



Tried ▲ True▲ New: Social Work in Action

2011 Metro-Chapter Conference Abstracts

Abstract Submission Information

Abstracts and a current resume should be submitted via mail or e-mail and postmarked or received electronically by September 29, 2010. Abstracts received after this deadline are not guaranteed consideration. Each author submitting an abstract electronically will receive an electronic acknowledgement receipt within a week. If you do not receive verification of receipt of your abstract, please contact Joyce Higashi at JHigashi@naswdc.org or call 202-336-8395.

Authors whose submissions are accepted for format I and II are invited to attend the conference on the day of presentation and remain for the luncheon as our guest. Authors must register for the additional day of the conference and for continuing education credits. Authors are asked to complete all required forms including permissions to publish information and photos. This information will not be shared with any other group or organization or used for any other purpose. Authors should indicate if they would be willing to have their presentation videotaped for use by the chapter to offer as an online education option, with any financial income thereof to be the property of the Metro DC Chapter.

Abstracts should be submitted in one of the following two formats and referenced to a specific subject category (see Abstract Subject Category List). Authors must indicate their preference for a single oral, group panel (please limit panels to no more than three persons; larger panels will be considered by special request), poster session or a 3 hour workshop. Authors must also identify key population and specific issues. We encourage submissions to include interactive experiences for participants. and to address key issues of:

- Innovative Social Work Assessment and Intervention Techniques
- Advocacy/Legislation
- Education/Research
- Diversity (Culture, Race, Ethnicity, Gender, etc)

Specifically, what are the issues in these areas that should be highlighted or addressed for future practice or service delivery?

Format I–Practice, Policy & Program Development

This format is most appropriate for description of effective practice, programs or policies including direct services, community-based programs, ethics, professional development, and vehicles for program dissemination and capacity enhancement.

Issue: The specific problems or needs to be addressed.

Setting: Geographic location, description of where program/intervention takes place, and intended audience.

Project: Description of the innovative practice, policy, program or model.

Impact or Outcomes: Summary of the impact of the innovation.

Implications for Social Workers: Summary of opportunities for the profession.

Format II–Social Work Evidence & Evaluation

This format is most appropriate for the presentation of program evaluation and clinical research. Note that those abstracts which establish primary findings at the time of submission will be ranked higher for consideration.

Background/Objectives: Study objectives, the hypothesis to be tested, or a description of the problem.

Methods: Methods used or approach taken.

Results: Specific results in summary form (with appropriate statistical analysis).

Conclusions: Discussion, implications, and conclusions.

Project: Description of the innovative practice, policy, program or model.

Impact or Outcomes: Summary of the impact of the innovation.

Implications for Social Workers: Summary of opportunities for the profession.

Abstract Subject Category List

Individuals should indicate on their abstract the subject category their abstract addresses. Below each category there are examples of workshop focus areas and titles. We encourage individuals to consider submitting abstracts that address these focus areas; however, abstracts will be considered that focus on other topics.

A. Baby Boomers and Beyond: Caring for Self and Others

As we enter the second decade of the new millennium, it is critical to focus on the tried and true practices of our pioneering social workers as we embrace new interventions that reflect the growing diversity and challenges of social work practice with older persons. Join us and you will be engaged, entertained, and educated on strategies to maximize the quality of life of our older population.

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|------------------------------|----------------|
| 1. Music therapy | 5. Caregiving |
| 2. Therapeutic interventions | 6. Ethics |
| 3. Self-care | 7. Supervision |
| 4. Spirituality | 8. Diversity |

B. Innovative Strategies to Behavioral & Mental Health Issues

The Mental Health track presents practice models and intervention strategies toward effective social work practice in mental health. A major focus is on enabling individuals with mental health problems in maximizing their success as fulfilled contributing members of society. Topics will be culturally competent, identifying therapeutic models for addressing strategies for adults, children, and youth, and gender-specific interventions in mental health. The emphasis of this track is on approaches that enhance problem-solving and coping strategies that are empowering and supportive to those served, both individually and in groups and families.

1. Cognitive Behavior Therapy (CBT). The Track will solicit papers will explore this evidenced-based practice as an innovative strategy, focusing more on patterns in present thinking and behavior while addressing aspects of individuals' histories that continue to "show up" as they try to move forward with their lives.
2. Post Traumatic Stress Disorder (PTSD): Secondary Traumatization. As an innovative strategy, this topic will provide insight into what happens with families when addressing complications after experiencing trauma.
3. Family Constellation. A great opportunity to share this is an "out-of-the box" approach for presenters who are trained in this area. In constellation work two powerful forces operate – one is a group conscience and the other is the love in every child's heart. These forces combine and lead both to personal problems and to their solutions. The group conscience in every family system operates like a memory that demands justice across generations. When an ancestor has been excluded (ignored, scapegoated, etc.) an "entanglement" often arises in a future family member. A child's blind love unconsciously identifies with that ancestor and suffers for or with them, as if
- to atone for the exclusion. It is a more conscious love, revealed in a constellation that leads to resolution.
4. Cyberspace Bullying. Bullying has led to real consequences — from fights to teen suicides, or what some label "bullycides." States are beginning to take action with tough new laws targeting those who use electronic means to bully. The Mental Health Track opens discussion to explore individual and systemic ways to fight cyberspace bullying.
5. Mental Health Ethics and the Law. Mental health providers are not lawyers; but face a complicated set of demands because of their special relationship with clients. How can a provider be a caring helper while still protecting him/herself from lawsuits, complaints and professional liability? How can you enjoy helping the people you've been trained to help while creating and maintaining simple and manageable records that will protect you from lawsuits and complaints? The Mental Health Track will seek presentations that will introduce you to both the essential demands of professional liability and the regulatory demands that mental health providers face, and learn how to structure your practice and your business to limit exposure to risk, as well as discover precisely what kind of records, notes and actions will protect you in the event of a complaint. Walk away with the knowledge to implement these processes immediately, and in doing so, avoid many possible high risk situations.

C. The Future of Child Welfare: Where do We Go from Here?

The status of child welfare services in the United States continues to be in a state of flux. It is at these times that we are challenged to think of ways that we can maintain, improve and provide innovative solutions.

1. Collaborative Efforts between Education and Child Welfare
2. Ethics During times of Fiscal Constraints in the Area of Child Welfare
3. Housing and Child Welfare
4. Health Reform and its Meaning for Child Welfare Services
5. Grandparents Raising Grandchildren
6. Advocacy for Child Welfare Workers
7. National and Local Perspectives on Effective Services in child welfare systems
8. Fathers and Male Influences on Child Welfare Services

D. Community, Administration & Policy & Practice

The Community, Administration, Policy and Practice track will provide panel sessions, workshops, speaker forums and poster sessions on cutting edge topics in the fields of Assessment and Intervention Strategies with Communities and Organizations; Human Services Management, Resource Development and Systems Analysis. Themes embedded in these informational and skills building sessions include cultural competence, grantsmanship, organizational development, entrepreneurship, computer technology management, access to care for diverse and underserved populations, capacity building, social marketing, and evidence based practice as the leading macro issues in today's social work environment.

E. New Frontiers: Social Work Practice in Health Care

Reflecting the conference theme, this Call for Abstracts invites new or cutting-edge social work interventions, prevention strategies, and/or trends in the following areas of social work practice in health care:

1. Childhood
2. GLBT
3. Homelessness
4. Age- or gender-based
5. HIV/AIDS
6. Adolescent
7. Family
8. Disease-specific
9. Community health (e.g., urban)
10. Ethics in Health Care
11. Other areas

F. International Social Work & Human Rights

Social workers everywhere are confronted by global social and economic inequities. They work on many levels to create justice in communities, societies and more broadly in the world. Human rights concepts and conventions are central to practice roles. Sessions will focus on trauma, the plight of immigrants and refugees, issues related to violence and exploitation of women and children and cross-cultural methods of intervention.

1. Clinical interventions relating to
 - ◆ Defining Post-Traumatic Stress Disorder (PTSD)
 - ◆ Critical incident Debriefing (CISD)
 - ◆ Eye-movement reprocessing & desensitization (EMDR)
 - ◆ Disaster Relief and Critical Interventions Practices
2. Violence against and exploitation of women and children
3. Human trafficking, child labor, forced marriage female genital mutilation
4. Cross-Cultural Clinical Counseling and Services
5. Culturally appropriate counseling with diverse populations
6. Interpretations of one's own non-Western culture

Ethics Presentations for the 2011 Conference

- ◆ Each track will feature one ethics class which will qualify for ethics continuing education credit.
- ◆ The instructor's CV should reflect evidence of explicit ethics training and experience.
- ◆ The instructor should be familiar with the NASW *Code of Ethics*

Content Requirements

Minimum content of the session:

1. Distinguishes between a practice issue and an ethical dilemma;
2. Distinguishes an ethical issue from a compliance or regulatory problem in individual or organizational practice settings;
3. Incorporates related professional obligations and responsibilities mandated by the NASW Code of Ethics in relation to the ethical content of the session
4. Applies a value-based process (framework or model) to ethical problem solving;
5. Considers the limits of Codes of Ethics when dealing with complex ethical dilemmas; and,
6. Allows a sufficient time-frame within the program to incorporate all of the above in the presentation, application, and group interaction/discussion (minimum 1.5 to 2 hours).

Additive Value

1. Reviews the most common ethical problems in social work practice related to the focus of the session.
2. Reviews of the most common ethical violations in social work practice related to the focus of the session.
3. Highlights NASW suspensions, State Licensing Boards censure, and Case law regarding malpractice.
4. Allows for an extended discussion of conflicts of rights, responsibilities, values and their effect on practice
5. Considers other state board Codes of Ethics and/or other professional Codes of Ethics.

Types of Presentations

There are four types of presentations: single oral, group panel, workshop sessions and posters sessions:

Single Oral Sessions (90 Minutes)

(Session Abstracts Submitted Individually)

Oral sessions provide an opportunity for conference participants to hear the latest information on a topic from individual presentations.

Group Panel Sessions (90 Minutes)

(Session Abstracts Submitted as a Group)

Group panel sessions, comprised of an expert panel or a specific group of presenters, provide an opportunity for authors to combine their presentations and submit together as one 90-minute session. There are two ways to submit abstracts for a group panel session. One summary abstract outlining the objectives for the entire panel along with the names of the speakers can be submitted, or individual abstracts (up to four) may be submitted together. In either submission method, all information on each speaker must be completed and accompany the abstract(s). Please limit panels to no more than three presenters. However, consideration will be given to larger panels upon request.

Workshop Session (180 Minutes)

(Session Abstracts Submitted Individually)

These sessions are experiential, didactic, skills-building training that are three hours in duration.

Poster Sessions

(Session Abstracts Submitted Individually)

Authors will present posters on their assigned day. Information on poster size and presentation day and time will be sent to authors after abstracts have been accepted. Students are especially encouraged to get their “feet wet” by submitting their original ideas and research papers in this areas in the poster session.

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Instructions for Formatting Abstracts

If you have any questions about submitting an abstract, please call Joyce Higashi at 202-336-8395 or e-mail questions to jhigashi@naswdc.org.

1. All abstracts should be typed using single-line spacing and 12-point size font type. Abstract should not exceed two pages.
2. Author names should be listed below the abstract's title, using first and middle initials and the last name of each author. Underline the name of the presenting author.
3. Each authors' affiliation should follow immediately after their name. For identification of multiple authors, use superscript numbers at the end of each author name to correspond to the affiliation.
4. Use of abbreviations is desirable. Place special or unusual abbreviations in parentheses after the full word or phrase the first time the abbreviation appears.
5. Do not indent paragraphs.
6. All sections of the forms should be completed in order for the abstract to be considered for the conference. *Abstracts may be reproduced as submitted.*
7. All videos utilized at the conference should have captions for deaf persons as we welcome participation by deaf students and social workers.

SAMPLE ABSTRACT - Format I
2011 DC Metro Chapter Conference

TITLE: New strategies and techniques in working directly with homeless families in transition
AUTHOR: Douglas, Kay

ISSUE: Addressing the needs of homeless African American (AA) families in transitional housing

SETTING: Transitional housing program in Washington, DC.

PROJECT: The Hope program was designed to meet the needs of homeless women and their dependent children. Services offered to families included: housing, budgeting, parenting education, counseling, after school tutoring, and community referrals. Housing is offered to a homeless family for a period not to exceed 2 years, at which time, families are expected to have identified permanent housing, received vocational training and working full-time. Government entitlement benefits will be used for childcare services as necessary.

RESULTS: Twenty of the 30 families who participated in the program identified permanent housing, employment and were receiving daycare services with the use of government vouchers.

IMPLICATIONS FOR SOCIAL WORK: Adult AA women who have graduated from high school, participated in social worker services and who had at least two familial supports to which they rely on for additional supports succeeded in meeting the program goals. The 10 AA women with addictions histories who had not completed either a GED or high school diploma were not able to matriculate through the program successful even with the same social work supports. We found that it was critically important to involve family throughout the process in the role of encouragers, to celebrate participants' success, and assist in facilitating attendance. Social workers must ensure the focus on educational achievement including a close collaboration with a professional specializing in GED instruction for illiterate or high risk populations of AA women. Findings from this study, reflects the need for organized social work advocacy among those serving low-income women. The proposed Martin legislation should increase funding for literacy programs that include a variety of social work supports (e.g. one-on-one life skills counseling, daycare vouchers, mental health services, and case management).

SINGLE ORAL GROUP Panel WORKSHOP Session POSTER (check one)

SUBJECT CATEGORIES (specify letter):

POPULATIONS (list no more than two):

If you are not accepted for an oral session, are you willing to be considered for a poster session? Yes No

PRESENTER CONTACT INFORMATION

Name: Kay T. Douglas
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SAMPLE ABSTRACT - Format II
2011 DC Metro Chapter Conference

TITLE: The impact of reunification on family cohesiveness and resilience
AUTHORS: Secura, GM; Behel, SK; and Little, SM

BACKGROUND/OBJECTIVES: Recent findings suggest that reunification of a family member who has been incarcerated for more than five years may have a negative impact on the family's structure, cohesiveness and resilience.

METHODS: A longitudinal study from 2000 - 2006 of Purple City family court families residing in the Purple City. Families were interviewed, referred and counseled for further assistance as recommended.

RESULTS: As of 2/06, we surveyed 2823 families. 47% were African American, 5% Asian American, 24% Hispanic, 8% mixed/other race, and 16% white. 1351 families identified fear of fragmentation and family disruption to be a major source of family conflict. Other factors highly correlated with low family cohesiveness and resilience included a lowered sense of internal and external control.

CONCLUSIONS: African American (AA) families undergoing reunification experience higher levels of stress for a variety of reasons and a lowered sense of power over themselves and their circumstance when compared to their white and Hispanic counterparts. These data show a significant and continuing need for more family focused services and care options to address the specific needs of AA families with the transition of reunification. Future state and local funding for family reunification should provide resources to address the specific and complex needs of AA families that may be experiencing reunification post-release from incarcerated settings, persons affected by co-occurring disorders and dually diagnosed, and active drug addiction.

SINGLE ORAL GROUP Panel WORKSHOP Session POSTER (check one)

SUBJECT CATEGORIES (specify letter):

POPULATIONS (list no more than two):

If you are not accepted for an oral session, are you willing to be considered for a poster session? Yes No

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