be done and do it.'"

- They adhere to the small-is-beautiful principle, in which employees are members of a complete team. Instead of one long assembly line, there are assembly teams which are goal-oriented rather than task-oriented.

- Changemasters cultivate a culture of pride, projecting the message that all people within the organization are important, that they are worth investing in because they can and will get better at their jobs. Dynamic companies spend a lot on education. Old-style corporations spend on personnel, too, but it is called recruitment.

- Praise is abundant. Awards, plaques, and merit budgets are developed and publicized. The old adage "a little praise goes a long way" simply doesn't wash in corporate life. Verbal praise is regular, along with congratulatory phone calls from the boss and commendation letters in personnel files.

- More data, facts, policies, and plans are shared at more levels in changemasters. They are also shared more routinely, in timely fashion, and face-to-face. The old-style bureaucracies, on the other hand, adopted need-to-know policies: you don't need to know so we won't tell you.

- Changemasters create an environment which fosters collaboration, teamwork, and network building, rather than a reliance on position or title within the hierarchy. Freedom is given to move around, physically, through the company halls to meet with other staff and exchange ideas. People are encouraged to change jobs, even if it is a lateral move, so that they can learn more about the company and have a more comprehensive picture of its products and services.

- Job security is extended. "It's difficult to get people to collaborate, to feel more important . . . to be a team, if they're always concerned about which one of them is going to be cut next," Kanter said.

- Lastly, changemasters are less protocol-conscious, providing personnel access to speak with others at different levels. This combats the "elevator mentality," where creative ideas are killed off because they have to go up and down a vertical chain of command, through so many people, before any decisions can be made.

Kanter is an author of award-winning books; a Yale University professor of sociology and organization and management; chairwoman of Goodmeasure, Inc., an international consulting firm specializing in change management; consultant to blue-chip firms like Proctor & Gamble, Exxon, and Honeywell Corporation; the holder of four honorary degrees; and *Ms.* magazine's 1984 Businesswoman of the Year. □

Schrank: To Work Is 'No Sweat'

Prizing Brains Over Brawn Raises Employees' Training Needs

WHILE ROSABETH Moss Kanter concentrated on the changing nature of management, luncheon speaker Robert Schrank alternately clowning for and lecturing to the audience at the NASW Conference on Occupational Social Work about how computer technology is spurring a work force transition.

From his remarks, one could glean that "Think," the unofficial IBM slogan, is becoming the watchword of American labor.

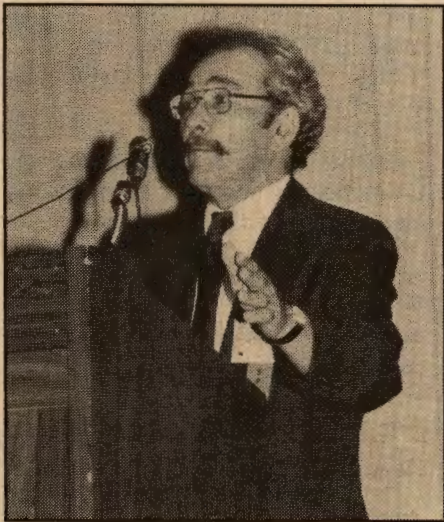


Photo by Cindi Whitcomb

Author Robert Schrank: Demands of technology make solving "people problems" paramount.

"We used to say that all you need on this job is a strong back," said Schrank, an author and visiting fellow at Cornell University's School of Industrial Relations. "Now we've turned it around. A strong back is no longer essential. You sit in your office all day and you use your mind, not your body."

"Work doesn't involve sweat. If you're sweating, they'll take you off to see a therapist," he joked. "In this new world of white-collar work in which we live, sweat is merely an indication of stress. In the old world, sweat was an indication that you were really working."

Schrank noted that 72 percent of Americans are employed in service-oriented, non-manufacturing-type, occupations, so, he told the social workers, "you don't need to feel self-conscious anymore. You're in the majority."

Unsurprisingly, this shift from manual to mental labor can, in large part, be attributed to the development of that technological marvel, the computer microchip.

He said some people attempt to dismiss computers as just a tool like any other tool, but he disputed that claim. A screwdriver or a hammer is a tool, Schrank pointed out, because it is basically a physical extension of the body. Even machinery, which is operated either by physical manipulation or when human hands set the dials, can be considered a tool.

But with a computer, commands can be transferred onto a program, and the program "will tell the machine what to do next, and that is a very big change."

One of the main reasons for the emergence of the labor unions after the Industrial Revolution, Schrank said, was to protect workers against management's exploitive attempts to

capture their bodies, because at that time, work demanded human physical activity.

Now, with the microchip, management wants employees who can conceptualize and decipher the computer's information.

"It's one thing to sit in front of the terminal and another thing to understand the material that's coming out of it," he stressed.

And that is one of the major challenges facing white-collar corporations today. As cybernetic innovations hurtle society toward the future, human abilities are not keeping pace. Most companies are not encountering hardware or software problems, they are confronted with people problems.

Schrank said this provides occupational social workers with an opportunity to expand their role in business, because they have an extensive pool of knowledge about and experience in overcoming people's problems, such as lack of motivation and training.

Unfortunately, many companies are reluctant to educate employees, especially when it comes to computers, he said. He attributed the resistance to company powerbrokers who feel threatened by the computer's ability to act as an equalizer of employees who are on a variety of levels.

"If you're going to invest \$30,000 in a computer work station, then [you should] take that person who's going to work there and give them the appropriate course to learn how to do it. But corporations resist that, because knowledge is power."

Schrank related a recent conversation with a corporate secretary, in which the secretary said that she knew as much as her employer about the company, because she got her information from the same source he used — the mainframe computer.

Whereas, at one time, the boss might have stored all of the information in his head [and could guard or share it at his discretion], now it is stored in a machine, available to anyone who knows how to call it up.

"Work doesn't involve sweat. If you're sweating, they'll take you off to see a therapist."

Schrank traced the origins of the computer society through a colorful history lesson, from horse-power (the equine kind) to horsepower (the engine kind), with the underlying premise that humans are always searching for ways to save their time and energy.

He shot down the Protestant work ethic as a myth, saying, "It's humbug, hot air. Ever since the beginning of time, humans have been trying to escape hard work. The reason we got the Protestant work ethic in the first place was to try to get people to work. If they wanted to work, they wouldn't have needed a work ethic to tell them that work was good for them."

The way in which people view work as opposed to jobs, he said, illustrates his point.

"One has nothing to do with the

other. Everybody wants a job, nobody wants to work," he told a laughing but nodding audience. "A job has to do with security. Your status [and livelihood] come from the fact that you are connected to a job."

"But," he added, "what is the first thing that happens when you get a job? You want to know the vacation schedule, how many days you have off."

As Schrank spoke, he made clear his feeling that the "leisure society," characterized by shorter work weeks, more vacations and holidays, physical recreation, and mental-skill occupations, is the logical conclusion of that pursuit of less work.

"What you'll see after 5 o'clock is what Karl Marx referred to as 'the masses' out there jogging around. We have machines called Nautilus that exercise us. It used to be you stood in front of a machine and you worked it. Now it works you!"

According to Schrank, the leisure explosion holds the promise of "a new kind of work, new opportunities for people to work with their heads and not their backs, and opportunities to use their bodies to have fun with at the same time they're doing something interesting and exciting." □

Genetics . . .

(From page 3)

students placed at these agencies. Despite curriculum limitations, almost all schools said courses and field placements in genetics were appropriate for a social work school. The greatest handicap, they reported, was the lack of trained faculty. Only seven schools had faculty who could teach genetics.

Yet the need for social work training in genetics is clear. In another study the same year, Sylvia Schild found that nearly 80 percent of genetics units throughout the United States use social work services either in other health programs or in community agencies. Only 21 percent of the genetics units employed their own social worker.

"This use of social workers outside the genetic unit underscores the need for all social workers to have some knowledge of genetics and the impact of genetic disorders on the family," according to a 1984 HHS report.

That view is seconded by Johns Hopkins Hospital social worker Joan O. Weiss, a leader in genetic social work: "It's an important point to make to social workers that they're all probably involved in genetics whether they know it or not."

The move to include genetics in social work training, DeAngeles said, grew out of several conferences, most recently the 1984 OMCH-funded "Education in Genetics: Nurses and Social Workers," and a 1980 conference of the same name sponsored by the OMCH, National Institutes of Mental Health, and the Virginia Genetic Disease Program. Both conferences recommended that training for both professions include genetics. DeAngeles said CSWE hopes to get OMCH funding for a second phase to develop specialized courses in genetics and guides for field instruction. □

Social Security . . .

(From page 8)

facing inadequate income and declining health, states an SOS report. While times have changed, SOS says, the Social Security system still penalizes women who raised families instead of holding jobs. Flemming says Social Security should credit women who worked in the home. HHS recently studied the feasibility of such a program, and Congress has asked the Congressional Budget Office to study the cost. Flemming expects a proposal in the next session of Congress.

The 1983 Social Security reforms ended survivors' benefits for college-age youth between 18 and 22. It is estimated that by the end of this century, seven million young people will have been adversely affected by this change. Another change involved cutting off parents' survivors' benefits to children at 16 instead of age 18. Flemming says these changes often force children into the job market earlier and unfairly hampers their potential.

"In this day and age, they should have the opportunity to pursue post-secondary education," he says. "Because the family income was suddenly reduced by the death of the head of the household is no reason to cut off the opportunity of the young. To me, that was a great investment in the future of the country."

Perhaps it is Social Security's tremendous growth which has led so many critics to propose drastic changes and blame the system itself for its occasional financial problems. Indeed, the growth of Social Security's coverage has been steady and consistent. Four years after the original law was passed, a program to provide benefits to survivors of workers who die during their productive years was approved. In 1950, coverage was extended to farm workers and all self-employed persons except doctors, lawyers, and other professionals. Four years later, many of those professionals, along with farmers, also were

brought under Social Security coverage. In 1956, the disability program was added to protect families whose breadwinners were disabled, and women were allowed to retire at age 62 with reduced benefits. Men were allowed to retire at 62 with the same reduced benefit level, starting in 1961. Medicare was added as health insurance for the aged in 1965, and in 1972, Medicare coverage was extended to the disabled and blind. That same year, the Supplemental Security Income program was inaugurated to provide benefits for the needy aged, blind, and disabled.

The steady expansion of Social Security might be interpreted as dangerous ballooning of federal outlays, but Flemming says the costs were discussed fully in Congress, and no amendments passed without adequate revenues from payroll deductions. "Congress never once ducked the cost side of it," he says.

Over the years, in fact, Social Security has been sound enough to lend money to the federal government. The

money was lent at below-market-rate interest, and when repaid, became increased revenue for the four trust funds. Flemming says most people probably don't realize this contribution the trust funds make to reducing the deficit and increasing their surpluses.

Social Security has had its critics over the years. It has survived a constitutional challenge in the U.S. Supreme Court in the late 1930's, efforts to "privatize" it, the burden of increased coverage, and numerous predictions of imminent demise. Still, it is perhaps the most highly praised government program. A 1982 Employees Benefit Research Institute study called it "one of the most significant pieces of legislation — if not the most significant piece — ever enacted by the Congress of the United States." The polls consistently show widespread grass-roots support, and the system's current financial solidity has made Flemming and others very optimistic about its future.

"I tell people I speak to across the country that if Social Security is on your worry list," Flemming says, "then you can strike it." □

Fighting Violence . . .

(From page 9)

president of Interdenominational Theological Center, agreed to co-sponsor this weekend with Atlanta University School of Social Work. Former Atlanta Mayor Maynard H. Jackson was honorary chairman.

We chose the Mother's Day weekend for this activity, May 10-12. We intended to saturate the black community that weekend in every conceivable manner to raise the collective consciousness about this problem. We wanted it to be virtually impossible for anyone to go anywhere on that weekend and not be reminded not to hurt anyone.

We distributed 80,000 copies of our pledge against violence. We received the support of the public school system and nonviolent messages were read over intercoms. Homeroom teachers used their class periods to discuss how to resolve conflict without violence. Flyers on nonviolence went home with the children to their families.

Nearly 50 churches held special activities celebrating Mother's Day and the concept of nonviolence. In their sermons, ministers discussed black male-female relationships, parent-child relationships and peace in the black community. Many invited children down to the front of the church and asked them to be "peace monitors" in their communities. Picnics were held and free dinners given to the needy.

Atlanta radio talk shows featured weekend organizers and broadcast news of the weekend's events.

So far, we believe the weekend was a success and had an appreciable impact. The Atlanta police will be included in our evaluation conference. They have already told me that no one was killed that weekend, and for that I will take credit!

Most encouraging of all, organizations in New Orleans and New York City have asked me to help them organize similar weekends on Mother's Day in their cities next year. This concept might very well translate into a national model. For a first effort, it was very successful, and I hope it will be the beginning of a long, continuous effort until we finally overcome the

dilemma and cease to act as co-conspirators in our own demise.

To conclude, I will leave you with a modified version of a poem about the Jewish Holocaust. The author is unknown to me:

They came to sell dope to our children, but since my child was not affected, I did not protest. . . .
 They came to mug handicapped and old, people, but since I was neither handicapped nor old I did not protest. . . .
 They came to offer us inferior education, but since I went to school elsewhere, I did not protest. . . .
 They came to sell us inferior goods, but since I have the means to shop elsewhere, I did not protest. . . .
 They came to express their manhood through fathering babies, and their womanhood by giving birth while still babies themselves, but since my son and daughter were unaffected, I did not protest. . . .
 They came to rape black women, but since no one in my family was raped, I did not protest. . . .
 They came to kill, sometimes for as little as 25 cents. But since it didn't affect me, I did not protest. . . .
 They came to create black unemployment at astronomical levels, but since I am gainfully employed, I did not protest. . . .
 They came to rob the black community of its capacity to care and to love and they almost succeeded, because I chose not to protest. . . .
 You see, they came for thee. They came for . . . they came . . . they . . .
 . . . and then they came for me and there was no one left to protest. . . . □

For further information, contact Naomi Ward, Atlanta University School of Social Work, Atlanta, Georgia 30314; (404) 681-0251.

Social Workers Alerted to Increase in Malpractice Suits

"Malpractice actions against psychotherapists increased sharply in 1984 after several years of relatively slow growth. . . . Precise reasons for the increase in claims and court awards are hard to pin down but knowledgeable insurance people point to the growing number of lawyers and their increasing skill in convincing juries that huge awards are justified in cases of health care malpractice."
 Psychotherapy Finances, December 1984
 Ridgewood Financial Institute, Inc.
 Ridgewood, New Jersey

"Clearly, if you don't have coverage, or haven't increased coverage to keep up with recent jury awards, you should act quickly. Our 1984 Fee and Practice Survey showed that 48% of therapists had \$1-million worth of coverage—2% had more and only 4% had none."
 Psychotherapy Finances, December 1984
 Ridgewood Financial Institute, Inc.
 Ridgewood, New Jersey

"There's been an increase in suits against social workers. . . . All evidence is that it's continuing at an even greater pace," said Alexander, noting that 83 percent of the cases he's studying were filed in the last six years and two-thirds of them were reported within the last four years."
 Chauncey Alexander, former NASW Executive Director
 Taken from the CHICAGO DAILY LAW BULLETIN
 February, 1985

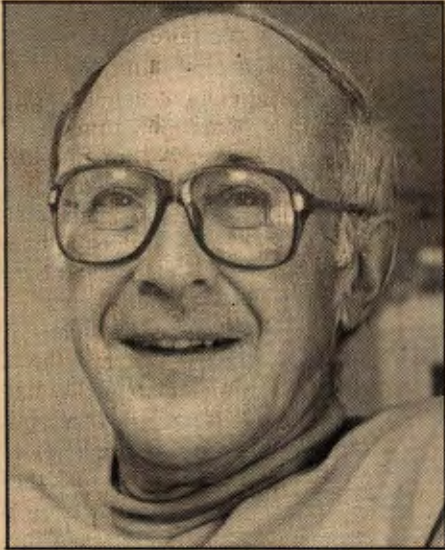
The NASW Insurance Trust is not a dues-supported service. It is administered by NASW Insurance Trustees (appointed by the NASW Board of Directors) who serve without compensation.

Yes, I want to know more about the NASW Insurance Trust sponsored Professional Liability Insurance Program.

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Private-Sector Agency Adult Protection Eyed

Social Workers' Help Sought in Study



By JAMES J. BURR

I AM CONDUCTING a wide-ranging study of older adults at risk of abuse and private-sector protection services available for them. I am asking NASW members to help make this a comprehensive study which will promote exemplary protective services for the elderly throughout the United States.

Though there is considerable information about public-sector adult protective services, little is known about private efforts to protect older adults who are seriously impaired; who are abused, neglected, or exploited; or who live in hazardous circumstances.

My study, being conducted at NASW national headquarters, will examine how both sectarian and nonsectarian private family and children's service agencies throughout the country serve this at-risk population.

We recognize these people as "bag ladies," isolated and fearful eccentrics who scurry away when we try to help

them, disoriented travelers at bus or train stations, householders in danger of forgetting to turn off the gas, and others who act out their anxiety or are detached from the rest of us in their depression.

NASW is interested in this project because many members do clinical social work in private agencies and many private, nonprofit agency staff may be providing protective service. Their experiences providing adult protective services and their goals, policies, and standards should be described and developed into a model.

Most of the information available now is anecdotal. We know about burned-out social workers providing this very difficult service, and there is considerable concern about the invasion of privacy in investigations of abuse or neglect complaints and about the right to refuse service.

My preliminary look into this topic shows that few private agencies are involved. There is limited data on the number of professional social workers in private agencies who are exclusively engaged in providing protective services to adults. Little is known about the kind of training these workers need for work which involves not only social intervention with older adults but may also include medical and legal interventions as well.

I am asking the family service agencies that provide adult protective services to describe the policies and standards they use, to explain how their programs are set up, and how case management techniques coordinate the programs for their clients' best interests.

Agencies' examples of successful programs will be included in my study. An earlier study I did on public-sector protective services produced excellent response from states interested in the exemplary practices and procedures the study included.

Likewise, I hope that my data on funding sources for these services and other study data will be of help to private-sector agencies considering adult protective service programs. The increasing number of older adults in

our population and growing public recognition of the problem suggest that the situation will get more attention during the next decade. I believe that this study will be timely and useful to service providers faced with increasing pressure to meet this need.

I expect that several other issues worth further attention will spring from the study. For example, what kind of people are family service agencies serving? Are they serving people who need protection? If there are people needing service, are they eligible for service under the agencies' existing policies? What is the age range of these clients? What are the economic factors that help or inhibit family service agencies to provide these services? Which clients, from the very poor to the very rich, do private social service agencies most serve?

Some other questions are: Do agencies' crisis-intervention services for older adults — such as finding temporary shelter, providing emergency financial assistance, and resolving immediate problems to stabilize crises — actually function as protective services? Is the notion that family members are readily available to help their elderly relatives a myth or a reality for family service agencies?

Right now there is no information about private-sector adult protective services in 22 states — mainly in the South, Southwest, Midwest, and West. I urge NASW members who work in or know about such programs to send me information at NASW headquarters. It will help make the study an excellent one and I hope will help make adult protective services in the private sector a reality throughout the nation.

*Send information to: James J. Burr, ACSW, NASW, 7981 Eastern Avenue, Silver Spring, Maryland 20910.

James J. Burr recently retired from the federal Administration on Aging and is now a scholar-in-residence at NASW national headquarters. While in federal government service, he published "Protective Services for Adults," a guide for state social service and public welfare departments that provide protective services. A graduate of the Boston College School of Social Work, he has worked in community organization, mental health, institutional administration, and aging. He is a fellow of the National Gerontological Society.

Alma Mater Lauds Exec

NASW DIRECTOR Mark G. Battle has received a distinguished service award from Case Western Reserve University where he received his master's degree in social services administration in 1950.

The award, presented May 22 during graduation ceremonies at the Cleveland, Ohio, school, honors Battle for "outstanding service to the school and leadership in the field of social welfare."

Battle was selected for his role in the U.S. Department of Labor's employment programs during the 1960's under the Johnson administration, and for the "high standards he's always exemplified in his work at Howard University," according to Dean Arthur J. Naparstek of Case Western's School of Applied Social Sciences.

Battle was appointed administrator of work-training programs at the Department of Labor's Manpower Administration by then-President Lyndon B. Johnson in 1967. He was professor of social services management at Howard University School of Social Work and chairman of its Department of Macro-Specializations when he came to NASW in 1984.

"I believe Mark has always been on the cutting edge of social policy in this country," Naparstek said.

NEWS News



LUCY NORMAN de Sanchez has been named managing editor of the NASW NEWS, succeeding Rae Mark Hamilton who became Public Affairs Director in February.

Sanchez had been the department's public relations coordinator for the two years she has been at NASW.

She comes to the NEWS with seven years' experience editing both bi-weekly and monthly publications, three years as a reporter on a daily newspaper, and several years as a freelance writer. She has been a regular contributor to *The Washington Post*, was published in *The Christian Science Monitor*, *Family Magazine*, *The Washington Star*, and *Pan Am Clipper*, and was contributing editor at *Georgetown Magazine*.

She has a master's degree in journalism from The American University, Washington, D.C., and an undergraduate degree in English literature from the University of Michigan.

Hamilton had been NEWS editor for 11 years, having joined the NEWS staff in 1973.

Corrections

IN A June NASW NEWS article on neighborhood resistance to group homes for the mentally impaired, the name of the social worker who operates a Cleburne, Texas, center was misspelled. Her name is Jan Hannah.

A June NEWS story on the rising demand for therapy by Vietnam veterans said the Veterans Administration estimated that 25 percent of those who served in Vietnam, Laos and Cambodia during the war have one or more symptoms of Post-Traumatic Stress Disorder. The estimate was based on nongovernment studies, not on a Veterans Administration analysis. The VA, however, has contracted with the Research Triangle Institute in North Carolina for a National Vietnam Veterans Readjustment Study, which will be completed in two to three years.

Call For Papers

The 1986 NASW National Conference on Women's Issues "Dangers and Opportunities: What's Ahead for Women?"

May 28-31, 1986 • Atlanta, Georgia

ABSTRACTS OF papers to be considered for presentation at the 1986 NASW National Conference on Women's Issues must be postmarked by **October 15, 1985**. Full texts of papers will not be considered.

The goals of the 1986 NASW National Conference on Women's Issues are (1) to examine how existing or proposed policies and political developments impact on the changing roles for women and promote equity and equality; (2) to examine how organizational practices respond to the needs and changing roles for women and how these practices promote equity and equality; (3) to encourage the expansion of knowledge about women in social policy and in social work practice; (4) to examine and consider how social work practice can further develop, strengthen, and expand positive programs and services for women.

Details on submission of abstracts appeared in the "Call for Papers" carried in the June NEWS and the immediately forthcoming issue of NASW's "Womanpower" newsletter. For further information, contact the NASW Conference Office, 7981 Eastern Avenue, Silver Spring, MD 20910; (301) 565-0333, or toll-free (800) 638-8799.

LEGISLATIVE WATCH

URGING HOUSE and Senate conferees to adopt the House version of the 1986 federal budget and fighting efforts to gut the proposed Civil Rights Restoration Act of 1985 took center stage in NASW's legislative program as this NEWS went to press. Budget and civil rights legislation are among the top priorities on NASW's 1985 legislative agenda, approved by the association's Board of Directors earlier this year.

In mid June, the association urged budget conferees from rural states to support the House position on nutrition and social service programs for low-income people to help meet the "urgent needs" caused by the farm crisis.

Also, NASW is participating in a coalition of the Leadership Conference on Civil Rights, which urged rejection of amendments to the 1985 civil rights measure that the groups believe would seriously undermine the bill's chances for passage.

Budget Conference

Both the House and Senate budget bills would lower the federal deficit by \$56 billion next year and by much larger, though differing, amounts for the period 1986-88. The major differences between the two bills involve Social Security cost-of-living adjustments (COLAs), spending for a variety of social programs, and defense spending levels.

The House bill, passed in late May, included most provisions NASW urged in a letter to all House members (June NEWS, page 1).

Major differences between the two chambers' versions are as follows:

- **Social Services.** The Senate, while not cutting the AFDC or WIC (women, infants and children supplemental food) programs, did cut food stamps by \$300 million and other child-nutrition programs by \$1.2 billion for the next three fiscal years (1986-88). These cuts, in addition to a \$1.2 billion reduction in Medicaid over the same period, are the most dramatic cuts in programs targeted to low-income people. Title XX Social Services Block Grant programs were frozen at the 1985 level. In addition, the Senate's method of reducing Medicare by \$16.3 billion over the three years could result in some increase in the costs paid by beneficiaries. The Senate also eliminated general revenue sharing, the work incentive program (WIN), and the Community Services Block Grant, among others.

By contrast, the House allowed inflation-rate increases in all programs targeted to low-income people, and gave small above-inflation increases to food stamps and child-nutrition programs. It reduced Medicare by \$13.1 billion over three years, but the reduction would cause no increase in costs to beneficiaries. While also eliminating general revenue sharing, the House maintained the Community Services Block Grant and the WIN program at current service levels.

- **Social Security.** The Senate eliminated the Social Security COLA for 1986. The House maintained it.

- **Defense Spending.** The Senate raised current defense funding by the inflation rate for 1986 and gave it above-inflation increases of 3 percent for both 1987 and 1988. The House froze funding at the current level without an increase for inflation in 1986, but allowed the 3 percent above-inflation increases for 1987-88. According to NASW lobbyist Susan Hoechstetter, advocates for reduced military spending contend that even though the proposed increases are lower than those of recent years, they do not take account of previously enacted spending commitments still in force, which would therefore raise actual 1986-88 defense spending above the proposed rates of increase.

The two versions also differ on "reconciliation," the process that requires committees to recommend changes in programs under their jurisdiction to keep the programs' costs within the budget levels. The Senate bill included a number of detailed instructions to committees, while the House bill allowed committees greater latitude in spending decisions.

The House budget, by maintaining the Social Security COLA, freezing defense spending for 1986, and giving some modest increases to programs for the poor, incorporated most of the elements NASW urged House members to adopt in order to offset the Senate's cuts. Hoechstetter says the House bill, while not being "all we would want, clearly comes closer to

NASW Delegate Assembly policy directives than does the Senate version."

On June 11, NASW Executive Director Mark Battle sent a letter to all House and Senate budget conferees from rural states, urging them to support the House positions on funding for the food stamps and child-nutrition programs and for all social programs targeted to low-income people. "While providing adequate social services cannot resolve the farm crisis," he wrote, "it can help meet urgent needs for mental health, nutrition, and other assistance. Those needs cannot wait while this country works out its farm policy."

Civil Rights

The Civil Rights Restoration Act of 1985 is the second attempt in Congress to overturn the U.S. Supreme Court's 1984 *Grove City College* ruling, which limited federal civil rights protections specifically to federally funded programs within institutions. Previously, federal civil rights enforcement applied to entire institutions, not just their federally funded programs. Opponents of the ruling say it affects not only schools, but also most other institutions receiving federal funds, such as hospitals, airports, and correctional facilities.

The proposed act would restore institution-wide civil rights enforcement, but would not make substantive additions to current civil rights laws. Last year, a similar bill passed the

House 375 to 34, but died in the Senate.

The new proposal also appears to be in trouble. Under current law, educational institutions that receive federal funds may not discriminate against students or employees who have abortions, and any insurance coverage the institutions provide must cover abortions like other medical procedures. Institutions directly controlled by religious organizations are exempt from these provisions if religious tenets conflict with the law.

The House Education and Labor Committee, however, adopted amendments that would void the abortion provisions for nonreligious institutions and would broaden the religious exemption to include institutions that are affiliated with, but not directly controlled by, religious organizations. Opponents say the latter provision would allow some 800 to 900 institutions, including Grove City College itself, to be exempt from civil rights enforcement laws.

The House Judiciary Committee, which also has jurisdiction over the bill, passed a version that did not include these amendments and said, instead, that the act "is not intended to convey either the approval or disapproval of the Congress" on the abortion provisions now in force. That language, by Representative Don Edwards (D-Calif.), attempted to remove the abortion issue from House debate on the bill.

At press time, both committees' versions had gone to the House Rules Committee for further action.

According to NASW Political and Legislative Affairs Director Alice Cohan, "The fact that Edwards had to introduce his substitute amendment this early in the legislative process signals potential difficulties in the next stages."

Organizations in the Leadership Conference for Civil Rights, with which NASW is working in support of the act, are fighting the Education and Labor Committee amendments. A letter the conference sent to Congress in May warned, "If passed, these gutting amendments would open the flood gates to other substantive amendments, and the Restoration Act would die."

Further developments on the budget and civil rights bills, and on other legislation now pending in Congress, will be carried in the September NEWS if details are available by press time. □

The NASW Special Projects in Continuing Education program (SPICE), the NASW Michigan Chapter, and the NASW New York State Chapter present:

Dr. Lawrence Shulman 'Group Work Skills'

Appearing:

September 11, 1985 Detroit, Michigan
September 12, 1985 Nassau County, New York
September 13, 1985 Rochester, New York

Dr. Lawrence Shulman, a professor of social work at the University of British Columbia, is a training consultant in the areas of direct practice, group work, interprofession impact, supervision, administration, residential treatment, and teaching. His widely published books include *The Skills of Helping Individuals and Groups*, *The Skills of Supervision and Staff Management*, *Identifying, Measuring, and Teaching the Helping Skills*, and *A Casebook of Social Work with Groups: The Mediating Model*.

Dr. Shulman maintains a direct practice, working mostly with groups of married couples or single parents. He has done extensive research on the core helping skills in a number of areas, including university teaching, social work practice, and supervision, and has published numerous articles and monographs reporting on this work.

The workshops are a combination of presentation and discussion. They will focus on the dynamics of small groups and the skills required to lead them. Phases of group work — preliminary, beginning, work, and ending/transitions — will be used to organize the presentation of the model.

Dr. Shulman has developed a method of leading large groups that keeps all participants involved and, in many ways, reflects the model approach he discusses. The type of groups discussed will be determined by participants and may include: regularly scheduled short- or long-term groups, single-session groups, ward groups, informal groups, educationally focused groups, or personal-problem-solving groups.

For further information, contact: NASW/SPICE, 7981 Eastern Avenue, Silver Spring, MD 20910; (301) 565-0333, or toll-free (800) 638-8799.

BLACKKEY MEMORIAL FUND

THE EILEEN Blackkey Fellowship Fund plans three gala receptions on opposite coasts this fall to help meet its 1985 fundraising goal.

Blackkey Fund Committee members expect the three events — one slated for New York City in October and two in California sometime later — to raise \$29,000. Fundraising activities this spring have already brought \$31,000 in contributions and pledges, more than half the committee's \$60,000 goal. Committee members are Margaret Daniel, Ruth Fizzdale, Dorothy McKay, Eunice Minton, Helen Rehr, and Corrine Wolfe.

Anyone who knew Eileen Blackkey or is interested in helping create NASW's first doctoral fellowship in social policy is urged to contact Susan Evans at the NASW national office for information about these upcoming events. □

NASW, Hospital Group Affirming Relationship

Understanding to Promote Cooperation

ALATE-APRIL meeting between officials of NASW and the Society for Hospital Social Work Directors, an affiliate of the American Hospital Association, has produced an understanding that the two groups will emphasize cooperation and collaboration in work on mutual issues.

Leaders at the Albuquerque, N.M., meeting, initiated by NASW's Health/Mental Health Provisional Council, emerged with an understanding affirming that both groups need each other, that their functions augment each other's, that their leaders want to identify bases of mutual interest and cooperation and to establish mechanisms for promoting that, and that they are committed to achieving greater effectiveness in attaining shared objectives by collaborating, sharing resources, and avoiding unnecessary overlap of functions.

The agreement further eases tensions that developed early last year when the two organizations took somewhat different positions on a proposed HHS revision of hospital Medicare regulations that would drop current standards for social work depart-

ments in some hospitals. HHS has not yet published final regulations.

The leaders said the two groups need improved communication and agreed to establish a "joint ad hoc group" that will recommend how that can be achieved. NASW members Ruth Knee and Thomas Carlton will be the association's representatives. SHSWD will be represented by its president-elect, Robert Stepanek, and past president, Evelyn Bonander, both also NASW members.

The leaders suggested further efforts for closer coordination and communication could include: taking complementary actions on legislative and policy issues, perhaps through a "clearing-house for policy actions," that would avoid conflicting actions on mutual issues; mutually reviewing issues such as standards, Medicare's DRG (diagnostic-related groups) system of reimbursement for hospital care, the proliferation of social work health-care groups, and continuing education; and promoting improved coordination of the groups' actions at the state level.

Representatives of both NASW and SHSWD are scheduled to meet again in November. □

Correction

RECENT NEWS reports on third-party vendorship omitted Florida from the list of states that have laws for insurance reimbursement of social work services. The Florida law, enacted in 1983, includes "optional coverage" of outpatient mental health consultation with "a licensed physician, a licensed psychologist, and a licensed mental health professional as defined in the [insurance] policy or contract." Clinical social workers are licensed in Florida. Thus, the total of states that have some form of social work vendorship law is 15.

Standards Available

COPIES OF NASW's new "Standards and Guidelines for Social Work Case Management for the Functionally Impaired" are now available. The standards were approved by the Board of Directors last November (January NEWS).

To order single copies free, or bulk quantities of 100 at \$25 plus 10 percent postage, write to: NASW Publications Sales, 7981 Eastern Avenue, Silver Spring, MD 20910.

LEGAL DEFENSE SERVICE

THE NASW LEGAL Defense Service wishes to thank the following persons who contributed recently:

Jon M. Adams, N. Norma Akamatsu, Judith R. Alexander, Paul E. Alie, Kenneth R. Andolf, Toby L. Brannan, Maureen Calarino-Baron, Betty A. Ching, Steven R. Corvin, Eliz L. Donleavy, Claire M. Duckworth, Susan K. Fleisch, Rosemary K. Fox, Kay Ediger Garris, Jean P. Gibson, Marilyn Hansen, Iphigenia C. Hatt, Joan M. Howard, Elizabeth B. Hufnagel, Janice K. Jackson, Steven H. Kleitzel, Elizabeth M. Kopper, Mary E. Lahiff, Florence Landskroner, Sara T. Levin, Sandra K. Levine, Angela Lizzio, Helen K. McGivney, Ralph A. Magnus, Roberta G. Miller, Constance M. Mithalal, Rosemary G. Nagy, Lise H. O'Brien, Barbara L. Petrou, Geraldine M. Reid, Carole R. Ring, Deborah C. Rosenkrantz, Laura Odom Shropshire, David R. Sprague, Julian G. Stone, Maria S. Tupper, Jo L. Vanderkloot, Mary E. Weiner, Suzanne C. Wieseneck.

In addition, \$2,143 was contributed by NASW members through the LDS check-off on membership dues invoices. LDS gratefully acknowledges these contributions.

The NASW Legal Defense Service was established in 1972 to provide financial assistance to NASW members involved in litigation related to upholding the Code of Ethics (especially its client-advocacy provisions) and involving issues that may affect all social workers. LDS is funded solely through donations (not tax-deductible), which may be included with NASW dues payments or mailed with the member service and contribution form near the back of this NEWS. □

When it rains, it pours...

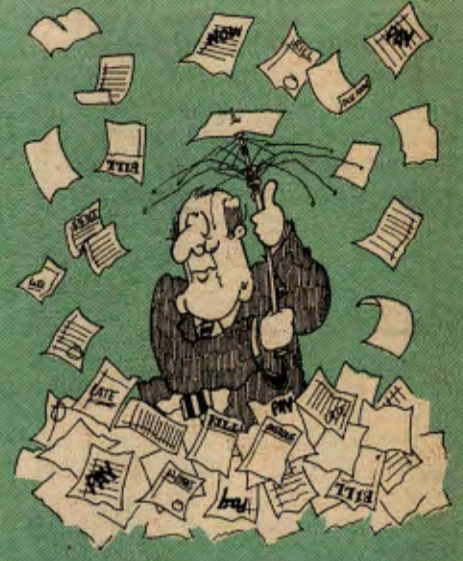
Unpaid bills... collection bureau letters... and stress! That's what pours when you are out of work—and money—due to an accident or unexpected illness.

Thanks to the NASW Insurance Trust program, you've got "umbrella protection" with its Disability Income Insurance plan.

The Insurance Trust Disability Insurance allows you to collect a percentage of your former earnings and protects your family from financial catastrophe.

Find out more about our Disability Income Insurance plan by sending the attached coupon TODAY so that you can be financially prepared for the next "rainy day."

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NASW Insurance Trust

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NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

RETURN TO: NASW Insurance Trust, National Association of Social Workers, 7981 Eastern Ave., Silver Spring MD 20910

Malpractice Coverage Is Overseen by Trust

THE NASW Insurance Trust's Board of Trustees, which administers the association's expanding array of health, life, and disability insurance programs for members, recently agreed to oversee the NASW Professional Liability Insurance Program as well.

The trustees, members appointed by the NASW Board of Directors who serve without compensation, bring to the liability program insurance expertise and a commitment to offer the best coverage and the lowest premium rates possible. They will work with the liability program's administrator, the American Professional Agency, to ensure high-quality service. The program provides malpractice coverage to social workers, students in field placements, and agencies.

In addition, 1985 marks the 25th anniversary of the Insurance Trust's term-life insurance plan. The plan, which serves nearly 25,000 NASW members, now provides 50 percent more coverage than when it started in 1960, but the premium rate is the same now as it was then. As of last January,

the trustees increased the plan's unit of coverage by \$500, from \$7,000 to \$7,500 per unit, with no premium increase.

Also, the trustees increased benefits under the hospital indemnity plan with no increase in premiums. Previously, the plan offered coverages of \$40 per day and \$50 per day. Now, NASW members currently enrolled in or newly subscribed to the plan get the \$50-per-day coverage at the lower \$40-coverage premium rate.

The Insurance Trust's life, health, and disability plans are provided through The Bankers Life of Des Moines, Iowa. Both the Trust and Bankers Life have been active within the insurance industry in promoting vendorship for social workers.

For further information on all the NASW Insurance Trust plans, including the Professional Liability Insurance Program, return the member service and contribution form near the back of this NEWS or call NASW's Membership Development Unit, toll-free (800) 638-8799. From Alaska, Hawaii, or Maryland, call (301) 565-0333. □

RESEARCH & EDUCATION FUND

NASW WISHES to acknowledge the following memorial donations made recently to the Research and Education Fund:

Rose A. Berte of Worcester, Mass., made a donation in memory of **Thomas Moynihan**.

Selma S. Natter of Yonkers, N.Y., made a contribution in memory of **Dorothy Straetz**.

Sharon Tobler and Tobey Milne of Vienna, Va., made a contribution in

memory of **Marilyn Cornejo**.

Elizabeth R. Prichard of New York, N.Y., made a contribution in memory of **Ollie Randall**.

NASW also acknowledges with thanks the contributions made by the following:

Stuart R. Fishelman, Baltimore, Md.; Cheryl M. Hunter, Silver Spring, Md.; and Beth Kronfeld Ruben, Belmont, Mass. □

From All Points

**Bailis, Collins,
Lurie Honored**



Susan S. Bailis

SUSAN S. BAILIS, JANE COLLINS, and ABRAHAM LURIE are the recipients of awards from the American Hospital Association's Society for Hospital Social Work Directors (SHSWD).

The Ida M. Cannon Award went to Bailis, the assistant director of the New England Medical Center and the hospital's social services director. The award, named for the founder of hospital social work and inaugurated in 1970, is given for outstanding contributions to the field and to SHSWD.

Bailis's accomplishments include reorganizing the medical staff and administrative committee to emphasize quality review, developing a hospital ethics committee, coordinating a system for early screening of high-risk patients for efficient discharge planning, and heading a model program, funded by the private sector, which finances health care for the indigent.



Jane Collins

The Hospital Social Work Director of the Year Award, which was given to Collins, recognizes administrators who develop new ways to improve patient care with limited resources. Collins, a social worker for more than 40 years, has directed the Department of Clinical Social Work in the Denver Department of Health and Hospitals since 1964. She has served on the Denver Commission for the Disabled, and on the Multiple Sclerosis Society of Colorado and SHSWD boards.

Lurie, recognized for his lecturing ability, was presented with the Hyman J. Weiner Memorial Lecture Award. Retired after 35 years as director of the Long Island (N.Y.) Jewish-Hillside Medical Center's Department of Social Work Services, he presented the award-winning lecture at SHSWD's annual meeting.

**PEOPLE
IN THE
NEWS**

From Washington, D.C.

**HHS Presents
Award to Masi**



Dale Masi receives certificate of appreciation from HHS's Thomas McFee.

DALE MASI was presented with a certificate of appreciation and a letter of commendation by the U.S. Department of Health and Human Services on May 8. The presentation ceremony took place during the HHS bi-annual conference of employee assistance program administrators.

Masi was the founding director of HHS's Employee Counseling Services (ECS), which serves as a model for federal agencies. She was also instrumental in designing the evaluation of the ECS program.

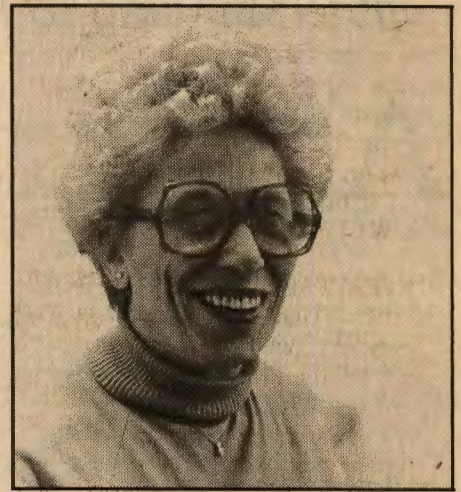
The honors were bestowed upon

Masi by Thomas S. McFee, the assistant secretary of personnel for HHS. McFee noted her "increasing commitment to the development of effective employee counseling programs in the Department of Health and Human Services," as well as her "innovative program development which has helped to set the standard for the federal government."

Masi is currently a professor at the University of Maryland School of Social Work, training graduate and doctoral students in employee assistance. In addition, she is president of Masi Research Consultants, Inc.

From Pennsylvania

**Shore to Chair
Medical Board**



Barbara K. Shore

BARBARA K. SHORE, director of the doctoral program at the University of Pittsburgh School of Social Work, has been elected to chair the Pennsylvania Medical Education Licensure Board.

In her new role, Shore becomes the first consumer representative to chair a regulatory body in Pennsylvania, the first woman to chair the Medical Education Licensure Board in the state, and the second nonmedical person in the country to head a medical licensure board.

Shore is the NASW Pennsylvania Chapter's 1984 Social Worker of the Year, and a member of the association's National Committee on Women's Issues. She is a trainer and consultant in death and dying, aging, and pre-retirement for corporations such as IBM and Mellon Bank.

The medical licensure board administers the Medical Practice Act, which includes in its domain the authority to license physicians, revoke or suspend licenses and oversee the disciplining of doctors. The board also licenses graduate students in medicine.

From California

**Three Receive
Koshland Awards**

CCHESTER LACH, PAUL S. NAMKUNG, and JOSE VILLA were among the ranks of social service providers who won 1984 Daniel E. Koshland Awards.

Villa was named the social work practitioner of the year, while Lach and Namkung were co-winners of the human-service administrator award. A presentation ceremony was arranged during the NASW California Chapter's annual conference, held in San Francisco May 24-26.

A professor of social work at San Jose State University, Villa was selected for his efforts to promote human services and civil rights for minorities in the San Jose area.

Lach is the executive director of Hathaway Home for children.

Namkung, the executive director of Rural Human Services, Inc., founded the nonprofit organization in June 1983 to expand and enhance social services

in Del Norte County. During the following 18-month period, he increased funding for county programs by \$1.7 million, added 10 new jobs and established a pool of more than 50 volunteers. For 11 months, he served as the chief administrator without pay.

From the Coasts

**AOA Chooses
Two Members**

JEWELLE TAYLOR GIBBS and JELAINÉ B. PINDERHUGHES, NASW members from opposite coasts, were elected as directors of the American Orthopsychiatric Association during the organization's April 23 annual meeting.

A 12-year member of AOA, Gibbs is an acting associate professor at the University of California at Berkeley's School of Social Welfare. She is also a clinical psychologist in private practice counseling adolescents and families.

Pinderhughes is an associate professor at the School of Social Work at Boston College.

From D.C.

**Interim CSWE
Head Named**

DIANE BERNARD, an educator at Virginia Commonwealth University, assumed the duties of interim executive director of the Council on Social Work Education at the end of May.

She will continue to serve in that capacity until December 31, or until a permanent director is selected.

CARL SCOTT, CSWE associate executive director, who is leaving the council, was feted at a reception June 9. He is moving to New York after 17 years as a CSWE staff member.

Scott proved his leadership ability both as acting executive director and in developing and maintaining the Ethnic Minority Doctoral Fellowship Program which has supported doctoral social work education for nearly 200 students since its inception in 1974. The fellowship program recently received funding from the National Institute of Mental Health for another five-year period.

CHAPTER ROUNDUP

CHANGE OF SCENERY — Dave Dempsey, executive director of NASW's Missouri Chapter, was hired as the director of the association's Pennsylvania Chapter. He decided to apply for the position because "it presented the opportunity of working in a very large chapter, and it gives me the chance to live in the eastern part of the country, a new experience for me." A 1970 graduate of Wayne State University in Detroit, Dempsey has been with the Missouri Chapter since 1980. From 1977 until 1980, he was employed by the Washington State Chapter.

EVERYTHING YOU WANTED TO KNOW — Harvey Gochros of the University of Hawaii School of Social Work led the Florida Chapter's workshops on "What's New in Sex" June 13-14 in Tampa and Miami. A total of 150 people attended both one-day programs. The workshops explored changing perceptions of sexual well-being and sexual problems within the context of social work practice. Gochros also offered guides for interventions to prevent sexual difficulties and enhance sexual functioning. The chapter's executive director, Ethel Gilman, says Gochros "presented the material on a sensitive subject in a very professional and comfortable manner." She adds that his approach to treating sexual dysfunction and clients' concerns about sex is "innovative and eclectic."

CONFERENCE MORE THAN OK — The Oklahoma Chapter's ninth annual conference was a big success, according to executive director Lois Chiles. With more than 300 registrants, she says, the attendance "was the highest we've ever had for a conference." The program included keynote addresses by Richard A. Gardner, M.D., on psy-

chopathology; Frosty Troy, editor of the *Oklahoma Observer*; and NASW President Dorothy Harris. Members presented papers, and Mike Dover, the chapter's former executive director, was named 1985 Oklahoma Social Worker of the Year.

WRITING THE BOOK ON ALCOHOLISM — The New York City Chapter's Alcoholism Committee has released its latest book based on the chapter's alcohol-abuse institutes. *Psychosocial Issues in the Treatment of Alcoholism*, published by Haworth Press, is edited by David Cook, Shulamith Lala Ashenberg Straussner, and Christine Huff Fewell.

Members of the chapter's alcoholism publication subcommittee, chaired by Straussner, are editing a special 1986 issue of the journal *Alcoholism Treatment Quarterly*, which will include papers selected from the 16th and 17th alcoholism institutes. For information contact Straussner at: Publication Subcommittee, Alcoholism Committee, New York City Chapter, NASW, 123 West 79th Street, New York, N.Y. 10024; (212) 787-0357.

CONCERNED FOR CHILDREN — William Young, Vermont's commissioner of Social and Rehabilitation Services, gave a keynote address June 4 at the Vermont Chapter's annual meeting on child abuse. He told 40 social workers that his statewide child abuse priorities include: prevention and treatment services for adolescent sex offenders, more staff to permit more case findings, and child sexual abuse prevention. The Vermont Chapter has fo-

cused on mistreatment of children since 1979 when it sponsored its first statewide seminar on the subject. Executive Director David Ludwig says this year's meeting fostered chapter goals of "increased training of agencies and social workers to recognize potential child sex abuse, and improved social work input into government policies on this issue."

FAIREST OF THEM ALL — The Arkansas Chapter has joined that state's Fairness Council, an advocacy organization concerned with social policies and human service legislation. Other members of the council include NOW, the AFL-CIO, the Arkansas Education Association, the Urban League of Arkansas, the state's Public Health Association, and the Black Caucus. For information, contact NASW's council liaison, Lou Santa Cruz: (501) 569-3240.

PETITION FOR PEACE — A group of North Carolina social workers became in May another of NASW's many program units for nuclear disarmament. It is the first unit to receive statewide program status in the chapter, says Executive Director Marjorie Baney. She adds that the unit already has presentation time and facilities at the chapter's annual conference in October. "There is really a need to educate social workers about these peace issues in a state which has a large military base for every branch of the service," Baney notes. Chapter member and activist Elizabeth S. McKee, of Browns Summit, was recently fined \$500 by the Internal Revenue Service for filing a "frivolous" tax

return. She had claimed a "war tax credit," requesting that the money instead go to social services. The ACLU is providing her legal assistance.

MICHIGAN CONFERENCE — A plenary session led by nationally renowned author and lecturer Joy Johnson and 21 workshops were the main attractions at the Michigan Chapter's recent annual conference in Saginaw. More than 200 social workers and social work students heard such speakers as NASW Executive Director Mark Battle and former president Nancy Humphreys, director of Michigan State University's School of Social Work.

WINNING WAYS — The Alabama and West Virginia Chapters have announced their social worker and public citizen of the year awards. West Virginia lists two social work winners, since one award is posthumous. In addition, there is a correction to last month's posting of the New Jersey Chapter's public citizen. Winners are as follows:

Social Workers of the Year: *Alabama* — Pricilla Lipsom; *West Virginia* — Leota Jean Tenney (posthumous); Linda Cooper Elkinton. Public Citizens of the Year: *Alabama* — Paul Pace; *New Jersey* — State Assemblyman David Schwartz; *West Virginia* — Marnee Crimmins. Also, recent *NEWS* roundups of chapter Social Work Month activities omitted Florida Governor Bob Graham from lists of officials who signed proclamations in March. □

Revenue Shortfall Forecast

(From page 5)

corporate taxes by 22.5 percent by 1990. By 2025, if the plan were enacted and remained in force until then, individual taxes would drop by 7 percent while corporate taxes would rise by 9 percent. Currently, many corporations pay 10 percent or less of their profits in taxes, and according to CTJ, corporate taxes make up only a sixth of a percent of all income taxes.

Thus, there are grave concerns about whether the overall rise of only 9 percent in corporate taxes could really balance the 7 percent drop in individual tax receipts and keep the plan "revenue neutral," as claimed. CTJ says the Treasury acknowledges this shortfall and expects economic growth to make up for it in the short term.

"The big issue," says NASW's Hoechstetter, "is that the president's plan could result in significant revenue losses. The implication for social services funding is clear: Things would only get worse."

Revenue losses would prompt either budget cuts or a tax increase, or a combination of both, to avoid aggravating the federal deficit. House Ways and Means Committee Chairman Dan Rostenkowski (D-Ill.) said in a recent Cable News Network interview he believes it is "inevitable" that the president will ask for a tax increase. But the committee, which initiates tax legislation in Congress and will draft its own version of the reform plan, will not increase taxes and will keep its

plan revenue neutral, Rostenkowski promised.

Even if federal budget cuts and tax increases can be avoided, however, the plan puts states and localities with high income taxes of their own in a bind. Their taxes have been deductible from federal taxes on grounds that a tax should not be taxed. But the president contends that the deduction forces all taxpayers to subsidize the high-tax policies of a few states in the Northeast and Midwest, and should be repealed. Also, he says, the deduction benefits mainly the well-to-do who itemize deductions. Its elimination would raise \$40 billion in federal revenues by 1990 and is one of the few elements in the plan Reagan has said he is unwilling to compromise on.

The proposal has drawn outcries from various groups representing state and local officials, high-tax cities and states, and education groups that say it would increase state and local school costs by \$16.5 billion.

According to Hoechstetter, the repeal would bring pressure on states and localities "to reduce or at least not increase their tax levels. State and local governments are already suffering from federal budget cuts and would be hard pressed to sustain or expand their social services programs."

Likewise, groups that rely on donations prompted by the current deduction for charitable contributions charge that its proposed elimination for non-itemizers would cause charitable giving to plunge by nearly \$10 billion. Under

the president's plan, 85 percent of all taxpayers would become nonitemizers and would lose the charity deduction.

Independent Sector, an umbrella group promoting volunteerism and charity, says the plan "abandons the principle that charity should be everyone's concern and everyone's responsibility." The group also fears that making the deduction available only to itemizers could leave it vulnerable to future charges that it is a "loophole for the wealthy" and, thus, further curtailment. Independent Sector is urging its constituents to lobby for retention of the nonitemizers' charity deduction by Congress, where it says the deduction has "broad support."

How would NASW members fare under the president's plan? Although limited data and the numerous variables that affect income taxes make definitive calculations impossible, a couple of general and unauthoritative observations can be made.

According to income data provided by about one third of the membership in response to NASW's 1982 survey, the largest concentrations of respondents (not average or median numbers) had annual salaries from primary employment of \$17,500 to \$30,000 (over half of the respondents) and total household incomes of \$20,000 to \$35,000 (over a third of the respondents).

Under the plan's replacement of the current 14-bracket marginal-rate structure with brackets of 15, 25 and 35 percent, these annual salaries would be taxed at 25 percent on single returns. While some would have their

tax rate slightly increased, most would have it reduced by 1 to 5 percentage points.

For those who file jointly based on household income, those below \$29,000 would be in the 15 percent bracket, while those between \$29,000 and \$35,000 would be taxed at 25 percent. Thus, while many would have rate reductions of 3 to 7 percentage points, a substantial number would remain at 25 percent.

They would be among the 21.2 percent of all taxpayers who the White House says would see no change in their tax bills. Also, overall, 20.7 percent would have to pay more than they do now, while 58.1 percent would pay less.

Most observers think chances for passage of the president's plan, as written, are small, and many are uncertain that any tax-reform measure will be passed this year. The House Ways and Means and Senate Finance committees have begun work on their bills and are expected to continue for the rest of this year. □

ACSW Exam

THE APPLICATION deadline for the November 4 ACSW examination is **September 13, 1985**. To request an application packet, contact: ACSW, NASW, 7981 Eastern Avenue, Silver Spring, MD 20910; (301) 565-0333, or toll-free (800) 638-8799.

THE CLASSIFIEDS

NATIONWIDE

SOCIAL WORKER, MSW: Mental Health Management, Inc, a nationwide firm specializing in the management of Psychiatric and Alcoholism Inpatient Facilities has immediate openings for social workers in community hospital programs nationwide. Responsible for a wide range of patient care activities including the development and implementation of psychiatric social work assessments, treatment and discharge plans, and participation in individual and group therapy sessions. MSW/ACSW with 2 years experience in an in-patient psychiatric setting. Must be willing to relocate.

Respond with resume to Director of Recruitment, Dept SW, MENTAL HEALTH MANAGEMENT, INC, 1500 Planning Research Drive, Suite 250, McLean Va. 22102.

ALABAMA

THERAPIST: Full time position available on psychiatric/substance abuse unit. Licensed, masters degree in social work required. Minimum of 2 years work experience in psychiatric/substance abuse unit.

Apply Human Resource Department, Doctors Hospital, 1700 Center Street, Mobile 36604, (205, 438-4551). EOE

ARIZONA

2 MSW POSITIONS open in Kingman and Bullhead City, Arizona. Position in Bullhead City duties include working with substance abuse clients, salary range \$15,580-\$17,543 based on training and experience. Kingman opening duties emphasize direct services, outpatient therapy, social assessment, outreach, and consultation to a variety of community agencies & working with youth, adults and senior citizens. Salary

NASW NEWS ADVERTISING RATES INCREASE

Due to increased production costs, NASW NEWS advertising rates will increase beginning with the September 1985 issue. Display rates have not increased in three years, line rates in two years.

The new rates are:

Personnel Advertising

Line classified: \$4.10 per line. All line advertising approximately 48 characters per line.

Display: 4 column inches (minimum) — \$180.00, 6 column inches — \$255.00, 1/8 page — \$340.00, 1/4 page — \$545.00, 1/2 page — \$715.00, 3/4 page — \$1045.00, full page — \$1375.00.

Nonpersonnel advertising

Workshops/Conferences line advertising: \$6.00 per line; **Call for Papers/Information line advertising:** \$3.60 per line; **Miscellaneous line advertising:** \$6.00 per line.

Display: 4 column inches (minimum) — \$230.00, 6 column inches — \$345.00, 1/8 page — \$455.00, 1/4 page — \$725.00, 1/2 page — \$1045.00, 3/4 page — \$1375.00, full page — \$1705.00.

Dimensions: 4 column inches — 2 1/4" x 4", 6 column inches — 2 1/4" x 6", 1/8 page (horizontal) — 4 7/8" x 3 3/4", 1/4 page (vertical) — 4 7/8" x 7 1/2", 1/2 page (horizontal) — 10" x 7 1/2", 1/2 page (vertical) — 4 7/8" x 14", 3/4 page (vertical) — 10" x 11 1/4", 3/4 page (vertical) — 7 1/2" x 14", full page — 10" x 14".

Discounts for five and ten time insertions. **Advertising space in the news section is available at list price plus 25 percent.** **Deadline:** 5th of the month preceding the month of publication. The NEWS is not published in August or December.

For an advertising rate brochure write: NASW NEWS, 7981 Eastern Avenue, Silver Spring, Md. 20910.

NATIONWIDE OPPORTUNITIES

Expanding Hospital Management Group specializing in providing chemical dependency and psychiatry services is recruiting for numerous professional staff positions. Opportunities exist for experienced individuals (minimum of 3-5 years), with a Masters Degree in a mental health discipline to function as Program Directors and psychotherapists. Competitive salaries and significant advancement opportunities. Send resume and a detailed letter outlining your interest to:

Vice President of Operations
Behavioral Health System, Inc.
3838 North Belt East, S-230
Houston, Texas 77032

range \$15,580-\$17,543 based on training and experience. Both positions offer excellent fringe benefits. Send resume to Screening Committee, 1731 Mesquite, Suite 4, Lake Havasu City 86403, Attention: Clinic Coordinator. An Equal Opportunity Employer.

MSW PSYCHIATRIC SOCIAL WORKER. Position is located in Maricopa Medical Center Mental Health Annex, Phoenix, Arizona and will be available in September. Responsibilities include assessment/evaluation of acute patients; reports for court ordered treatment; psychiatric social histories. Psychiatric hospital experience required with ability to integrate work with interdisciplinary team. Starting salary \$23,088.

Send resume to Maricopa County Health Services, Personnel, PO Box 5099, Phoenix 85010.

CALIFORNIA

SOCIAL SERVICE PRACTITIONERS needed for Kern County Welfare Dept. Bilingual Spanish speaking are encouraged to apply. Immediate openings in Child Protective Services, Emergency Response Unit. Requires MSW. Salary: \$2031-\$2479 monthly (entry level), \$2178-\$2658 for candidates with 2 years experience.

Contact Kern County Personnel Dept, 1120 Golden State Avenue, Bakersfield 93301, (805, 861-2195) for application information. NOTE: An interview will be required; Kern County cannot accommodate travel

expenses.

MASTER LEVEL SOCIAL WORKER to provide outpatient therapy at Hi-Desert Mental Health Center, Barstow, Ca. Work with all age groups and situations. Stable agency with supportive, professional staff.

Send resume to Box 1275, Barstow 92311, (619, 256-0376).

REHABILITATION COORDINATOR: A Rehab Coordinator is needed for the prestigious Center of Diagnostic & Rehabilitative Medicine at Daniel Freeman Memorial Hospital. The 70 bed Rehab facility provides a full range of inpatient services including stroke/neurological head trauma, spinal cord injuries, arthritis & orthopedics. Responsibilities include program coordination & program development, marketing, & involvement with the community in addition to clinical experience in Rehab. Candidate must have skills in group process, time management & verbal & written communication. A minimum of 3 years clinical experience in Rehab is required. A master's degree in allied health is preferred.

Please direct all resumes to Joan Hoffman, Director of Client Services, 6053 Bristol Parkway, Culver City, 90230. CARONDELET REHABILITATION CENTERS OF AMERICA.

THE NEWPORT INSTITUTE FOR PSYCHOANALYTIC STUDIES is now accepting applications for 2 multidisciplinary certificate programs in advanced psychoanalytic studies. Fridays required in Orange County. Therapy and Supervision requirements filled on location of choice. Deadline September 1.

Reply to Box 8100, Newport Beach, 92658-8100, (714, 646-1017).

SOCIAL SERVICE WORKERS 10 IMMEDIATE VACANCIES throughout San Bernardino County, CA. SSW V \$1986 to \$2413 per month, SSW IV \$1846-\$2243 per month. Starting salary may be higher depending on qualifications. Cafeteria style benefit package worth \$2160 per year. A MSW or masters degree in counseling is required. Positions available in Child Protective Services and Adoptions.

Send resume to San Bernardino County Personnel Division, 157 West 5th Street, San Bernardino 92415-0440. Call Margaret Gree (714, 383-1723) for more information.

CHILD CLINICAL SOCIAL WORKER: Kaiser Santa Teresa Hospital is seeking an experienced child therapist to work with a multidisciplinary team of psychiatrists, psychologists and social workers in a HMO setting in the San Francisco Bay Area. Duties will include a wide range of out-patient services such as psychosocial evaluations, individual, play, group and family psychotherapy. Ability to take on-call rotation, including after hours coverage, and to provide consultation to medical staff is expected. Interest in working with

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- Select furniture & equipment

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NASW 1-6

young and latency age children is highly desirable. Completion of MSW degree and eligibility for California license plus appropriate out-patient or in-patient experience in psychiatric/mental health settings are required.

Send curriculum vitae and names of references to Sandra Richardson, LCSW, Chief Social Worker, Kaiser/Santa Teresa Hospital, Department of Psychiatry, 275 Hospital Parkway, Suite #375, San Jose, 95119.

FULL TIME OUTPATIENT POSITION with a HMO — Kaiser Permanente Medical Group, San Jose, CA. The position is 3/4 time in Alcohol and Drug Abuse Program and 1/4 time in Psychiatry. Must be California licensed or license eligible. The Alcohol and Drug Abuse Program is dynamically oriented with an emphasis on group work and an integration of principals of Alcoholics Anonymous. Experience and interest in the treatment of substance abuse is required. Additional responsibilities include individual therapy, family therapy and crises interventions.

Send resumes to James Taylor, Phd, Department of Psychiatry, 250 Hospital Parkway, Suite 375, San Jose, 95119. EEO/AA.

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The association reviews data on salaries of social workers and prepares salary recommendations covering all levels in the field, adjusted to regional differences. *These recommended salaries are not market averages but standards of equitable pay for professional social workers.* NASW recommended minimum salaries covering the four professional social work levels are:

Social Worker (BSW)	\$15,220
Graduate Social Worker (MSW)	\$18,990
Certified Social Worker (ACSW)	\$21,980
Social Work Fellow	\$26,660
(represents a 13 percent increase of 1979-80 recommended salaries.)	

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Employment and Grievance Tips

- Before accepting a new position, be sure to obtain a letter of appointment stating salary, duties and other pertinent information. Possession of such a letter is the applicant's assurance that the employer is bound to the terms under which the applicant was hired.
- Before accepting a new position, review the agency's personnel manual and make sure you understand its provisions.
- While employed, consider your agency's evaluation practice and compare with NASW standards. If not satisfactory, raise such questions before problems occur.
- While employed, if you believe a personnel action is not fair to you, do not delay in stating your objection and in using your agency's normal grievance process.
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Mountain States Tumor Institute, a modern oncology clinic has a position available for a Social Worker who meets these minimum requirements: Master's degree from a School of Social Work, accredited with the National Council on Social Work Education, course work and field practicum in health care, death and dying, aging or mental health is required. Individual and group counseling skills are necessary. Will be responsible for providing emotional support and psychosocial intervention by assisting patients and families with social and emotional problems associated with the diagnosis and treatment of cancer. Position is currently part-time approximately 20 hours per week however will be full-time in October. Applicant must be flexible and able to work some evenings doing house visits with our Hospice program.

The position offers excellent salary and benefits. Please send your resume to or call:

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Send vitae, letter of introduction, and references to Kaiser Foundation Health Plan, 2045 Franklin Street, Denver 80205. Attn: Personnel. EOE. M/F/H/V.

CLINICAL SOCIAL WORKER for acute medical center in Metro Denver. Major responsibilities to include case-work, groupwork and consultative services to designated medical/surgical units, as well as clinical and program coordination for our hospital-based sexual assault program. Prior experience with maternal/child services desired. MSW preferred, ACSW preferred. Competitive salary and benefits.

Vitae and salary history to Personnel, Lutheran Medical Center, 8300 West 38th Avenue, Wheat Ridge 80033.

DISTRICT OF COLUMBIA

1986-87 CONGRESSIONAL SCIENCE FELLOWSHIPS IN CHILD DEVELOPMENT: Applications invited by the Society for Research in Child Development. Open to scientists and professionals at post-doctoral level with interests in child development and public policy. Opportunity to spend 1 year as member of Congressional staff. Early- and mid-career applicants encouraged. Fellowship year begins September 1,

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Martin Memorial Hospital, a 336-bed acute care facility, has a rewarding and challenging career opportunity for a Clinical Social Worker.

The successful candidate will possess an MSW and be eligible for Florida licensure. 2 years post-master's hospital social work experience, with a geriatric focus preferred. Responsibilities include individual counseling, member of multidisciplinary team, discharge planning, case management approach, and rotation for on-call emergency room service.

We offer a competitive salary and an excellent fringe benefits package. Please send your resume to: **Pauline Crahan, Professional Recruiter, Martin Memorial Hospital, P.O. Bin 2396, Dept. NSWN, Stuart, FL 33495.** An equal opportunity employer, m/f.

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**PROGRAM DIRECTOR —
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1986. Deadline for receipt of application materials November 8, 1985.

Contact Dr. Barbara Everett, Director, Washington Liaison Office, Society for Research in Child Development, 100 North Carolina Avenue, SE, Suite 1, Washington, DC 20003. (202/543-9582).

FLORIDA

EXPERIENCED SUPERVISOR needed for statewide child welfare agency. Requires MSW and 5 years experience. Salary \$19,465-\$29,975. Can appointment above minimum.

Send resume including salary history to Kenneth R. Atkins, ACSW, Children's Home of Florida, 842 South Missouri Avenue, Lakeland 33801. EOE.

CLINICAL COORDINATOR for adolescent day treatment program. Master's degree in social work, clinical psychology or psychiatric nursing required. Minimum 3 years clinical including 1 year supervisory experience. Adolescent residential or day treatment experience preferred.

CLINICAL SOCIAL WORKER for children's outpatient program. Master's degree in social work, psychology or closely related discipline required. Minimum 1 year clinical experience with children and families.

Send resume and salary requirements to Personnel Department, Mental Health Services of South Pinellas, Inc, 4040 Central Avenue, St. Petersburg 33711. EOE.

GEORGIA

CLINICAL SOCIAL WORKER, MSW — Immediate opening. Experience in various treatment modalities in family service agency. Duties include individual, marital, and family therapy. Emphasis on working with children and families. Supervisory experience desired. Position offers a wide latitude of experience in small well-established agency — as well as experience with other agencies. Good personal policies and fringe benefits.

Contact Director, Family Counseling Center, PO Box 1825, Columbus 31903-1845, (404, 327-3238).

IDAHO

SOCIAL WORKER IDAHO — The Idaho Department of Health and Welfare is accepting applications for masters level social workers. Entry and experience required positions are available throughout the state. Positions are located in community mental health, social services, and adult/child development center programs. Licensure in Idaho will be required at time of appointment. We offer a virtually unspoiled environment and many winter and summer recreational opportunities. Annual salary for entry level MSW's is \$21,132 (increased to \$23,296 after 1 year). Experience MSW's salary range is \$23,296-\$31,241. Idaho also provides a good fringe benefit program.

For applications, contact Dept of Health and Welfare, Personnel, 450 West State Street, Boise 83720 (208, 334-4649). EOE/M/F/Hc/Vet.

ILLINOIS

SCHOOL SOCIAL WORKER — TYPE 73 CERTIFICATION REQUIRED: Unique opportunity to provide direct services to children and adolescents within a community mental health center located in beautiful rural Southern Illinois. Salary dependent upon experience.

Send resume to Union County Counseling Services, PO Box 548, Anna 62906, (618, 833-8551).

THERAPIST: MSW to provide outpatient services within a comprehensive community mental health center. Responsibilities include group, individual, family and marital therapy, crisis intervention; and consultation and education.

Send Vita to Bruce Dannenberger, Associate Direc-

tor, Mental Health Center of LaSalle County, 1000 East Norris Drive, Ottawa 61350, (815, 434-4727).

MSW wanted to work in community mental health center. Position involves work with a general outpatient caseload, providing individual, marital, family, group therapy.

Persons interested should send resumes to Barbara Baker Chapin, Community Counseling Center, Box 3246, Quincy 62305. An Equal Opportunity Employer.

EXECUTIVE DIRECTOR: Innovative, diverse, community based human service organization seeks highly skilled chief executive officer. Responsible to the Board for management of the corporation. We combine mental health, developmental disability, vocational rehabilitation, alcohol/drug abuse and youth programming into one integrated service system. Committed to market based approach so service field may be expanded. 45 staff working out of locations in Chester, Sparta, and Red Bud, Illinois. \$1.1 million budget. Accredited. Candidate must have sound knowledge and skills relevant to developing effective service delivery systems; resource development, strategic planning, and marketing; fiscal and personnel management; MIS; program evaluation; and working effectively with a Board of Directors. Requires flexibility, creativity and a strong commitment to the "community based" philosophy. At least 5 years of top level human service managerial experience required. At least 3 years of executive experience preferred. Able to possess an applicable human service practitioner license in Illinois preferred. Competitive and flexible compensation package. Excellent benefits offered.

Send resume and at least 3 references to Omer Liefer, Board President, c/o Personnel, Human Service Center, RR #1, Box 23A, Red Bud 62278. Equal Opportunity Employer.

INDIANA

CLINIC MANAGER: Immediate opening for an experienced mental health center clinician to manage our clinic located in Jasper, Indiana. We offer a lovely location in the rolling wooded hills of southern Indiana. Enjoy small town living in progressive, industrious community. Solid schools for your children and a great variety of outdoor recreation possibilities. Our staff is multi-disciplined and dedicated to a community model of mental health service delivery. A relevant master's degree with CMHC experience required. Ph.D. or ACSW with supervisory experience preferred. Excellent salary and generous benefit package.

Send resume to Personnel Coordinator, Southern Hills Counseling Center, Inc, PO Box 245, Jasper 47546.

SOCIAL WORKER: Psychiatric Services Division of community hospital offers full time position to MSW or ACSW or ACSW eligible social worker. Team approach encompassing inpatient, school and community services. Competitive salary and benefits.

Contact Steven W. Adriance, Director of Personnel Services, Howard Community Hospital, 3500 South Lafountain, Kokomo 46902. EOE M/F/H.

SOCIAL WORKER, ACSW, needed for outpatient Child and Adolescent Service. Responsibilities include individual, group, and family psychotherapy. Base salary of \$18,500 is negotiable.

Send resume to Director of Administration, Four-County Counseling Center, 1015 Michigan Avenue, Logansport 46947. EOE. M/F/V/H.

PSYCHOLOGIST (2), Ph.D. in clinical psychology, needed for assessment/psychotherapist position in (1) adult outpatient service, (2) child and adolescent outpatient service of comprehensive mental health center.

Send resume to Director of Administration, Four-County Comprehensive Mental Health Center, 1015 Michigan Avenue, Logansport 46947. EOE. M/F/V/H.

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SOCIAL WORKER, MSW, needed for psychotherapist position in adult outpatient service of comprehensive mental health center.

Send resume to Director of Administration, Four-County Comprehensive Mental Health Center, 1015 Michigan Avenue, Logansport 46947. Equal Opportunity Employer. M/F/V/H.

SUBSTANCE ABUSE THERAPIST: master's degree preferred or bachelor's degree with minimum of 2 years experience in the field of substance abuse. Must be a certified alcohol or drug counselor or eligible for immediate certification. Person will perform diagnostic evaluations and treatment for substance abuse clients.

Contact Director of Administration, Four-County Comprehensive Mental Health Center, Inc, 1015 Michigan Avenue, Logansport 46947. EOE. M/F/V/H.

EMERGENCY SERVICE COORDINATOR to provide emergency/crisis counseling in a comprehensive mental health center. Experienced ACSW or clinical Ph.D. psychologist eligible for Indiana certification minimum.

Send resume to Director of Administration, Four-County Comprehensive Mental Health Center, Inc, 1015 Michigan Avenue, Logansport 46947. EOE. M/F/V/H.

Comprehensive Mental Health Services (CMHS), an established community mental health center, is seeking experienced clinical staff to fill the following vacancies:

OUTPATIENT GENERALIST: Experienced Ph.D.'s or MSW's. Candidate must be certified or eligible for certification in the State of Indiana (or ACSW).

CONSULTATION-EDUCATION COORDINATOR: master's level clinician with demonstrated experience in community organization, providing educational workshops and consultation to other caregivers.

CASE MANAGER: BA, MA, MSW clinician with prior experience in treatment of the chronically mentally ill; previous experience in/knowledge of community support programming preferred.

INPATIENT CLINICIAN: RN, MSW, or Ph.D. Candidate must be certified or eligible for certification in the State of Indiana (or ACSW). Prior experience in an inpatient setting essential.

Competitive salaries based on training and experience with an excellent fringe benefit package. Relocation expenses provided.

Forward resumes to Personnel Department, PO Box

Medical Opportunities

Psycho-Therapist

Challenging opportunity in a progressive Department of Psychiatry for a Psycho-Therapist to provide in-patient and out-patient therapy for individuals, families and groups. Responsibilities also include some in-service training and working on the unit interdisciplinary team approach. Requirements include MSW or Master's degree in a related field and a minimum of 2 years experience in individual, marital and family therapy. Group experience helpful.

The St. Elizabeth Department of Psychiatry is an expanding department looking for the highest quality professionals. We offer an outstanding benefit package and salary commensurate with experience. To apply call or send your resume/letter in confidence to:

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**ASSOCIATE DIRECTOR FOR
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COMMUNITY COUNSELING
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Community Counseling Center is seeking an Associate Director for Clinical Services to manage agency's supervisory and clinical practice. Duties include supervisory responsibility for fifteen professional staff members and three clinical supervisors; directing educational programs related to inservice training and staff development; and interagency and community planning to bring the most effective service possible to current community problems and family life.

Candidates must have a masters degree in social work or higher graduate professional degree; as a minimum, a combination of 7 years experience in successful direct service practice, preferably related to the treatment of families, in addition to a demonstrated ability to execute supervision and administrative responsibilities; a demonstrated ability to teach a broad range of treatment modalities; and eligibility for licensure in Maine. Salary is \$24,000-\$36,000. Can appoint to \$30,000 depending on experience and ability.

Send resume and 3 letters of reference by August 2, 1985 to Henry L. Nielsen, Executive Director, Community Counseling Center, 622 Congress Street, P.O. Box 4016, Portland, Maine 04101. An Equal Opportunity Employer.

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The program provides (1) individually designed course of study, (2) advanced practicum in units of the Massachusetts General Hospital and other local health care settings, and (3) opportunities for clinical research and interdisciplinary exchange with other advanced programs at the Institute.

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Barbara Berkman, D.S.W., Director, Social Work in Health Care Program, MGH Institute of Health Professions, Massachusetts General Hospital, Boston, Massachusetts 02114, (617) 726-8006.

The MGH Institute of Health Professions admits students of any race, color and national or ethnic origin.

problems, in both inpatient and outpatient settings. We are looking for people with varied theoretical orientation since our setting fosters different disciplines and different orientations. Some of the areas we are looking for are family therapy, behavior therapy, post traumatic stress syndrome, and child and adolescent therapy. Salary commensurate with experience and training.

Apply Larry Schulman, BCSW, Clinical Administrator, West Bank Center for Psychotherapy, 4601 Patter-son Road, New Orleans 70114.

New Orleans' only university teaching hospital and referral center is interested in Social Work professionals possessing a Master's degree in Social Work. Tulane University Hospital offers a dynamic professional working atmosphere where you will have the opportunity to specialize in pediatrics, psychiatry, nephrology and med/surg. Salaries are commensurate with experience and credentials, while tuition reimbursement, medical and dental, life and disability insurances, 8 holidays and 10 vacation days are but a sample of a liberally oriented benefit package. Come and enjoy working and living in New Orleans; home of jazz, fine food, and year round fun.

If interested please send resume and salary history attention Director of Social Services, Tulane University Hospital, 1415 Tulane Avenue, New Orleans 70112. AA/EEO.

MAINE

Bath-Brunswick Area Mental Health Center, a comprehensive community mental health center providing quality professional services, has full-time positions open in both Adult and Children's outpatient departments for entry level and experienced MSW SOCIAL WORKERS. Responsibilities to include services to individuals, couples, families, and groups. Competitive salary and excellent fringe benefit package. Scenic coastal area with ready access to skiing, fishing, sailing, etc. 2 1/2 hours from Boston.

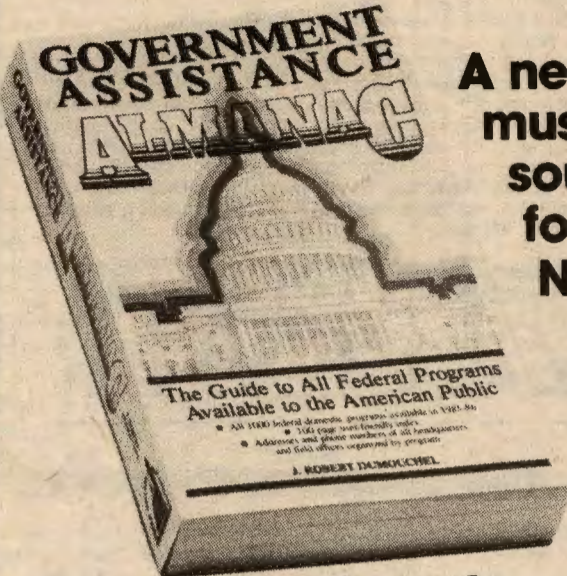
Send resume to Human Resource Manager, Bath-Brunswick Mental Health Center, 18 Pleasant Street, Brunswick 04011. Equal Opportunity Employer.

OUTPATIENT THERAPIST: Aroostook Mental Health Center located in Northern Maine has an outpatient therapist position open. Position provides an opportunity to join an interdisciplinary team in providing community-oriented mental health services. Responsibilities include providing individual, family, and group therapy; offering consultation and education/prevention services to the community; and, developing cooperative and supportive working relationships with related agencies. Applicant must have MSW in social work and be licensable in the State of Maine. Northern Maine boasts beautiful countryside, fresh air, and good country living. Area supports outdoor enthusiast with hiking, fishing, canoeing, and cross-country skiing opportunities. Aroostook Mental Health Center offers competitive salary, liberal fringe benefits, and assistance with interview and relocation expenses.

Apply by sending resume to Mr. Larry Fox, Personnel Manager, Aroostook Mental Health Center, PO Box 1018, Caribou 04736. Equal Opportunity Employer, M/F/H.

IN-HOME THERAPIST. A social work professional seeking an opportunity to help shape the development of a new program in Child and Family Services is being recruited by the Aroostook Mental Health Center in rural northern Maine. The focus of the position will be intensive, in-home family intervention to deal with crisis situations. Existing outpatient and educational programs provide follow-up services and referral network for a team approach to multi-problem families. Experience in the delivery of in-home services is desired. Applicant must have MSW and be licensable in the State of Maine. AMHC offers competitive salary, comprehensive benefit program, and assistance with interview and relocation expenses.

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Contact Tom Wannemuehler, ACSW, Community Mental Health Center, 515 Bayou Street, Vincennes 47591, (812, 886-6800). Equal Opportunity Employer.

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DIRECTOR: Progressive, comprehensive community mental health center serving 9 counties in beautiful lakes country of Northwest Iowa, seeks a competent, innovative director with at least a master's degree in human services and 3 years of administrative experience. Attractive position, salary and fringe benefits.

Send resume and applications to Search Committee, Northwest Iowa Mental Health Center, 201 East 11th Street, Spencer 51301 by July 22, 1985.

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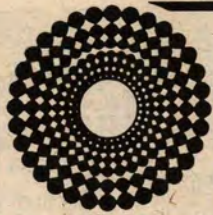
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Send resume to Leon Schein, Ed.D., CSW, Clinic Administrator, 5th Avenue Center for Counseling and Psychotherapy, 10 West 10th Street, New York 10011.

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Send resumes to Ms. Jules Tihor, 32 Washington Square West, New York 10011.

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Send letter of application, vitae and 3 references to John F. Hickey, Director, Social Work Program, Niagara University, 14109. No later than September 30, 1985. Niagara University is an Equal Opportunity Affirmative Action Employer.

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MSW OR MASTER'S LEVEL CLINICIAN: Experienced individual to work in rural community mental health clinic. Primary duties include therapeutic service to children and their families and liaison/consultative

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Send resume with references to K. Fowler-Stewart, Director, Mitchell County Program, 123 School Road, Bakersville 28705.

OHIO

SOCIAL WORK POSITION to teach beginning intermediate and several advanced courses in social work. Prefer teaching competence in policy, administration, and research but some flexibility possible. MSW or doctorate in social work and teaching experience. Rank of instructor or assistant professor, 1 year appointment with possibility of continued employment beyond 1985-86 academic year. Salary dependent upon experience and qualifications.

Send letter of application and resume to Dr. Kenneth Wildman, Chairman, Department of Psychology, Sociology and Social Work, Ohio Northern University, Ada 45810. Applications accepted until position filled. AA/EOE.

EXECUTIVE DIRECTOR: The Akron Child Guidance Center seeks an accomplished, committed and visionary individual to assume direct management responsibility for the agency's operations with a \$2 million plus budget, 100 staff and 5 branch offices. The Executive Director ensures that all services and programs are effectively managed according to Board of Trustees' policies, certification guidelines and purchase of services requirements. The minimum requirements are: a master's degree in a mental health discipline or business administration, 10 years work experience in a mental health setting with at least 5 years in management and 5 years direct supervisory experience of a minimum of 5 people. Salary is commensurate with experience. An excellent range of benefits is provided.

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to Glenn R. Campbell, Administration, Search Committee Chair, 525 East Market Street, Akron 44309. Resumes must be received by August 15, 1985.

PSYCHIATRIC SOCIAL WORKER: Opening in Aug. for therapist skilled in work with children & parents. MSW required, ACSW preferred. Salary is \$16,000 to \$22,000 depending on experience. Exceptional fringes.

Send resume to Dan Greaser, ACSW, Unit Director, Akron Child Guidance Center, 681 Canton Rd., Akron, 44312. EOE.

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Interested persons are encouraged to submit resume to Larry Fox, Personnel Manager, Aroostook Mental Health Center, PO Box 1018, Caribou 04736. Equal Opportunity Employer, M/F/H.

DIRECTOR OF COMMUNITY SUPPORT SERVICES: AMHC, a progressive mental health center in rural northern Maine, is currently seeking applicants to fill the position of Director of Community Support Services. Successful applicants will assume responsibility for development and implementation of program goals and objectives of services provided through outpatient offices, residential facilities and rehabilitative program. Applicants must hold a master's degree in social work, psychology, or related social service field. Position requires administrative, clinical program development, and supervisory experiences. The area boasts country living with exceptional outdoor recreational activities, AMHC offers competitive salary, liberal fringe benefits, and assistance with interview and relocation expenses.

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IN-PATIENT SOCIAL WORKER (MSW): A challenging and exciting career opportunity awaits the successful candidate for in-patient social worker on our 17-bed acute care psychiatric unit affiliated with The Aroostook Medical Center. Aroostook Mental Health Center, with a staff of over 100, offers a full range of services to a rural population of 100,000. Major responsibilities include individual, marital, and family assessment and counseling and the development and coordination of discharge planning. As a member of our interdisciplinary team, you will have an opportunity to make a significant contribution and experience professional growth and satisfaction. The position offers developmental potential as our unit expands from 10 to 17 beds. Requirements include a masters' degree in social work and licensability in the State of Maine. Previous inpatient and substance abuse experience is desirable. AMHC offers competitive salary, liberal fringe benefits and excellent opportunities for growth. Assistance with interview and relocation expenses is available.

Forward resumes to Larry Fox, Personnel Manager, Aroostook Mental Health Center, PO Box 1018, Caribou 04736. Equal Opportunity Employer, M/F/H.

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CLINICAL SOCIAL WORKER (MSW): Community Health Center in Boston's Chinatown is seeking a social worker who is fluent in Chinese to work with predominantly Asian population. Experience with mothers and children preferred.

Resumes to Personnel, South Cove Community Health Center, 885 Washington Street, Boston 02111.

MICHIGAN

CLINICAL SOCIAL WORKERS: Part-time and full-time positions.

Send resume to Richard Berman, ACSW, Ph.D., Lapeer County CMHC, 1575 Suncrest Drive, Lapeer 48446.

MENTAL HEALTH CENTER: Full-time and part-time outpatient clinician positions available in progressive CMHC. Master degrees preferred. Competitive salaries, excellent fringe benefits.

Contact Richard I. Berman, Ph.D., Director, Lapeer County Community Mental Health, 1575 Suncrest Drive, Lapeer 48446, (313, 667-0500).

MINNESOTA

CLINICAL SOCIAL WORKER — Community mental health center 1 hour north of Minneapolis/St. Paul seeking clinical social worker with behavioral skills to provide individual/family/group therapy to general outpatient mental health clientele (80% time) and direct service, consultation and advocacy for mentally retarded clientele (20% time). Must have ACSW and 2 years post masters experience. Salary and benefits competitive.

Send resume and 3 letters of reference to Gail Jackson, Director, Five County Mental Health Center, PO Box 287, Braham 55006, (612, 396-3333).

ACSW PSYCHIATRIC SOCIAL WORKER: Director mental health branch clinic Northwestern Minnesota, near lake country. Proven skills and training to provide outpatient mental health services to generic population (80% time) administrative responsibilities (20% time). Must have ACSW and 2 years previous mental health experience. Salary and benefits competitive. Fun-Good staff.

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ston 56716, (218, 281-3940).

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Please send resume and salary requirements to Dennis L. Fitzgerald, Employment Supervisor, St. John's Regional Medical Center, 2727 McClelland Boulevard, Joplin 64801.

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Contact Personnel Analyst, Nevada State Hospital, Nevada 64772, (417, 667-7833, Ext 425). Equal Opportunity Employer.

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Send resume to Chairperson, Search Committee, the Deaconess Home, 500 South Lamborn, Helena 59601.

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- Society of Clinical Social Work Psychotherapists

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BASIC WORKSHOP OUTLINE FIRST DAY:

Orientation
 Facilitating rapport
 Pacing and leading techniques
 Myths and realities of hypnosis
 Indications and contraindications
 Demonstration of relaxation and stress control techniques
 Demonstration of traditional induction
 Deepening methods
 Introduction to hypnotic phenomena
 Supervised practicum
 Discussion.

BASIC WORKSHOP OUTLINE SECOND DAY:

Ericksonian approaches to hypnosis and therapy
 Demonstration of indirect and naturalistic methods of induction
 Self hypnosis
 Utilization of trance
 The use of hypnosis in individual, group, marital and family therapy, including applications to such issues as: smoking, weight control, pediatrics, stuttering, sexual dysfunction, phobias and ego strengthening, insomnia, pain control, drug and alcohol abuse
 Group hypnosis
 Supervised practicum
 Case discussion

INTERMEDIATE WORKSHOP OUTLINE: DAY 1

Prerequisite: The Basic Workshop or its equivalent.
 Ericksonian approaches to hypnosis and therapy (continued)
 The structure of the therapeutic trance
 Demonstration of non verbal inductions
 Use of confusion techniques
 Management of the resistant client
 Demonstration of dissociation & related phenomena within the therapeutic approach
 Reframing
 Supervised practicum
 Case discussion from the participant's practice.

INTERMEDIATE WORKSHOP OUTLINE: DAY 2

Prerequisite: Intermediate Workshop or equivalent.
 Strategic hypnosis
 Use of hypnosis in pain control and pediatrics
 Utilization of various hypnotic phenomena such as: time distortion, regression and progression, amnesia and catalepsy to therapeutic outcome
 Paradox
 Utilization of deep trance
 Metaphor as communication
 Case seminar from the participant's practice
 Videotape presentation of Erickson's work from the 1950's and the 1970's (optional)
 Supervised practicum
 Discussion

ADVANCED WORKSHOP (2 DAYS)

This program, averaging 15 participants will focus on strategic applications in hypnotherapy. Through the use of intensive supervised practice, demonstration and experiential exercises, the participants will develop advanced working applications in the elicitation and utilization of trance phenomena in areas of their specific concern such as metaphor, pain management, and habit control.

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for 2 days:	\$160.00
for 1 day:	\$100.00

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GROUP DISCOUNT: Group applications, when accompanied by full tuition are subject to discounts as follows: for 4 or more persons, 10%; for 8 or more, 20%.

MAXIMUM DISCOUNT: 35%

DEPOSIT: A \$50.00 deposit will guarantee reservations at any workshop(s).

CANCELLATION POLICY: Deposits and fees are refundable in full less a \$25.00 service fee when request for refund is made at least fourteen days in advance of workshop; thereafter balances will be applied to any other workshop within twelve months.

TAX DEDUCTION: An income tax deduction is allowed for educational expenses (including tuition, travel, meals and lodging) undertaken to maintain and improve professional skills. (See Treasury Regulation 1.162-5).

CERTIFICATE: A certificate will be given to those who complete the workshop.

CEU'S: Approved NASW

BASIC WORKSHOP

July 19, 20
 July 19, 20
 July 19, 20
 July 26, 27
 Aug. 2, 3
 Aug. 2, 3
 Aug. 2, 3
 Aug. 9, 10
 Aug. 9, 10
 Aug. 9, 10
 Aug. 23, 24
 Sept. 20, 21
 Sept. 20, 21
 Sept. 20, 21
 Sept. 27, 28
 Sept. 27, 28
 Sept. 27, 28
 Oct. 4, 5
 Oct. 4, 5
 Oct. 4, 5
 Oct. 4, 5
 Oct. 18, 19
 Oct. 18, 19
 Oct. 25, 26
 Oct. 25, 26
 Oct. 25, 26
 Oct. 25, 26
 Nov. 1, 2
 Nov. 1, 2
 Nov. 1, 2
 Nov. 1, 2
 Nov. 15, 16
 Nov. 15, 16
 Nov. 15, 16
 Dec. 6, 7
 Dec. 6, 7
 Dec. 6, 7
 Dec. 6, 7
 Jan. 17, 18
 Jan. TBA

INTERMEDIATE WORKSHOP

July 21, 22
 July 21, 22
 July 21, 22
 July 28, 29
 Aug. 4, 5
 Aug. 4, 5
 Aug. 4, 5
 Aug. 11, 12
 Aug. 11, 12
 Aug. 25, 26
 Sept. 22, 23
 Sept. 22, 23
 Sept. 22, 23
 Sept. 22, 23
 Sept. 29, 30
 Sept. 29, 30
 Sept. 29, 30
 Oct. 6, 7
 Oct. 6, 7
 Oct. 6, 7
 Oct. 6, 7
 Oct. 20, 21
 Oct. 20, 21
 Oct. 27, 28
 Oct. 27, 28
 Oct. 27, 28
 Oct. 27, 28
 Nov. 3, 4
 Nov. 3, 4
 Nov. 3, 4
 Nov. 3, 4
 Nov. 17, 18
 Nov. 17, 18
 Nov. 17, 18
 Dec. 8, 9
 Dec. 8, 9
 Dec. 8, 9
 Dec. 8, 9
 Jan. 19, 20
 Jan. TBA

ADVANCED WORKSHOP

Nov. 2, 3
 Nov. 10, 11
 Nov. 2, 3
 Nov. 10, 11
 Aug. 10, 11
 Aug. 24, 25
 Sept. 21, 22
 Nov. 1, 2
 Nov. 2, 3
 Nov. 16, 17
 Jan. 25, 26
 Dec. 7, 8

Applications should be accompanied by name, degree, address, home and office telephone, workshop location and dates. Mail to Anthony Gaito, ACSW, ASSOCIATE TRAINERS IN CLINICAL HYPNOSIS, 567 SPLIT ROCK ROAD, SYOSSET, NY 11791 (516) 922-2926.

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- Implement and direct a Social Rehabilitation Program.
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Conemaugh Valley Memorial Hospital
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and administration curriculum area. Appointment as early as January 1986 or a mutually agreed upon starting date. Associate Professor: MSW, doctorate in social work, at least 2 years post-MSW practice experience and 4 years full-time teaching experience required. Applicants must demonstrate strong research ability and a substantial record of publication. Interest and experience in the international field of human services highly desirable. Responsibilities include teaching social policy at the Ph.D., MSW and undergraduate levels and planning or administration at the graduate level; continued research and publication; advising students; and liaison work with graduate students in planning/administration. Salary competitive. Excellent fringe benefits in an outstanding university and community setting. College offers BSSW, MSW and Ph.D. degrees. Women and minorities encouraged to apply. Closing date: September 3, 1985.

Send letter of application, curriculum vita and 3 letters of reference to Faculty Development Committee, c/o Dr. Gwendolyn Gilbert, Associate Dean, College of Social Work, The Ohio State University, 1947 College Road, Columbus 43210-1162. An Equal Opportunity/Affirmative Action Employer.

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- Christopher Fairburn, M.D.
- David Garner, Ph.D.
- Amy Enright, M.A.
- Randy Sansone, M.D.
- Craig Johnson, Ph.D.
- James Mitchell, M.D.
- Ruth Striegel-Moore, Ph.D.
- Walter Kaye, M.D.

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Interested persons are encouraged to submit their resume or to contact Donald Miller, Executive Director, Shawnee MHC, Inc, 2203 25th Street, Portsmouth 45662, (614, 354-7702). An Equal Opportunity Employer. M/F/H.

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For information write Beverly Duffield, ACSW, Internship Program, Tulsa Psychiatric Center, 1620 East 12th Street, Tulsa 74120.

OREGON

CLINICAL SOCIAL WORKER — Must have ACSW, RGSW eligible. General out-patient caseload in community mental health center. Supervision of 2nd year social work students within multidisciplinary training program. New ACSW preferred. Variety of treatment approaches used. Minimum salary \$22,000. Good benefit package.

Dealunay Mental Health Center, 5215 North Lombard Street, Portland 97203. Resumes, including references, please, postmarked by July 15th. EOE.

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MENTAL HEALTH OUT-PATIENT THERAPIST — Candidate selected will provide therapy to individuals, couples and groups. This position offers an opportunity for some community projects. This is a dynamic, financially stable, comprehensive community mental health center which is located in beautiful central Pennsylvania Allegheny mountains. We provide the opportunity for professional growth by working with an advanced degreed clinical team. Position requires an

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Send resume or call Mrs. Trev McCracken, Employment Coordinator, THE ALTOONA HOSPITAL, Howard Avenue & 7th Street, Altoona 16603, (814, 946-2201) An Equal Opportunity Employer. M/F/H.

SOUTH CAROLINA

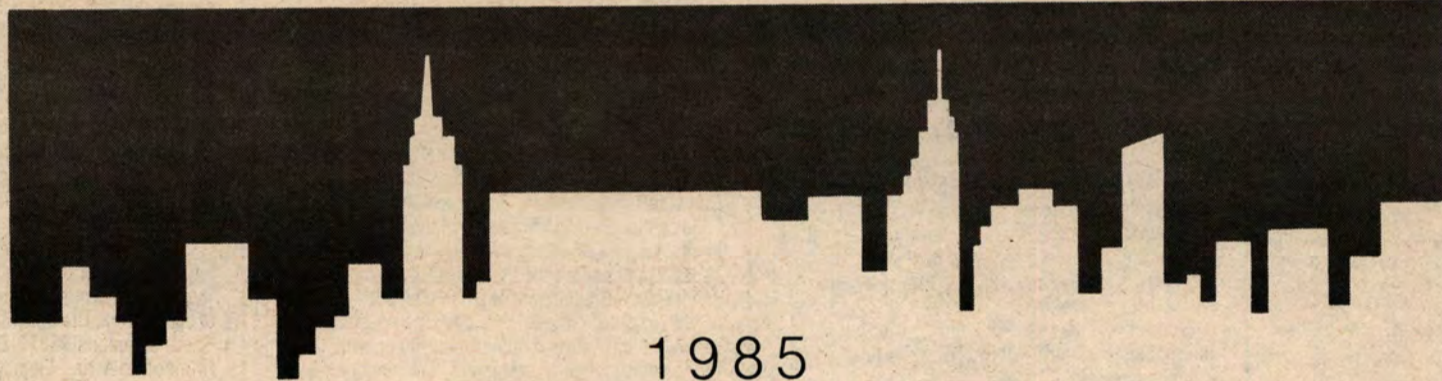
CLINICAL SOCIAL WORKER, MSW — Immediate openings. Four CASE MANAGERS needed to carry small caseloads of chronic mentally ill patients who are at a high risk for hospitalization. Positions located in satellite offices at Hartsville and Marion. Also, OUTPATIENT THERAPIST positions open at Hartsville and Florence. Center is committed to community treatment model. Services are being expanded to elderly, adults, children, and chronic mentally ill populations.

For further information and application write to

Lorraine Kendall, Pee Dee Mental Health Center, 2100 West Lucas Street, Florence 29501, (803, 662-1401). EOE.

GREENVILLE HOSPITAL SYSTEM DIRECTOR, SOCIAL SERVICES: Challenging opportunity is available for a Director, Social Services, major responsibilities would include services at 2 medical facilities; Roger C. Peace Rehabilitation Hospital-36 beds, and Marshall I. Pickens Hospital-68 bed Psychiatric Hospital. Will be responsible for supervising 8 social workers. Ideal candidate should have a masters degree from an accredited school of social work and certification by the Academy of Certified Social Workers. A minimum of 4 years experience in a rehabilitation or psychiatric setting with at least 2 years supervisory and administration responsibility. Competitive salary and benefits package.

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SUBSTANCE ABUSE THERAPIST: A multidisciplinary Mental Health Center is seeking an MSW with training and/or experience in the substance abuse field. Experience working with children and adolescents is desired. Position provides an opportunity to join an interdisciplinary team in providing community-oriented mental health services. Salary: DOE. Excellent fringes.

Send resume to Carole Grindy, Northeastern Mental Health Center, Box 550, Aberdeen 57401.

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PROGRAM DIRECTOR for branch office of comprehensive mental health center in the beautiful Black Hills of South Dakota. Center seeks a Ph.D. psychologist or MSW with at least 5 years of combined clinical and administrative experience. Responsibilities include community relations, supervision, program and resource management, as well as providing a broad range of services to individuals and groups of all ages. Center has a budget of \$1.4 million. Position is located in Hot Springs, S.D. 50 miles south of the main office in Rapid City. Area well known for skiing, hunting and fishing. Salary depends on experience and qualifications.

Please apply to David J. Marx, Ph.D., Executive Director, West River Mental Health Center, 350 Elk Street, Rapid City 57701 Equal Opportunity Affirmative Action Employer.

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preferred with experience in ind., grp., & family therapy required. Position available June, 1985 as case manager and ind., grp., & family psychotherapist in innovative, multidisciplinary child and adolescent day treatment program affiliates with U. of TN. Div. of Child Psychiatry. Opportunities for research activities, supervision of interns and policy development. Competitive salary with excellent fringes.

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Call or write for more information to Professional Staffing Manager, FHP/Utah, 323 South 600 East, Salt Lake City 84102, (801 355-1234 ext.453).

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Contact by resume Personnel, Rutland Mental Health Services, Inc, PO Box 222, Rutland 05701. Equal Opportunity Employer.

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Send resume and references to Veda Lyon, Human Resources Manager, Rutland Mental Health Services, Inc. PO Box 222, Rutland 05701. Equal Opportunity

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DIRECTOR, UPWARD BOUND/TALENT SEARCH: seeking a Director for the Virginia Polytechnic Institute and State University, Upward Bound/Talent Search Program. Experience required in proposal writing, program evaluation and contract management. Applicant must demonstrate ability in supervising personnel and have experience in counseling and educational programs for disadvantaged youths. Should be able to serve as liaison between the program and university and broader community. Minimum of a masters degree required, preferably in a social science, counseling, social work or education. Director will administer \$1/4 million annual budget; 5 fulltime staff and additional part-time tutors and counselors. This position is a non-academic, non-tenure track position of the instructor level starting in the fall of 1985. Salary range \$22,000-\$24,000.

Submit resume and names of 3 references to Dr. George Blume, Chair, UB/TS Search Committee, Department of Sociology, Virginia Tech, Blacksburg 24061. Only applications received or postmarked on or before July 15, will be considered. An Equal Opportunity, Affirmative Action Employer.

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ence preferred.) Starting salary range: \$23,556-27,113 (full salary range: \$23,556-35,921). Deadline for receipt of completed Henrico County application forms is Friday, August 2, 1985.

Application forms are available from the Henrico County Personnel Office, PO Box 27032, Richmond, 23273. Resumes/vitae submitted without the required application form will not be accepted. For application or further information call (804, 747-4628). EOE.

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Send resume and 3 references to Executive Director, Asotin County Mental Health Center, 900 Seventh Street, Clarkston 99403, (509, 758-3341). EOE.

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— Attachment: the therapist's experience. Contact Lee Blackwell, 16052 Beach Blvd., Suite 228, Huntington Beach, CA 92647.

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Dr. Richard A. Gardner, who has had extensive experience with custody litigation, strongly believes that mental health professionals should avoid (whenever possible) serving courts as an advocate in custody litigation. Rather, he holds that examiners serve better as impartial, having free access to all information from both sides. In this book he describes in great depth the ways in which examiners can conduct impartial custody evaluations. Detailed descriptions are provided of how the evaluator can best interview the parents, the children, and other pertinent parties (both individually and in various combinations). The criteria that one can use to make a meaningful recommendation are discussed in great detail. Methods for writing the final report and testifying in court are also described. For most mental health professionals the courtroom is foreign territory. Even the most experienced examiners may be fearful of cross-examination. One of the aims of this book is to enable mental health professionals to conduct the kinds of custody evaluations that will enable them to testify in court with expertise and confidence.

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—NEW YORK, TUESDAY, APRIL 30, 1985—

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Social Workers Vault Into a Leading Role In Psychotherapy

Psychiatrists and psychologists defend territory as competition increases.

By DANIEL GOLEMAN

A QUIET revolution is going on in psychotherapy. As a result, by far the largest portion of the nation's therapy is now done by nonmedical professionals.

Psychiatrists, who are medically trained, find themselves increasingly limited to the most severe mental disorders.

"Because of the plethora of nonmedical therapists, psychiatrists are increasingly being pushed into treating the more severely ill," Dr. Melvin Sabshin, medical director of the American Psychiatric Association, said. "And the competition will continue to become more intense as time goes on."

The revolution is reflected in the numbers showing a radical shift in the proportions of therapists belonging to each of the camps.

The three major groups offering psychotherapy are psychiatrists, psychologists and social workers. They are joined by a mix of other professions such as clergymen and a significant number of nonpsychiatric doctors who also deal with emotional problems.

But the new shift is most pronounced in the comparison between psychiatrists and social workers. Ten years ago, for example, there were about as many psychiatrists as social workers offering psychotherapy, while today social workers outnumber psychiatrists two to one. Moreover, although social workers provide the bulk of therapy in institutions, growing numbers are treating more affluent, private clients, thus moving into the traditional preserve of the elite psychiatrists and clinical psychologists, as well.

The social workers, in turn, are being challenged by a new category of therapist specializing in the treatment of troubled family and marital relationships. This new category of therapists may be the fastest-growing of all: in California, for example, there are now close to 16,000 of these marriage and family counselors, as they are called there — almost a threefold increase in the last decade.

A benefit growing out of the competition is more accessible therapy in a wider range of prices and techniques. The net result, although firm figures are elusive, is that a great many more people are offering and seeking therapy than ever before.

Some observers worry about the dangers of these trends. If psychiatrists receive training mainly in the medical aspects of their discipline, they may become less adept at talking therapies, while nonmedical therapists, particularly those with less rigorous training, may misdiagnose — and thus neglect — underlying biological aspects of certain mental problems.

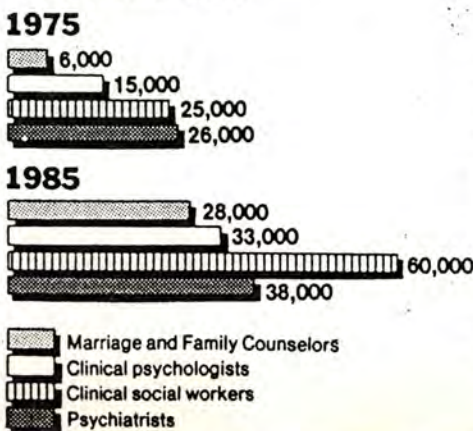
In either case patients may be victimized by incompetence or insensitivity. These fears, along with the more general worry about the dilution of the quality of therapy offered, have been voiced for years, but are now exacerbated by the accelerated growth among nonmedical practitioners, a growth so explosive that it now redefines entirely the choices of therapist available to patients.

The new trend has touched off territorial disputes among therapists. For instance, in several states psychiatrists have opposed the creation of state licenses for social workers and for marriage and family counselors.

The therapy wars extend to other issues. On one front, for example, a group of psychologists are suing several psychoanalytic organizations for trying to restrict psychoanalytic training to those with medical degrees.

And in general, as each new kind of therapist has emerged, the older ones have consistently opposed it. Thus

Estimated rate of growth among the main professional categories of psychotherapists



The New York Times/April 30, 1985

many psychiatrists, who are medical doctors, assert that for some disorders only they can offer a complete therapy, since none of the other kinds of therapists can prescribe drugs.

Some clinical psychologists, who have doctorates, in turn look down on clinical social workers and marriage and family counselors as being undertrained. And social workers oppose recent Federal attempts to allow non-credentialed employees to perform psychological services now provided by social workers in many hospitals.

"From my perspective," said Dr. Sabshin of the American Psychiatric Association, "the psychiatrist is the more competent to treat mental disorder — more competent than other physicians, and more competent than nonmedical therapists."

"It's a question of turf," said Ray Hamilton, a spokesman for the National Association of Social Workers. "Whenever a new mental health profession vies for payments, it cuts down the number who can get that same therapy dollar."

Trends in Recent Decades

The trends over the last decade are striking. They include these developments:

1. Psychiatry, which once accounted for the largest single group of psychotherapists, has seen a sharp decrease in those joining its ranks in recent years. In the last 10 years it grew only by a third while other groups were doubling or growing even faster. While in 1975 there were 26,000 psychiatrists, there are now 38,000, according to estimates by the American Psychiatric Association.

2. Clinical psychologists have doubled their ranks over the same period. While there were an estimated 15,000 clinical psychologists in 1975, today they number approximately 33,000, the association says.

3. The growth in numbers of social workers who offer psychotherapy is even greater. A decade ago, according to the National Association of Social Workers, 25,000 were engaged in therapy; this year there are 60,000. While many of them work in mental health clinics, a growing number are in private practice. The proportion of clinical social workers receiving \$20,000 a year or more from private practice, according to one survey, is 82 percent. Fifteen percent earn \$60,000 or more from private practice.

4. The field of marriage and family counselors has shown the most explo-

sive growth of all. While before 1964 no state recognized them, and today no more than nine do, there are by some estimates at least 28,000 marriage and family counselors in practice, and perhaps far more. No one knows their exact number, because in most states there is no such license, although they are generally free to practice nevertheless.

Issue of Who Is a Therapist

The difficulty in estimating the precise number of marriage and family therapists points to another dimension of the territorial disputes between professions: the issue of exactly who is and is not a therapist.

The regulations vary widely from state to state. In many states virtually anyone can offer psychotherapy, although they may not be officially recognized or regulated by the state, and may be ineligible for reimbursement from insurance companies.

And while the licensing of a given profession, such as social workers or marriage and family counselors, is often the focus of ferocious infighting, all but the most adamant of psychotherapists will acknowledge that the competence of a given therapist depends more on his training, experience and innate ability than on his academic credentials or license.

The differences between professions can be bewildering to the layman. A psychiatrist is a medical doctor who has specialized in the treatment of mental disorders. A clinical psychologist has a doctorate in psychology and has been trained in clinical diagnosis and therapy.

A clinical social worker has earned a masters degree, and sometimes a doctorate, in social work, and then received advanced training in psychotherapy. And a marriage and family counselor, has typically received a special masters degree in psychology, plus further training — often rigorous — as a therapist.

Part of the confusion between the professions stems from the fact that, once they have been trained, what they actually do as therapists can be identical.

One of the few firm distinctions among the kinds of therapy offered by each profession involves the use of drugs. Among psychotherapists, only psychiatrists, being physicians, can prescribe drugs for mental disorders.

"I'd recommend patients see a psychiatrist for a diagnosis first," said Mortimer Ostow, a psychiatrist and authority on drug treatment in psychotherapy. "It's not that other professionals can't diagnose. But a psychiatrist is best suited to determine whether a patient should have treatment with drugs, rather than or along with psychotherapy, and to carry it out if that is the case. If it is not, then he can be referred to any other therapist who might be appropriate."

Therapists who are not psychiatrists sometimes circumvent the barrier to their prescribing drugs through an alliance with a psychiatrist or other physician who will do so on their behalf. While that practice is fairly widespread, some frown on it.

There is, moreover, much disagreement over exactly which conditions require drug treatment. Therapists who are not psychiatrists often charge that psychiatrists and other physicians are too free in prescribing drugs in cases when a talking therapy would be as effective, or even more so. Some psychiatrists, on the other hand, contend nonpsychiatrists often do not recognize cases when drugs should be the treatment of choice.

Another arena in which the need for medical training is an issue involves psychoanalysis. It is possible to train as an analyst in a number of settings, but what some see as the most prestigious psychoanalytic institutes and

'Freud himself said psychoanalysis is not a medical specialty.'

organizations generally admit only those with a medical degree. That fact has prompted a lawsuit against several psychoanalytic groups. The suit, filed several weeks ago, is on behalf of psychologists who have been refused admission for training.

"We are arguing that there is no reason psychologists should be ex-

cluded from psychoanalytic training," said Gary Vanderbos, a spokesman for the American Psychological Association, which joined with other groups in filing the suits. "After all, Freud himself said psychoanalysis is not a medical specialty, that it has more to do with psychology than medicine."

Psychiatry finds itself in a price war with other therapy professions. "When it comes to psychotherapy without drugs, nonmedically trained therapists can be a great bargain," Dr. Ostow said.

The national median fee for psychiatrists in private practice is estimated to be \$90 a session. In contrast, clinical psychologists average \$65 a session and social workers average \$50. Some social workers or marriage and family counselors will see clients for as little as \$25 or \$30 a session.

There is no necessary connection, many experts say, between the fee charged for therapy and the quality of therapy offered. "Fees don't reflect training or competence — they reflect popularity," Dr. Ostow said. "I know some psychiatrists who are not so competent as psychotherapists, and some nonpsychiatrists who are very competent. But therapists cover a huge range, from the first-rate to someone who goes to one of the less reputable institutes for a few months and hangs out a therapy shingle."

Psychologists find themselves fighting other battles. Psychology led the way for other nonmedical psychotherapists in getting states to license their profession, a prerequisite for persuading insurance companies to reimburse psychologists for psychotherapy. The majority of payments for private psychotherapy are not from the patient, but from third parties, such as insurance companies or the armed forces.

"Psychologists are licensed in every state, but it's still a battle to get insurance companies to reimburse psychologists for therapy," Dr. Vanderbos said.

Dr. Vanderbos said 40 states now have "freedom of choice" laws that require insurance companies to reimburse psychologists for therapy if patients prefer them to psychiatrists. The psychological association is lobbying for similar laws in those states that do not have such laws.

Social workers are following in the psychologists' footsteps, but are meeting with more opposition, both from insurance companies and psychiatrists. Social work associations have managed to get laws passed in 35 states licensing social workers, but have persuaded only 14 to pass laws requiring insurers to reimburse social workers for psychotherapy.

New York is one place that recently passed a law requiring insurance companies to reimburse social workers for therapy; psychiatrists opposed the law. "One reason the New York State Psychiatric Association opposed the law," said Edward Hanin, vice president of the association, "is that there is only a limited pool of insurance money available for treating people with mental disorders. Insurance coverage for treating mental illness is generally horrendous, relative to other disorders. In expanding coverage to groups like social workers, who treat patients who are less seriously ill, it would dilute what is available to those who have more serious need for treatment."

Marriage and family counselors have managed to get state licensing or certification in only nine states, including New Jersey and Connecticut. Just one of these states, California, requires insurance companies to reimburse them for therapy. "Similar laws in other states have been opposed by both psychiatrists and psychologists," said Richard Leslie, legal counsel for the California association of marriage and family counselors.

Much of the heat among the psychotherapy professions is at the organizational level. "At the local level the rivalries are virtually nonexistent," said Dr. Vanderbos of the psychological association. "Day-to-day and person-to-person therapists treat each other with all due respect as colleagues, despite differences in profession. But when many of these same therapists act as members of their professional organizations, they bring out the knives. Then it's us against them."

APR 1985

NATIONAL ASSOCIATION OF SOCIAL WORKERS, INC.
7981 Eastern Avenue, Silver Spring, MD 20910 (301) 565-0333



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April 25, 1985

Ms. Linda Chavez
Director of Public Liaison
The White House
1600 Pennsylvania Ave N.W.
Washington, DC 20500

Dear Ms. Chavez:

I write to congratulate you on your appointment as White House director of public liaison and to introduce myself as a representative of the National Association of Social Workers, a professional association of 100,000 members.

Your work as staff director of the U.S. Commission on Civil Rights was notable for the energy you brought to the job and for the strength of your convictions. I am certain that you will bring those same qualities to the office of public liaison.

Although members of the social work profession have disagreed with a number of the policies of the President and his Administration, we nonetheless believe that a line of communication between your office and our's might prove productive. We therefore respectfully ask that you work with us to keep that line open.

At your convenience, we would welcome a meeting with you to discuss our mutual interests. We will await your reply. Meanwhile, if we can be of assistance to you in some way, please contact us. Again, congratulations.

Sincerely,

Rae M. Hamilton
Director of Public Affairs

THE WHITE HOUSE

WASHINGTON

May 9, 1985

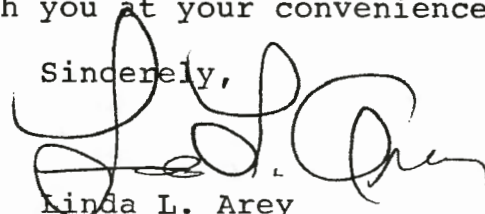
Dear Ms. Hamilton:

Linda Chavez has asked me to thank you for your kind letter and your warm words of congratulations on her recent appointment. She particularly appreciates your comments regarding her work as Executive Director of the U. S. Commission on Civil Rights.

We welcome communications between your office and ours and agree that such a dialogue might prove productive. On a personal note, in 1977, as Director of the Mental Health Legal Studies Center at University of Richmond, I worked very closely with some of your members in my efforts to inform lawyers, judges, and mental health professionals regarding legal requirements in civil commitment proceedings. In addition, we worked together to design and implement a cooperative program between the School of Social Work of Virginia Commonwealth University and the University of Richmond Law School whereby a few highly motivated students could obtain a J.D. and an MSW in 3½ years. As you can no doubt tell, I consider my prior association with your members both enjoyable and fruitful.

I would be happy to meet with you at your convenience.

Sincerely,



Linda L. Arey
Special Assistant to the President
and Deputy Director for Public
Liaison

Ms. Rae M. Hamilton
Director of Public Affairs
National Association of Social
Workers, Inc.
7981 Eastern Avenue
Silver Spring, Maryland 20910

The Boston Globe

FRIDAY, MAY 31, 1985

By Judy Foreman
Globe Staff

Fifteen years ago, few companies felt it was a corporate responsibility to worry about an employee's mental health, marital distress or drinking problems. Those issues, the philosophy went, were private and should be kept so, at least as long as the employee kept showing up for work.

By 1979, however, more than 5500 corporations had set up so-called Employee Assistance Programs precisely to address such seemingly off-the-job issues.

And since then, said Boston University social work researcher Bard Googins at a National Assn. of Social Workers conference yesterday, that number has more than doubled. The reason, he said, is the growing recognition in corporate America that many workers arrive each day so preoccupied by personal problems they can't put in a solid day's work.

According to data from the National Institute on Alcohol Abuse and Alcoholism, one worker in 10 has an alcohol abuse problem, a spokesman for the institute said yesterday in a telephone interview.

Overall, two workers in 10 suffer from either alcohol abuse, drug abuse or some form of mental illness.

According to 1983 estimates from the Research Triangle Institute, the combined cost to society of lost productivity of these troubled workers is \$102.9 billion a year.

Despite those dollars and cents concerns, however, a panel of occupational social workers from some of the nation's largest companies yesterday said that altruism, as much as the bottom line, has propelled corporations to care more about how their employees feel during the working day.

That increased caring, they acknowledged, also pays off.

One study of 500 workers in the central region headquarters of AT&T Network Systems in Illinois found that getting troubled employees into treatment, particularly those with

alcohol problems, caused a drop in their absenteeism rate from an average of 18 days a year to seven days a year, below the company's national norm. The study was done by social worker William R. Schleicher, employee assistance program coordinator, who added that each day lost to absenteeism costs the company about \$120.

A Minnesota study similarly cited by another researcher found that a group of 15,000 persons with chemical dependency problems had five times the normal rate of absenteeism from their jobs; but within a year of referral to appropriate treatment programs, this rate was cut by half.

Other employee assistance directors - representing companies like Westinghouse Defense and Electronics, Sheraton Corp., Digital Equipment Corp., Honeywell Inc. - yesterday said that although problems with alcohol propel the greatest number of workers to seek help or to be sent for help by a supervisor, many workers seek assistance for family and marital problems and general psychological problems.

In most cases, they said, a company social worker or psychologist sees a worker for a few sessions to understand the scope of the problem, then refers the employee to a carefully selected treatment program outside the company.

Everyone benefits from helping troubled employees, said Laura Smith, director of the employee assistance program for Sheraton. Troubled workers use three to four times more medical benefits than non-troubled workers. But for every dollar spent on an employee assistance program, she added, the company saves \$8 through reduced absenteeism and less utilization of benefits.

In most cases, social workers yesterday said, the problems for which workers seek help have more to do with their personal lives - troubles with spouses or landlords - than troubles with bosses or co-workers.

More companies offer employees off-the-job help

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