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The Clinician
The Clinical DSW Newsletter

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We would like to take this opportunity to thank everyone who has contributed to this edition of The Clinician. A very special thank you to Dr. Lina Hartocollis and Dr. Ram Cnaan for their ongoing support and contributions to The Clinician.
Six years in, the Clinical DSW program is going strong. Since the last issue of the Clinician was published we’ve welcomed forty-one DSW students to Penn. These talented, intrepid individuals hail from all over the country—relocating to Philadelphia from California, Michigan and Virginia, traveling in for classes from New York, New Jersey, Delaware, Virginia, Maryland, the far reaches of Pennsylvania, and one hardy soul commuting here from Maine! Their backgrounds are wide-ranging, with representation from nearly every domain of social work practice—medical, mental health, school social work and a variety of other agency-based and private practice settings.

We are also extremely proud of our alumni, thirty-three of them at last count. The depth and breadth of their contributions to the profession through practice, teaching and scholarship have been truly impressive. Several of our graduates have accepted full-time university teaching positions and are helping to educate the next generation of social workers at places like Temple, Marywood, CUNY, Pitt. and Stockton. Many others are teaching part-time at a variety of BSW and MSW programs; and during the 2012-2013 academic year a whopping 32 of SP2’s MSW classes have been taught by Penn Clinical DSW grads. Our alumni continue to make valuable contributions to the social work knowledge base by producing timely and relevant dissertations that are logging many hits on Scholarly Commons, Penn's publically searchable repository for dissertations and other scholarly work. Our alums are also presenting at professional conferences and publishing scholarly works in highly regarded journals such as the Clinical Social Work Journal, Psychoanalytic Social Work, Social Work in Health Care, and Research on Social Work Practice; plus two books, one published and one accepted for publication.

So, as our 2012 cohort, the “new kids on the block” begin their academic lives at Penn, our second and third year students are busy navigating the later “developmental stages” of the program and our growing ranks of DSW graduates are out in the world making their marks. I started to think of the DSW program as a series of developmental stages after a conversation with a student about his dissertation topic. The student was interested in learning more about how doctoral students manage stress and avoid burnout, a topic that was clearly near and dear to his heart. This got me thinking about the “normative” developmental stages that students pass through as they move from neophyte to doctoral candidate to Doctor and beyond.

With apologies to Erik Erikson I offer the “Stages of DSW Development”: Trust (the program might just be doable after all, and people are here to help me get through); Autonomy (I passed the first year of classes and the prelim exams!); Initiative (I've come up with a dissertation topic); Industry (another chapter done…I'm almost to the finish line…); Identity (I made it, I'm really a doctor!); Generativity (I can see the value of what I learned and am able to apply it in my practice and/or teaching); Integration (it was worth all the pain…).

It is still relatively early in the life of the DSW program, but the future looks bright and we have every reason to look forward to a ripe old age.
I have been a professor of social work now for a quarter century. It has been quite a lot of time and social work has changed dramatically in these 25 years. When I entered this rewarding academic field, our major quest was to produce quality research at a level that would be approved by our peers from other academic social sciences.

Psychology and sociology were our envy. Most graduates from doctoral programs in social work were practice-oriented and had no intention of conducting high quality research. I was part of the academic revolution, and I am pleased to be among the many social work researchers that successfully compete with any researcher from any of the other social sciences. Many of our publications are highly regarded and cited, social work researchers publish in the best social science journals, and social work researchers are obtaining public and private research grants. This cadre of social work researchers and the formation of the Society for Social Work Research (SSWR) proved that this goal was achieved at a level beyond our dreams.

To be clear: I am proud of our academic success and I am proud to be part of it. When I go to interdisciplinary conferences, I do not apologize for being a social work researcher. When I go to sociological conferences I go with my head held high. When my colleagues from the school go to American public health conferences or to mental health conferences, they are a force with which to be reckoned.

But success often has a cost. When I looked at the profession 10 years ago, I was horrified by the decline in the status of social work in the clinical arena. When I visited relatives in the hospital, the social workers were respected for who they were but not for their professional status. They respected Liz as the person who works as a social worker but not the role of a social worker filled by Liz. This was the impetus for my quest to start a Clinical DSW program. The people who read The Clinician read my thoughts about the need for a DSW education nationwide and are the converts. You know that the future of social work is on your shoulders.

Recently, I have been concerned with two other erosions in the role and status of social work. As I am engaged in the field of prisoner reentry, I am horrified by the disappearance of social work from the criminal justice system. Our society is much more punitive than rehabilitative regarding prisoners and ex-prisoners alike, and in part it has pushed social work out. The people I meet in correctional facilities are not a credit to the profession, and the profession as a whole plays only a minor role in this field. How did we lose this domain of practice? We just did not fight for our role in the criminal justice system and slowly withdrew from being a major part of it. Elsewhere, I wrote extensively about this topic and those interested can approach me for the reference.

On a slightly different note, one DSW student commented to me that when the horrible Newtown, CT, shooting took place there was wide coverage on
WHERE IS SOCIAL WORK TODAY?
BY RAM CNAAN, MSW, PHD
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psychological counseling to the students, the families, and the community at large. No word was said about the fact that social workers and especially school social workers are those who provide the majority of counseling services. So even where we are very prominent, we are publicly ignored.

My list of similar worries about the profession is by far longer. But what I am trying to convey is that my generation placed an emphasis on academic research and while this goal was achieved, many other aspects of the profession are lagging. Part of the problem is that many who could have been professional leaders and advocates for the profession went into full-time research. Full-time research is all consuming and demands technical skills that are not part of either direct or macro social work practice. One of the outcomes of the emphasis on high-level research is that many potential professional leaders are university professors.

The profession as it is practiced lacks leadership. There are very few social services leaders and/or public intellectuals that are social workers. Most of the directors of the large public and private social services departments and organizations are lawyers or people with MBAs. Too few of them are social workers. As such the current leaders of social services are making compromises that social workers would not have made. They do not value the work of social workers nor do they agree with the profession’s values. The lack of leadership in social work is behind many of our professional maladies. It is why we were pushed out of the criminal justice system, it is why we are not mentioned by the media when regarding crisis counseling, and why it is not so cool to be a social worker today.

It is my view that one way to stop the professional regression is to begin an Administrative DSW program. I am not sure if administrative, macro, management, or leadership is the best term and for now I use them interchangeably. Just as the Clinical DSW is giving the clinical social work world a positive boost, a similar process can occur in our leadership. Starting a Macro-DSW program may attract mid-level social work administrators and help them get the education and titles that will enhance our profession’s visibility and influence. People told me 10 years ago that a Clinical DSW is a dream…so here I am dreaming again.
Using the telephone and email was “second best”, preferably reserved for quantitative research. However, I soon discovered that employing these modalities for qualitative interviewing provides specific and unique advantages that are potentially beneficial for both participants and researchers. These benefits are practical, positively impact recruitment, and have the potential to generate richer and more reflective data. Of course, there are disadvantages as well, but research indicates that data generated using the various modalities are comparable (Kazmer & Xie, 2008; McCoyd & Kerson, 2006; Sturges and Hanrahan, 2004).

Practical and Recruitment Benefits

Use of the telephone and email for qualitative research provides numerous logistical benefits. These include the elimination of travel, access to diverse and broad geographical regions, allow participation by those unable to do so in person, and, with email, eliminates the need for transcription.

There are also more subtle reasons that may make participation via phone more attractive than face-to-face for certain populations, thus expanding overall access to diverse research participants. For example, telephone interviews allow participants to control their social space as well as the course and direction of the interview, factors particularly appealing for trauma victims (Trier-Bieniek, 2012). More scrutinized populations, such as those that are subjected to home visits through social services programs, may be less apt to invite someone into their home for fear of being judged, and may be more likely to participate if presented with an alternative to a face-to-face interview (Holt, 2010). An introverted or shy person who would normally not participate in face-to-face research may reconsider if the research were conducted using a combination of phone and written communication (Scott, 2004). These recruitment benefits are easily transferable to email exchanges.

Data Collection

Another advantage of telephone interviewing is the potential for fuller and more honest disclosure due to its layer of anonymity. Participants, unable to see body language and other non-verbal and often unconscious reactions of the interviewer, are freer to respond candidly without risk of being influenced by the researcher. The lack of access to body language also requires the participant to communicate everything verbally, which can make for a very personal and intense

INTERVIEW MODALITIES IN QUALITATIVE RESEARCH

WHEN I FIRST BEGAN THINKING ABOUT MY DISSERTATION (AND MY FIRST RESEARCH ENDEAVOR), I WAS UNDER THE IMPRESSION THAT FACE-TO-FACE INTERVIEWING WAS THE “GOLD STANDARD” WHEN CONDUCTING QUALITATIVE RESEARCH.
text. It is also possible that highly sensitive topics, such as those that result in trauma or shame, are more easily discussed if participants are a step removed from their interviewer.

Interviews conducted through email have many of the same benefits as the telephone. Here, there is even less influence of the values, attitudes, and social characteristics of the interviewer, as verbal cues are also hidden. There is another element to email interviews that has the potential to make them particularly introspective. Email exchanges, due to their nature, encourage participants to think through their thoughts, draft a response, and possibly redraft and edit as insight is gained. Participants are also able to return to earlier parts of their interview to further elaborate on their answers, and potentially take the interview in an unexpected direction. This can make for especially thoughtful and high-quality data (James & Busher, 2006; Berger & Paul, 2011).

**Limitations**

The same aspects of interviewing by phone or email that facilitate disclosure can be limiting as well. Being unable to observe meaningful body language and other non-verbal behavior means that we risk missing critical emotions, particularly if a participant is not overly verbal in their communication. Email exchanges are also slower, as participants have control over when they respond, and experiences are subject to change as they are reflected upon. There are other issues when interviewing virtually that also need to be addressed, including scheduling, retention, ensuring confidentiality, consent, and how to develop a trusting relationship with someone you will most likely never naturally meet.

**Conclusion**

Certainly, the benefits of face-to-face interviewing are enormous. Non-verbal behavior, body language, and other subtleties of being “live” with someone enable us to directly observe emotions, quickly clarify confusion, and may allow us to more effectively grasp someone’s essence, or character. However, face-to-face communication is not a guarantee of rapport, and these advantages may be more than made up for by the benefits provided by virtual communication.

It is also critical to consider the cultural and historical context of evolving communications. Historically, the radio, similar to the phone with its strictly audio quality, was a powerful medium for personal narrative. Previous generations placed enormous value on letter writing, preferring it to a casual phone conversation. Younger generations today do not know a world without electronic communication; many are much more comfortable texting or emailing rather than speaking on the phone. In my own practice, certain clients occasionally supplement weekly psychotherapy with long emails, explaining they can more easily sort out and express complicated emotions this way. Thus, the prevailing culture has the power to influence our preferences and what we assume is a “better” interview modality.

Of course, virtual communication is not appropriate for every participant or every researcher. The quality of an interview depends on the skills and comfort of both the participant and the interviewer, and both will naturally favor a specific medium. Allowing both researchers and participants to contribute in the mode in which they are most comfortable may result in exceptionally rich and powerful data.

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Trier-Bieniek, A. (2012). Framing the telephone interview as a participant-centered tool for qualitative research: A methodological discussion. Qualitative Research, 12(6), 630-644.
In the past few years, many lives have been affected by natural disasters around the world. The devastation created by a natural disaster can occur in a matter of seconds yet the aftermath, for individual survivors and their communities, may be long term. As the prevalence of these natural disasters increase, social workers are being called upon to assist with the psychological needs of survivors. When working with survivors, it is imperative to consider the influence of culture on their coping mechanisms, well-being, and resilience. The 2010 earthquake in Haiti, and most recently, Hurricane Sandy in New Jersey and New York, are examples of natural disasters that have affected countless individuals and their communities. This article provides a brief synopsis of these disasters, highlights a cultural aspect of each population, and addresses the importance of a culturally informed approach in trauma work with survivors.

A CULTURALLY INFORMED APPROACH TO WORKING WITH SURVIVORS OF NATURAL DISASTERS
BY ASWOOD M. LAFORTUNE, DSW, LSW

On January 12th 2010, a 7.0 magnitude earthquake struck Haiti. The number of those affected remains unclear as some people left the country; others moved to less impacted parts of Haiti, and perhaps even more were buried in mass graves before they could be identified. It is estimated that 316,000 people died, 300,000 were injured, and 1.3 million were displaced (United States Geological Survey, 2010). For several days people listened to the screams of their children, spouses, and neighbors, but were unable to pull them from under the piles of rubble that eventually became their graves. Others searched for family members and friends among decomposing corpses that lined the streets. Some survivors will never have closure or know the fate of their loved ones because most of the corpses buried in mass graves were not identified. Life for many survivors has been marred by both visible and invisible scars, profoundly impacting their physical, emotional, and psychological well-being.

On October 30, 2012 Hurricane Sandy made landfall about 5 miles southwest of Atlantic City with winds of 80 mph. Hurricane Sandy impacted several states along the eastern seaboard with the most severe damage occurring in New Jersey and New York. Hurricane Sandy was “blamed for 113 US deaths and damaged 200,000 homes” (Neria & Shultz, 2012, p. 2571). The personal and psychological effect this hurricane will have on each survivor is immeasurable. Financially, it is estimated that Hurricane Sandy caused $50 billion worth of damage in the U.S., the second costliest natural disaster only to Hurricane Katrina in 2005 (National Oceanic and Atmospheric Administration, 2012). Many survivors have lost their
homes and countless others will have to cope with the emotional and psychological effects of having their lives and their children’s lives completely uprooted.

In the midst of such tragedy and destruction, the human spirit remains resilient. Walsh (2007) explained, “times of great tragedy can bring out the best in the human spirit: ordinary people show extraordinary courage, compassion, and generosity in helping kin, neighbors, and strangers to recover and rebuild lives” (p. 208). That was evident in the actions of many in Haiti, natives and foreigners alike, who worked to rescue complete strangers trapped under piles of rubble. Similarly, residents of New York and New Jersey, and volunteer crews from around the nation, organized to assist survivors clean their flood-damaged homes. Remarkably, in Haiti as well as NY and NJ, individuals pulled together as one to help others in need, often putting their lives on the line to save someone else.

Despite community support, individuals often encounter personal tragedy and loss after a natural disaster. For example, survivors may experience difficulties including depression, anxiety, posttraumatic stress disorder, loss of resources, loss of important attachments, economic loss, displacement of homes, and health concerns (Norris, Friedman & Watson, 2002). Many survivors of Hurricane Sandy or the earthquake in Haiti may experience several of the issues described above. Consequently, the goal of managing acute stress after a disaster is “to foster resiliency, prevent chronic emotional problems, and minimize long term deterioration in quality of life” (Norris et al., 2002, p. 242). When thinking about the treatment needs of natural disaster survivors, whether in the United States or around the globe, it is important to be mindful that interventions should be provided from a culturally informed perspective.

Providers working with diverse populations following a disaster should be aware of possible cultural values, beliefs, and coping skills that may differ from their own culture. For example, a natural disaster survivor may find comfort in their religious belief “that a catastrophic event may be beyond human comprehension but a test of faith or part of God’s larger plan” (Walsh, 2007, p. 213). A provider working with that survivor may question whether that belief is grounded in reality or perhaps whether it should be identified as a protective factor during a time of acute stress. A majority of Haitian people, for example, turn to God to manage grief and loss, as well as find meaning in their experiences daily, not just in times of tragedy. Ultimately, how an individual responds to a natural disaster may lie in his or her upbringing, life experiences, and/or family values. For example, in Haiti the concept of psychological trauma and treatment is not well understood and thus survivors would decline offers for treatment. Yet three years later, at the mere mention of the earthquake, most survivors will share stories about that day and speak about the nightmares, personal losses, health issues, and the constant fear that their roofs will crash down on them as it did on January 12th.

Survivors in the New Jersey coast have a socio-cultural and economic make up that is unique to them and their area. The Jersey shore has a reputation for being a summer haven for tourists and individuals who own summer homes, yet many live, work, and attend school in the area year round. A provider who is only familiar with the reputation of the Jersey shore could assume that most Hurricane Sandy survivors lost their second homes and had other housing options, when many survivors lost their primary homes. At times, cultural diversity tends to be understood as simply describing race or ethnicity yet it encompasses many other factors of an individual's life. Whether cultural diversity refers to religious beliefs, ethnicity, socio-economic status, race, or nationality, there is a need to "incorporate a cultural lens" into trauma work (Mattar, 2010, p. 49). This is especially important because each survivor's experience may determine their response to the disaster and ability to be resilient.
Most providers responding to help in a crisis situation do not have the luxury of time to educate themselves about the local people and their culture. There is potential to arrive at a natural disaster zone with pre-conceived notions about the people or the geographic area, but it is important to consider the survivor’s life and culture. Perhaps the best way to learn is to use some of our most basic social work skills: listen, observe, and ask questions. Tummala-Narra (2007) explained, “Treatment with trauma survivors from a culturally informed, ecological perspective begins with the assessment of several factors, in addition to individual psychopathology, including cultural definitions of recovery and resilience, culturally salient expressions of resilience, and cultural and racial identity” (p. 209). Working from such a culturally informed approach can significantly help us understand the role that culture plays in the well-being and resiliency of survivors. Ultimately, the goal of working with survivors is not to heal all their wounds, but rather to “create a safe haven for family and community members to share both deep pain and positive strivings” (Walsh, 2007, p. 224). Doing so from a culturally informed perspective will dictate whether we can open the doors that will enable survivors to begin the healing process. Natural disasters will continue to impact our world and in the process drastically affect individuals, families, and entire communities. As social workers respond to the needs of survivors around the globe, the use of a culturally informed approach is respectful to the individual and may facilitate an environment in which help can be safely accepted.

References


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An Interview with Nicole Saint-Louis, DSW, LCSW
SP2 DSW Graduate (2010)

BY MARYANN A. GRONCKI, DSW, LCSW

Have there been any changes to your career since you have graduated from the Penn Clinical Doctor of Social Work (DSW) program?

Yes, after working at The Hospital of the University of Penn (HUP) for nearly 15 years, I left to take a position at the City University of New York (CUNY) as a full-time, tenure track, faculty member in the New Community College, taught a course at Bronx Community College (Intro. To Social Work) and worked as part of a team on planning the college. I’m working with amazing students and colleagues.

My clinical skills are being used in a number of ways in the classroom and with colleagues. I strive to maintain an optimistic voice and belief in possibilities. I continue to utilize that old social work cliché and “meet each person where they are.” Our students face unique challenges at CUNY. Many of them are first generation college students and many have socioeconomic challenges. A number of the students are English language learners and although fluent in their native languages, may struggle with reading and writing English. I find each of these students to be bright and gifted with their own unique set of talents and a deep desire to learn the same as any other student.

I operate my classroom from the strengths perspective and I do a lot of experiential exercises with the students so that they may learn the application of what they are reading. I find that my social work training and clinical practice help me with difficult discussions in the classroom. I try to create and foster a place where the students can have discussions in a space that strives for safety and values every distinct voice. I am delighted that this semester has allowed me to teach about our social work profession. I get such a thrill when my students say to me, “wow, I never knew social workers do all that…” I had one student that is undecided say that he is now considering a career in social work. There are amazing moments when a student sees that despite unspeakable odds, social workers can empower. I also use my clinical skills by modeling compassion and empathy to my students and by striving to empower them while giving them direction and maintaining expectations.

I teach other courses that are not strictly about social work as we, my fellow faculty members from various disciplines such as Mathematics, Information Technology, Urban Studies, Business, English, and Biology, have designed an exciting first year curriculum.

What DSW program experiences have been the most valuable for you - as a student and now in your job at CUNY?
There were so many aspects of the DSW program that I found valuable. I think the exposure to leaders in the field and the developing of higher level theoretical thinking and analysis was crucial. I also found enormous benefits from exposure to my fellow cohort mates and my committee members. I learned so much from all of them and I think that it has made me a better clinician and educator. I am thankful that I had the opportunity to teach at Penn and Temple and am appreciative of all those who guided and helped me along the way.

Do you have any advice for current Clinical Doctor of Social Work students?

I would encourage each student to embrace this time of opportunity to study something that is important to them and their practice. I would recommend looking at this education journey as the beginning of a life-long learning endeavor and to use their knowledge and skills to contribute to the academic literature. I am working on publishing my dissertation into several articles. I would recommend publishing sooner rather than later so that it is fresh in your mind.

What has been your most significant challenge since graduating from The DSW program?

There were numerous transitions that I navigated which included leaving my comfortable job and my coworkers at HUP, moving to a new city and adjusting to life in academia. Some people think that working at a community college comes with less research and scholarship activities. However, I am finding that it is the exact opposite at CUNY. They hire folks that will contribute to the intellectual professional conversation whether it is in the area of the Scholarship of Teaching and Learning or in your field. I continue to strive to maintain balance in my life. This has always been a challenge in the lives of busy social workers, students, and academics.

Is there anything else you think current DSW students should be aware of or know as they embark on their post Clinical Doctor of Social Work career?

First and foremost, enjoy the journey and continue to learn, to evolve and to appreciate the opportunities afforded by this education. Another hope I have for all of us is to show the uniqueness of social workers and social work study. I have a newfound pride in our profession and I hope others do as well and will share it with all persons that will listen.

Lastly, I realize that I have so many people to thank for my positive experience and I encourage others to take every opportunity to thank them and appreciate the efforts in creating this program. I consider it a great privilege to have studied at Penn under the leadership of Lina Hartocollis with a talented group of colleagues/cohort mates and I am enormously grateful to my committee—Ram Cnaan, Jerri Bourjolly and Rita Charon. I wish each DSW student great success in their education and beyond!

To learn more about Nicole Saint-Louis and her career post DSW program you can visit CUNY’s website:

http://ncc.cuny.edu/about/staff.html?staffName=nicolesaintlouis

http://www.ncc.cuny.edu/about/mvvg.html

http://www.ncc.cuny.edu/index.html

MaryAnn A. Groncki
SP2 DSW Graduate (2010)
Jane Abrams, DSW’10, LCSW, co-presented a poster on her paper, “Teaching Trauma Theory and Practice in MSW Programs: A Clinically Focused, Case-Based Method”, at the conference Trauma Through the Life Cycle From a Strengths-Based Perspective in Jerusalem, Israel in January 2012. Jane also presented this paper at the 2012 Annual Program Meeting of the Council on Social Work Education in Washington, DC. She has taught Trauma Theory and Practice at SP2. This semester, she is teaching Psychodynamic Theory and Clinical Social Work Practice, a course she developed and is being offered at SP2 for the first time. Jane continues to maintain her private psychotherapy practice in Center City, Philadelphia.

Guia Calicdan-Apostle, DSW’11, MSSW, is a tenure track Assistant Professor of Social Work at The Richard Stockton College of New Jersey’s School of Social and Behavioral Sciences. Her article, “Bahá’í Practitioners’ Spiritual Orientation in Mental Health Practice”, will be published in the International Journal on Religion and Spirituality in Society, Volume 2, 2013, http://religioninsociety.com/, ISSN 2154-8633. She has presented at both national and international conferences. Her most recent abstract, “Intrinsic Religious Motivation of Bahai Mental Health Practitioners”, was presented at the 3rd International Conference on Religion and Spirituality in Society in Tempe, Arizona in March 2013.

Janeen Cross, DSW candidate, LSW, ACSW, MBA, will be presenting “Building Blocks for a Successful Parent Led Peer Support Group” at the National Association of Perinatal Social Workers Conference in Baltimore, Maryland in May 2013. Her presentation will teach social workers around the country how to develop and manage peer support groups in their respective NICU settings.

Mery Diaz, DSW’11, LCSW, was appointed Assistant Professor in The Health and Human Services Department at The City College of Technology of The City University of New York in August 2012.


Bianca Harper, DSW’12, LCSW, teaches Human Behavior in the Social Environment II and Play Therapy at SP2. She presented her research, “Family Reunification after Sibling Sexual Abuse”, at the 2012 Annual Program Meeting of the Council on Social Work Education in Washington, DC.

Kia Kerrin, DSW’13, MSW, teaches Action Research and Introduction to Social Work Research at SP2.

Kate Ledwith, DSW’11, LCSW, teaches Advanced Clinical Practice, Mental Health Diagnostics, and Brief Treatment and Crisis Intervention at SP2. She presented on Solution-Focused Brief Treatment for Employee Assistance Programs (EAP) at the PBHMind Symposium sponsored by the University of Pennsylvania Department of Psychiatry in March. Her talk will be followed in April by a PBHMind webinar lecture on Solution-Focused Crisis Intervention in EAP. Kate's book, McGraw-Hill's 500 Psychology Questions: Ace Your College Exams, was published in 2012.

Lois Robbins, DSW candidate, MSW, will present findings from her dissertation, “Hearing His Story: A Qualitative Study of Fathers of Pediatric Stroke Survivors”, to psychologists and neuropsychologists at the Children's Hospital of Philadelphia.


Anderson Sungmin Yoon, DSW’13, LCSW, will be presenting his dissertation study, “The Role of Social Support in Relation to Parenting Stress and Risk of Child Maltreatment Among Asian American Immigrant Parents”, at One Child, Many Hands: A Multidisciplinary Conference on Child Welfare, in June 2013. This conference is organized by the Field Center for Children's Policy, Practice & Research at the University of Pennsylvania.