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Chapter 47 Family Advocacy in the Military

by Carol Hendler, MSW, LCSW-C, LICSW, LCSW

It's 5:30 a.m. I stick my arm out of the covers to turn off the strident beeping of the alarm clock. Oh, how I would love to turn over and sleep for another couple of hours! Wouldn't it be nice to have a "normal" job with people who don't think the day begins before the birds waken? What in the world is a former flower child type like me doing working for the Army, anyhow?

I force myself out of bed, turning on the bedroom light to help begin the transition to Ms. Hendler, Clinical Social Worker. A quick shower, tending to the cat's needs for fresh water and food, my own breakfast, and I'm in the car, thankful to be going to the military hospital at which I work in the Family Advocacy Program of the Department of Social Work.

It took something of a circuitous route for me to enter civil service. I worked for two years in the Family Advocacy Program at a nearby Army installation under a contract with a private firm, which filled social work positions at the various military bases around the country. It was in this position that I learned about the unique military culture. Confidentiality in the military regarding a soldier's personal affairs is applicable for soldiers who seek assistance. Even then, if commanders wish information about their soldiers, they have the right to ask, but the clinician is only required to surrender the information when directed by a military lawyer. This release of information to a commander is on a "need to know" basis, which allows the clinician to stick to the minimum and "nothing but the essential facts."

The Family Advocacy Program was designed to assist commanders in dealing with the distractions their soldiers experience when there is a child or spouse abuse situation. In fact, F.A.P. (in the military, if anything can be reduced to an acronym, it will be) is called a commander's program. The function of the Armed Services is to defend our country. When a person enters the service, it is made quite clear that he or she is now a military asset. Being victims of familial abuse not only deters the soldiers from their mission; it also might harm government property, the soldier's body. Being perpetrators interferes with soldiers' ability to do their job and brings their judgment into question. I've been told by many soldiers that they have been told they are expected to control their families. Therefore, it seems the violence is sometimes the result of a soldier's felt impotence in that endeavor, because, as those outside the military community recognize, it is not within the scope of healthy human relationships to control others. As soon as a report of family abuse is received at F.A.P., the commander of the sponsor is notified. The sponsor is the military member of the family who is responsible for his or her family members, also known as dependents.

Despite doing the same work as Federal employees, while working for the contractor, I was paid 10 percent less and had much poorer benefits than my equivalent civil service colleagues. I entered the civil service system by taking a job at the commuting distance Department of Veterans Affairs in a long-term drug and alcohol treatment program. I stayed a year and missed being in Washington, so I applied for a civil service social work position in the Family Advocacy Program at the hospital where I am now employed. The experience with substance abuse was invaluable, as a high percentage of F.A.P. cases involve addictions.

By 0700 (7:00 a.m.), the main parking lot is already filling up fast, despite the fact that work, even for most military personnel, doesn't begin until 0730. There is a frantic scramble, like ants at their hole, as civilian employees and soldiers try to secure the quickly evaporating spaces before they are all gone. The process is generally completed in another 2-3 minutes. The smaller lots closer to the main hospital and main buildings on the installation have filled up at least a half hour before. No sense in looking for a place there, wasting precious time while the big lot fills up. My car joins the row, front bumpers all lined up at attention.

I walk the equivalent of a couple of city blocks to the mental health building, our new quarters as of this past September. It's a nice feeling, walking into the clean, modern edifice. Our old quarters were next door in an ancient, patch painted building

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with inadequate ventilation and a broken water fountain. When we moved into our new building, we all received individual offices with new computers and maroon and tan color-coordinated furniture. Within the sanctuary of my office, there's enough room to accommodate four adults and one child. Because the furniture was part of the contract for the construction of the building, we were faced with another of the strange thought processes that occur in the military. Despite the fact that the mental health building houses the Department of Psychiatry, the Department of Psychology, and the Department of Social Work, chairs in the offices look ideal for people applying for bank loans. Comfortable, relaxing therapy chairs they are not. "I must find some second-hand cushy seats to replace these as soon as I can," I think to myself as I enter my office.

After locking my purse in the cabinet over my desk and disengaging the call forwarding from the front reception desk, I check the e-mail for any important bits of information. Today there is a reminder about the in-service presentation to be held after the Case Review Committee (C.R.C.) meeting. I pull out yesterday's statistics form, which itemizes my time in 15-minute increments, and add up the figures. My door is open, and colleagues are filtering down the corridor to their offices, stopping to wish me and each other a good morning, filling coffee pots with water and exchanging a few pleasantries.

My phone rings. "Good morning, Carol Hendler here." "Good morning, Ms. Hendler. This is Alice. Do you have a few minutes?" she asks, hesitatingly, soft spoken, sounding timid, frightened. Alice is typical of several civilian wives in my spouse abuse case load. They tend to be polite, passive, and unhappy, and hope their husbands will someday have a sudden awakening to how their inconsiderate behavior is hurting their wives. At the time of this realization, the husbands will change their behavior and become loving, involved spouses. Many of these wives say they endure continuing abuse, in addition to the documented dynamics of abuse, because they were told during their indoctrination as military wives that their husbands' careers depend on maintaining a "good" family. Family problems could lead to demotions with their attendant reduction in pay, bars to reenlistment, discharge, or in extreme cases, Courts Martial. They are often fearful their husbands will take out their rage about being disciplined on their wives. A reduction in pay also affects the entire family, so most of the women keep silent. To counteract this situation, the Congress has passed legislation called the Transitional Assistance Program. This law provides the families of soldiers discharged because of abusive behavior with twelve to thirty-six months' salary.

When a commander is called and informed that his or her soldier is involved in an act of family violence, the case manager can make the recommendation that the commander place the soldier in the barracks for a few days, providing a cool-down period. Commanders have no authority over civilian family members. In the case where a female soldier, living in military housing, is being abused by her civilian husband, it is the wife who can be ordered out of the home. When there are children in the home, these judgments seem to require the return of King Solomon.

Alice's situation came to the attention of the Family Advocacy staff when the unit's administrative coordinator received a call from the on-call social worker. All the civilian social workers take a week's worth of turns providing after-hours and weekend coverage. The turns occur two to three times per year. On the previous evening, the on-call social worker received a call from the emergency room reporting a possible Family Advocacy case of a wife who had a scratch on her neck and a bruise on her upper right arm, which the wife stated had occurred during a fight with her husband. Her husband had come home at 0100. They argued. It became physical when he grabbed her by the arm and pushed her against the wall. She can't remember how she got the scratch on her neck, but she didn't have it before the fight. At this point, the wife was able to reach the front door and run to her neighbor's. The couple lives in Army supplied quarters a couple of miles from the Army hospital installation in a community setting.

The on-call social worker checked to be sure there were no children in need of supervision, then called the soldier's commander, who went out to the home and ordered the soldier into the barracks for a few days for a cool-down period. The social worker spoke with the wife who said her neighbor was with her and could drive her home. The wife was informed that someone from the F. A. P. would be calling her to set up an appointment. The F.A.P. supervisor referred the case to my co-worker who, as part of her standard operating procedure, called the Provost Marshall's (P.M.) Office and the Criminal Investigation Division (C.I.D.) to report the cases. I provide individual therapy to the wife. The case manager has enrolled the husband in the anger management group, which F.A.P. pays an independent contract clinical social worker to lead. As the couple shows they are ready for conjoint sessions, they will be given that opportunity. Had this been a child abuse or neglect case, the Child Protection Service in the appropriate county would be notified immediately.

The case manager has written a synopsis of the case for presentation to the C.R.C. As 0800 approaches, the F.A.P. staff and a multi-

disciplinary team from various hospitals to identify them. Reviews are generally scheduled sooner depending on the questions asked and answered, a vo
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the Family Advocacy Center (FAC) receives a call from a soldier's family. The soldier's family members take a week's leave from work. The previous evening, the emergency room of a wife who had a fractured right arm, which was broken by her husband. Her husband became physical against the wall. She was able to get away from her neck, but she was able to get away from her wife. The couple lives in the Army hospital

if there were no soldier's commander. The soldier into the social worker with her and could be someone from the unit. The F.A.P. as part of her commander's (P.M.) to report the case manager group, which the social worker to lead. If the case manager, they will be or neglect. The case manager would

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disciplinary team from various hospital agencies assembles. New cases and cases up for review are presented with only a number to identify them. Reviews are generally on a three-month basis, but can be scheduled sooner depending on individual circumstances. The commanders related to each case have been invited to attend and are generally present. Following the case presentation and any questions asked and answered, a vote whether to substantiate or unsubstantiate abuse or neglect is taken on new cases. Most votes follow the recommendation of the case manager, but not always. The C.R.C. determination carries. This is not a court of law. The goal is to provide treatment for the family to prevent violence from occurring again. Therefore, only a preponderance of information that an incident occurred is required to substantiate a case. On rare occasions, a C.R.C. has recommended that a Commander initiate administrative action against a soldier. In such cases, it is usually when the soldier is noncompliant with the treatment plan or is declared a treatment failure or has had other incidents of abuse.

Following the C.R.C. is the 1½-hour in-service presentation, at the main hospital building, about a city block away. One of my social work colleagues is presenting a case study of a client with bulimia. Following this is lunch at the hospital cafeteria and a return to my office to spend the afternoon in two individual sessions and one conjoint couple session. It's now 1600 (4:00 p.m.) and time to return to what feels like a very different world.

Think About It

1. What are some unique issues in working in a military setting?
2. Would you like this job?

Chapter 48
Outreach to Homeless Veterans

by Seth Rosenberg, MSW

I am a master's level social worker employed at the Veterans Administration Medical Center in Tucson, Arizona in a program called Health Care for Homeless Veterans (HCHV). The program was previously known as Homeless Chronically Mentally Ill, and this is probably a more accurate description, as most of our resources are reserved for the mentally ill or substance abusers, and not for the medically needy, as the current unit title might suggest.

The pay for professionals working with the homeless is often the lowest in the social work field. The Veterans Administration, however, pays very well. A master's in social work is required. Entry into the VAMC for non-veterans is much easier if you have done a placement through your graduate school at a VAMC.

There are five social workers in my unit. Two of the social workers are part of a specialized long-term housing program involving intensive case management, known as VASH (Veterans Administration Supported Housing). There is also a housing resource specialist, a generalist, and an outreach worker. I fill the last position.

Outreach involves making contact with those eligible veterans who would not normally avail themselves of the services we offer. This is a three-fold process. First, it means reaching them at the places they frequent. The world of the homeless often revolves around shelters, jails, parks, soup lines, camps, and temporary labor halls. Second, outreach must include an appreciation of the factors that are preventing the population from accessing services. Many vet-

erans do not know that they are eligible for benefits or what those benefits are. As well, within the homeless population there exists a great deal of cynicism and alienation from many institutions, if not society as a whole. While there are many reasons for this, it is common to hear the homeless complain of prior ill-treatment by bureaucracies. They are, accordingly, wary of initiating contact by less it is absolutely necessary. Travel to an agency is often arduous because of the lack of transportation. Once they arrive, they also claim to be under-served or rudely served (implicitly because of their appearance or homeless status).

Finally, a worker must be cognizant of the issues that serve to keep the homeless in poverty. The homeless are a diverse population. While a recent study by the Arizona State Homeless Coordination Office found 61% of the homeless in Tucson to be white, middle-aged males, the reasons for their homelessness were varied. A February 1995 survey by the Tucson Planning Council for the Homeless found that alcohol and drug abuse were the single most important factors involved in homelessness, with 31% of Tucson's homeless reporting problems with such abuse. I believe that the incidence of alcohol and drug abuse was under-reported, as this survey relied on client self-report, and was administered in shelters with well-publicized policies to discourage drug and alcohol use. My own experience has convinced me that substance abuse is overwhelmingly the most important factor in keeping people homeless in Tucson. A knowledge of substance abuse issues is thus essential.

While substance and alcohol abuse are dominant factors, they are by no means the only ones. Unemployment, lack of health insurance, lack of affordable housing, inadequate mental health care, and few programs to prevent homelessness are also viewed as significant contributors to homelessness. I have heard numerous hard luck stories, with cases of people becoming disabled and ending up on the street. Unable to work, they run through all of their resources (financial and social) well before Social Security is eventually granted. They wind up living in camps or shifting from shelter to shelter for extended periods of time, while the Social Security Administration determines their fate. Others previously had employment without health insurance, fell ill, lost their jobs, and then their homes. Some of these people will end up living in their vehicles, eating at soup lines, and trying to get back on their feet working day labor through a temporary service—an almost impossible task. Domestic violence drives a surprising number onto the streets. Some homeless individuals are too severely and/or chronically mentally ill to effectively manage their lives and wind up living outside.

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I begin a typical outreach day by loading up the VA truck with supplies to take out to local camps. I take water, food, clothing, bedding, and any other items I can procure through community donations or our limited cash funds. The delivery of food is not often required. Tucson has an excellent food distribution network, and the homeless are well-served in this area.

A point-in-time study conducted by the Tucson Planning Council at soup lines in 1995 showed that of the 1,800 homeless people counted that day, 756 would have to sleep outside. The numbers are actually significantly greater. Any homeless person with a day job would not be present at the feeding sites, as they are conducted during regular working hours. Many others shun the sites because they don't like the food or the atmosphere or have another regular food supply. Whatever the calculation, hundreds must camp out, and numerous multi-party camps exist. Camps vary in size from several people to several hundred. One camp in Tucson had as many as 150 people there at times.

Camps offer a homeless individual protection and a social life amidst those similarly situated. Until recently, many of the sites were tolerated by the police. Many camp residents came to believe that they would be able to squat on city property indefinitely. They came to consider it their home.

An example of this social development was A-Mountain camp, the largest and oldest. Although this camp was eventually demolished in a midnight raid by the police, its core had been composed of about 15 veterans, several with spouses. Some had lived there for as long as nine years. When I originally went to this camp, I approached them as homeless people. Some were offended and taught me that they were not homeless, just so poor that they could not afford to rent or own housing and had to squat on city land. They had shacks, stoves, and beds. They considered this camp site their home, although it was city property. Many worked through day labor offices or sold newspapers. Quite a few were disabled and waiting for approval of their Social Security—those tended to be the panhandlers and heaviest drinkers. A belief in the camps' permanence had also led to a sense of community among the long-term residents, who had forced the post office to give them a street address and then proceeded to register to vote in local elections!

I generally find camp dwellers to be extremely alienated from mainstream society. They have long since given up on the idea that they will ever hold regular full-time jobs or reside in apartments. As a rule, they have been homeless longer than any other subgroup and have settled into the lifestyle that they believe is their lot. They

scrounge for money to buy the things they cannot get with their food stamps (mainly beer and dog food), and live a simple and free existence. It is a hard life with severe limitations on the lifespan and it offers little dignity.

"Selling" the idea that things can be different, and better, is a hard task. In delivering the supplies, I employ the tactic of "gift giving" to gain their trust. I want them to believe that I can help with practical things in their lives. I try not to be too pushy about the substance abuse, but it is always there under the surface. I concentrate on helping them with Veteran's pensions and subsidized housing. Helping them in any way to reintegrate with society may rekindle the hope that it is possible. And with this hope, I can sometimes get the camp dwellers to let me help them address core issues that keep them homeless.

After I leave the camp, I drive to the half-dozen city parks along a corridor of town where a majority of the homeless live and services to them are rendered. At the parks, I approach homeless people, establish who are veterans, and talk to them about the various services offered through the VA, such as employment, medical, housing, mental health, substance abuse, and other programs. I have to be familiar with the whole range of services, as the needs of the homeless are as varied as they are.

The homeless who are found at parks contain a proportion of people who are **recently homeless**. I have found that the newer a person is to the streets, the easier it is to get him to try a program that might get him back inside with a job. This group **has not grown cynical** of yet another "program" and are **much more anxious to resume a more mainstream life**. I try to concentrate on the newer individuals, and have had very good success in engaging clients in the parks and having them follow through.

Inevitably, any outreach trip ends with a visit to either the morning or afternoon soup line. As the homeless congregate at the soup lines in large numbers, these sites represent a tremendous outreach opportunity. In order to engage potential clients, I will sometimes bring a doctor from the VAMC who offers limited medical intervention. Primarily, however, I attempt to "sell" the VA's program through persistence, pamphlets, and persuasion in the same way that I do at the parks.

I have tried without success to get the police to refer homeless people to my program. I have established excellent relations with all other agencies serving the homeless, from crisis shelters to food banks to temporary labor agencies, and receive many referrals from them. I make regular appearances at an agency that serves

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as a mail drop for the homeless, and I make night visits to crisis shelters. I was formerly employed both at the county jail and at the Superior Court and have received a number of referrals from Pretrial Service workers anxious to reduce the overcrowding at the teeming county jail.

When I return to the office, it takes me 20-30 minutes to process a half-day of outreach. I write progress notes on the veterans I've seen and perform other administrative tasks. On an average day, I spend half the day in the field and the other half in the office conducting walk-in interviews and case managing regular clients. My caseload has gone into the two and three hundreds. On a given day, I will have had sufficient contact with about 25-30 veterans to justify writing a treatment note on them. Of these, probably fifteen are seen by me in my office during a three-and-a-half-hour period.

If I had to generalize the "walk-in" population, I would do so into three broad categories. First are those I am currently case managing. They reside either in contract half-way houses, one or another HUD program, or are receiving an extended stay at a shelter. When they come into the office, usually by appointment, we discuss their case plans. Case plans have to encompass a wide variety of circumstances. Involvement with substance abuse or mental health services is common. Disability claims, employment, and affordable housing are also prominent themes. They all will have a plan that seeks to address their primary needs, and they will be expected to take steps toward achieving their goals on a regular, weekly basis. I am quite strict about compliance with treatment plans. It is estimated that there are 1,000 homeless veterans on any given night in Tucson. While not all of them seek housing through the VA, we only have 60 apartments and beds, a fraction of the need. Thus, we usually pass over anyone we do not feel is committed to change.

In the second group are those who are seeking services on a crisis basis. I use the term "crisis" in the sense of a problem that can be satisfied by one intervention. Often, this is just the provision of a food box, local bus pass, or psychotropic medication refill. These crisis cases can be varied and interesting. I have had veterans ask me to pick up their mail because someone is waiting at the post office to kill them, while others want someone to buy them candy from the canteen.

The third category consists of new clients. The first step of intake is to ensure that the client has been enrolled into the "system," a process by which you can get "credit" for the visit. "Credit" for visits, or "stop codes" as they are known at the VA, are believed by the staff to be very important in justifying their utility. Registering

large numbers of stop codes is equated with productivity, something the administration is reputed to be very concerned about.

Once veterans have been put in the system, I interview them using a **standardized questionnaire** that covers substance and alcohol use, mental health, income, employment patterns, and homeless history. A **psychiatric diagnosis** is asked for, based on a standardized mental status exam and client self-report. As a new client will not necessarily be assigned to the walk-in worker, the practice at the VA is to address only the immediate, crisis situation, such as obtaining a detox or shelter bed, and to pass the vet on to his case manager as soon as is possible for the development of a long-term plan.

And so might end my day. As can be seen, the work is varied. I must be prepared for a mixture of very challenging problems in each case. The key is to be flexible, but that is not all. I would say that the personal and professional qualities necessary to be a good outreach worker with the homeless are reliability, consistency, a nonjudgmental approach, a thorough knowledge of local resources, a practical nature, and a sense of humor. These are probably the same for many other areas of social work.

Of particular importance is reliability. **Cynicism runs deep with the homeless.** They have been promised many things many times by many people and agencies. It is thus **essential** that I be **straightforward and follow through on what I say I am going to do.** Only by doing what I say I am going to do can trust and respect develop. After all, I ask the homeless to take a chance on me and the HCHV program. If they feel that I am being dishonest or do not follow through, then I will be lumped into that large group of useless professionals they feel live off of their misery.

Think About It

1. Why does the word "flexible" keep coming up (in this and other chapters)?
2. What are some of the factors that lead to homelessness?

Chapter 49
Life as a BSW Educator

by Carol A. Heintzelman, DSW

As is true in most social work practice specialties, a “typical” day in the life of a baccalaureate social work educator/professor does not exist. A “typical week” in a fall semester perhaps unfolds as follows:

Monday, Wednesday, Friday
9-9:50—Teach Social Work and Women’s Issues
11-11:50—Teach Social Work Practice III (Macro Level Practice)

Wednesday
6-9—Teach second section of Social Work Practice III

Tuesday, Thursday
11-12:15—Teach Interdisciplinary Introduction to Gerontology

A “typical” spring semester is very similar, differing only in the courses taught. For example, I typically teach Social Work Research I, Senior Seminar, and Field Instruction I-II in the spring semester.

In addition to teaching twelve hours a week per semester at Millersville University in Millersville, PA, I am expected to be available in my office a minimum of five hours a week spread over three days. Office hours provide excellent opportunities for students to

discuss their progress in their courses and their personal or professional concerns. My academic advisees also seek advice regarding their progress toward completion of requirements for the social work major, as well as the university requirements for graduation.

I also serve on various departmental and university committees, in order to contribute my professional expertise to the ongoing daily operation of the University. In addition, in a social work department, faculty are expected to provide service to the ongoing agencies and organizations. The board of directors of LUTHERCARE, the Lancaster County Coalition for the Prevention of Teenage Pregnancy, National Association of Social Workers (NASW), American Association of University Women, and Delta Kappa Gamma Society are some of the community activities with which I am involved.

Generally, not until late afternoon or early evening can I sit down and begin to prepare for classes, student conferences, and other activities for the next day. Periodically, I give exams and assign term papers. All of these need to be read, graded, and returned to the students in a timely fashion. In between all these activities, I must prepare papers for presentation at conferences, conduct research, prepare articles for publication, and so on.

In a baccalaureate social work program, I am guided in my work by two key principles: academic freedom and academic responsibility. Academic freedom means that a social work educator is entitled to full freedom in research and in the publication of results, subject to the adequate performance of his/her other academic or administrative duties. The second principle, academic responsibility, means that the concern of colleges/universities and their members for academic safeguards must extend also to requiring responsible service, consistent with the objectives of the college/university.

As an outgrowth of the above two principles, the various activities that the job entails fall into three major categories. The first area is effective teaching and fulfillment of professional responsibilities. My specific responsibilities include: effective teaching; preparation of course syllabi; student advisement; participation in the work of the department; and timely execution of expected work, both in the classroom as well as outside the classroom.

The second major area is continuing scholarly growth. My activities here include: delivering papers at national and regional meetings of professional organizations, such as NASW, CSWE (Council on Social Work Education), or BPD (Baccalaureate Program Directors); judging regional and national awards; holding offices in professional organizations; delivering invitational lectures; participating in panels at regional and national meetings of profes-

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professional organizations; acquiring grants; editing professional journals; serving as a consultant; researching projects and publications; completing additional graduate work, including the Ph.D./DSW in social work or a related field; and contributing to the scholarly growth of my peers.

Service, the third area, is defined as professional contributions to the college/university and/or the community. Some of my activities in this area include: participating in program, department, school and college-wide committees; developing new courses or programs; participating in college/university-wide colloquia; serving as a member in professionally-oriented, community-based organizations reasonably related to my discipline; lecturing; and consulting with local and area agencies and organizations. As you can see, being a full-time baccalaureate social work educator can be very busy, very demanding, and yet very fulfilling.

The major reward of being a baccalaureate social work educator is seeing your students progress from freshman nonprofessional status to seniors who graduate as "beginning professionals" ready to "take on the world." Related to this is the thrill of talking with students after they secure their first paid social work positions.

Another major "up" as an educator is receiving tenure and promotions. The "top of the academic ladder" is the promotion to professor. Faculty who receive the accolades of tenure and promotion to professor can feel good about themselves.

On the opposite side of the coin are the "downs." A major one is "crunch time." Term papers, reports, presentations, and final exams all happen within the last two to three weeks of the semester. Average class size in the social work department is 18-19 students. Also, during the course of the semester, exams and papers are assigned. So semesters may become busy and hectic for everyone, faculty as well as students.

Another frustration is the demand on teaching time by service activities to the university, community, and profession. Millersville University stresses that "the universal responsibility of the teaching faculty member is effective teaching." Unfortunately, other demands on faculty time seem to conspire against adequately fulfilling this responsibility, often to the detriment of the students.

Several personal characteristics are helpful for a person who wants to be a baccalaureate social work educator. First is being genuinely interested in the students as they struggle to master the transition from student to beginning professional. In many cases, students are also making the transitions from late adolescence

to young adulthood. A willingness to reach out and give support and encouragement is necessary. In other words, enthusiasm and concern are certainly necessary characteristics.

Another needed characteristic is initiative, a willingness to take the lead in spite of obstacles. Related to initiative is persistence, especially when climbing the academic ladder and pursuing doctoral work. In addition, one needs to learn to balance the demands of a professional life against the demands of a personal life. In other words, one needs to learn to make time for oneself.

As a social work educator, I am a member and active participant in the National Association of Social Workers (NASW), the Council on Social Work Education (CSWE) and its Annual Program Meeting, the Association of Baccalaureate Social Work Program Directors (BPD), as well as the Pennsylvania Association of Undergraduate Social Work Educators (PAUSWE), to stay informed about social work practice, education, and accreditation.

How did I become a BSW educator? In 1970, I graduated with my MSW from Howard University in Washington, D.C. At the time, I decided to work in child welfare services for about five years to gain some work experience and then explore the possibility of teaching in a graduate school to share my experiences and enthusiasm about social work with students.

To paraphrase the poet Robert Burns, "the best laid plans of mice and men often go astray." Instead of following my "best laid plan," I worked for one year as a supervisor in a Department of Public Welfare (DPW) in Winchester, VA, located at the edge of Appalachia. Then in the spring of 1971, I decided to leave the DPW. About this time, Shepherd College, in Shepherdstown, WV, received a grant from the former U.S. Department of Health, Education and Welfare (now the Department of Health and Human Services) to start a baccalaureate social work program.

As an historical aside, in 1969, the Council on Social Work Education, as an outgrowth of the "War on Poverty," voted to begin providing social work education at the baccalaureate level—the entry level or the first professional degree. The state of West Virginia recognized the significance of this change and took advantage of the federal money made available for the development of four baccalaureate programs, including the one at Shepherd College.

I applied for the vacancy and was hired as an instructor of social welfare and sociology. As a result, I got in on the "ground floor" for the emerging field of baccalaureate social work education. I was on the faculty at Shepherd College from 1971 to 1975, teaching a

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variety of courses in social work and sociology, working with the program director to get the program accredited, advising students, providing service to the college and community, and beginning work on my doctor of social work degree at the Catholic University of America in Washington, D.C.

In 1996, I returned to visit the baccalaureate program at Shepherd College. It was good to see how the program had grown and developed in twenty-one years. The social work department had just received word that it had been reaccredited for the next eight years, until 2004, and they were very excited. Needless to say, it was a good visit.

The typical college/university tenure-track academic ranks are assistant professor, associate professor, and professor. Minimum faculty qualifications are a master's degree in the discipline and being of "good moral turpitude." In order to teach in the practice sequence of the social work curriculum, the individual must also have three years of prior social work practice experience.

Several items need thoughtful consideration by the social worker who decides to become a baccalaureate social work educator. First, one's primary task is educator, not therapist. I have found through experience that if a student comes for help for long-standing, deep-seated family and/or personal problems, it is usually best to refer the student to the appropriate on-campus or off-campus counseling or clinical services. Providing clinical/therapist services blurs the lines between student and teacher, which can cause difficulties for both parties inside as well as outside the classroom. This is a major struggle for most social work educators and one that you will need to resolve in order to become an effective educator.

Second, a baccalaureate social work educator in a college/university setting will need to make a commitment to pursue a Ph.D. in social work or a related field. The Ph.D. is increasingly the "union card" for continued employment and advancement at the college/university level.

Third, a minimum of two years' post-MSW practice experience is required to teach in the practice sequence in a CSWE-accredited baccalaureate program. Practice experience, however, is not required for teaching in the social welfare policy and services sequence, human behavior in the social environment sequence, research sequence, or for serving as a field instruction liaison.

A fourth consideration for many academics is working in a union environment. The union environment has both positive and

negative aspects. Among the positive aspects are an excellent fringe benefit package and clearly defined expectations. On the negative side, however, are the perpetual contract negotiations approximately every three years and the resultant possibility of a strike.

Think About It

1. What is academic freedom? Academic responsibility?
2. Why does a social work educator need to be careful not to take on a therapeutic role with students? Why might this be difficult for social work educators vs. educators in other disciplines?

Chapter 50
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