

Director's Message

Kim Lawson Interview

Reactive Attachment  
Disorder

An Interview with Heather  
Sheaffer, DSW'10, LCSW

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# The Clinician

**The Clinical Doctor of Social Work Newsletter**  
**The University of Pennsylvania School of Social Policy & Practice**



Volume 5: Issue 1

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Congratulations Suzanne Daly and Pamela Szczygiel  
Recipients of the 2015 Dr. Ram Cnaan Award

## 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 for her ongoing support and contributions to The Clinician.

# DIRECTOR'S MESSAGE

LINA HARTOCOLLIS, MSS, PHD

In 2004, soon after Dr. Amy Gutmann became President of the University of Pennsylvania, she rolled out "The Penn Compact." Intended to serve as a guide and a mandate for the University, it incorporated three basic principles: Access, Integration and Inclusion. In the recently updated Penn 2020 Compact, "access" has been replaced by "inclusion," but the idea behind it is the same: to increase access to Penn's "exceptional intellectual resources." One way that increasing access is to be operationalized is through promoting "high quality online education initiatives that promote the most innovative teaching and educational research on Penn's campus."



For the past eight years, since we started the DSW program, it has been fully onsite, with students commuting to campus each week and a few relocating from other parts of the country. But we've become increasingly aware that for many students who aren't able to commute or relocate to Philadelphia, and also for local working students who don't have the flexibility to come to class every week, Penn's DSW is literally out of reach. In light of the University's commitment to providing access, we made the decision to move the DSW program to a more accessible format. Other distance or combination/distance-onsite degree programs are also in the works at Penn but the DSW would be the groundbreaker.

We had two overriding goals during our planning for the hybrid distance program: 1) to increase access and 2) to maintain the relational aspect of the program. In many ways the new format is the same as the old. Students will attend the same classes as they do now, but through high quality videoconferencing. The classes will be held in real-time, and students and faculty will all be together on the screen during the entire class. The dissertation process will remain the same, with mentors and faculty staying connected to students via videoconferencing. The cohort will come to campus for several "campus immersion experiences" during which they will have the opportunity to explore and participate in the rich academic, cultural, and social life that makes Penn a world-class Ivy League campus. We are excited that students will be able to have this "Penn experience" and not just come to campus for class and then leave, as many of our commuting students do now.

The admissions cycle for fall 2015 just ended and we had one of the strongest and largest pools ever. The exceptionally well qualified applicants to whom we've offered admission live and work in far flung places all around the world—from Hawaii to California to Texas to Michigan to the United Arab Emirates, and many places in between. Several admitted applicants are US service members and spouses, whose itinerant lifestyles make it difficult for them to pursue traditional doctoral study. We are looking forward to welcoming this new class to Penn in 2015 and excited to begin this new chapter in the DSW's history.

## KIM LAWSON INTERVIEW

By Marni Rosner, DSW, LCSW

A big congratulations to Kimberly Lawson, LCSW, who has been awarded a two-year Doctoral Training Grant in Oncology Social Work from the National Home Office of the American Cancer Society. Kimberly is a first year doctoral student (a member of the 2014 cohort).



Kimberly, what exactly is this grant?

The American Cancer Society wants to support and advance research in psychosocial oncology. They are dedicated to quality of life issues just as they are to finding a cure for cancer. For any qualifying social worker pursuing a doctoral level degree and interested in psychosocial oncology research for their dissertation, this program offers up to \$80,000 in support over four years. If awarded, the first grant is a renewable, 2-year, \$40,000 award, disbursed in \$20,000 increments each year, with \$15,000 to go toward the student's tuition each year, and \$5,000 each year to the school to support the student's and dissertation chair's travel to conferences to present regarding the student's dissertation research. If needed (if the student is still completing doctoral studies after the first two-year award) grant renewal may be sought, with application made for a second two-year award in the same amount. The American Cancer Society's primary purpose with this program is not only to support the research, but its dissemination as well, to increase professional and public awareness of the psychosocial challenges of cancer, and to improve quality of life for those touched by the disease.

This is historic for SP2 – a DSW candidate receiving such a prestigious – and generous - grant. What will your dissertation address?

Oncology social work recently celebrated its 30-year anniversary. At the same time, the number of cancer survivors are increasing significantly, particularly as baby boomers age. Cancer is, primarily, a disease of aging. Not surprisingly, oncology social workers are increasingly experiencing cancer "hitting home", either as survivors themselves or as caregivers for family and/or friends. I am interested in exploring the topic of therapist self-disclosure of personal cancer coping experience (PCCE). I am wondering if oncology social workers self-disclose about this experience in professional helping relationships. If so, how do they make decisions about whether or not to do so? Do they feel prepared academically and / or professionally to self-disclose appropriately, for client benefit? One of my goals is to try to help oncology social workers or any therapist with PCCE "capitalize" on this personal experience as a resource, particularly in the current financially-constrained health care environment, to make the most of our clinical resources. In doing so, I hope to eventually create guidelines, or a "model", if you will, for optimal self-disclosure of PCCE, in the hope of establishing best practices focused on client benefit and furthering the therapeutic relationship. Similar models of self-disclosure are emerging for other specialty populations, but there are currently none in psychosocial oncology. My dissertation title is "Oncology Social Workers' Self-Disclosure of Cancer Coping Experience". It will be a qualitative, exploratory study, via interviews with oncology social workers who have had personal cancer coping experience. Along with informing clinical care, a secondary study aim is to inform teaching and contributions to the professional literature.

That sounds fantastic. What does this mean for the school?

This helps establish SP2 as a more recognized training ground for oncology and other social workers

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KIM LAWSON INTERVIEW  
BY MARNI ROSNER, DSW, LCSW  
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wishing to pursue psychosocial oncology research. Though there have been oncology and other social workers previously in the DSW program who have and / or are also now working in oncology, there has not been a focus on American Cancer Society supported research in dissertation work at SP2. To my knowledge I am the first SP2 DSW student to apply for this grant. I understand this, as it's a thorough and significant application process! Also, establishing a school for the first time as a qualified training ground can be somewhat intimidating. However, Penn, SP2 and its leadership, as well as Penn's Abramson Cancer Center, a National Cancer Institute-designated cancer treatment center, offer the perfect context in which to grow this program and cultivate oncology social work training in psychosocial oncology research. Additionally, the recent move of my dissertation chair, Allison Werner-Lin, PhD, LCSW, as a faculty member from NYU to Penn was key in the application's approval. Her notable work and publications in emerging genetic and hereditary psychosocial oncology issues, as well as her otherwise impressive background and dedication to this application process, were likely instrumental in the grant's approval. Dr. Werner-Lin's experience, as well as her commitment to teaching, combined with my background in oncology, seemed to help convince the American Cancer Society of SP2's potential for "training" DSW students in psychosocial oncology research. I'm also optimistic that this approval could now help open doors and increase opportunities for further psychosocial oncology research with financial support to future SP2 students as well.

What does this grant mean for you, personally?

This is the realization of a 25+-year dream of mine. I am still pinching myself! I am really not a self-promoter, though, so, as with most social workers, it's a little difficult to share this news. I do it, though, to increase awareness of and help grow the field of oncology social work. I've spent my entire career growing oncology social work services somewhere - I guess this is my next chapter. I had been encouraged for many years by the American Cancer Society and other oncology mentors to apply if I ever pursued doctoral studies, so I knew when I was accepted to Penn I needed to try. I was also encouraged by my dissertation chair - I've already mentioned her - Allison Werner-Lin - who has been so supportive and enthusiastic throughout the process. Her move to Penn and her own accomplishments played a key part in obtaining approval.

May I ask - how did you become interested in oncology social work?

I have been an oncology social worker since my undergraduate field placement - many years ago! I "was hooked", as they say, from the beginning. I have also been blessed with wonderful mentors throughout my career through professional organization involvement in both the Florida Society of Oncology Social Workers and the Association of Oncology Social Work. I've also had opportunities for clinical and leadership growth within oncology which kept me captivated and remaining in the specialty. Over time, cancer has also touched my life personally, so I have been "on the other side of the fence", which is a very different experience. This has also served as a motivator in recent years to further my education and work for improved quality of life for others touched by cancer. I'm honored and thrilled now to be at Penn and to have the American Cancer Society's and SP2's faculty support!

Kimberly Lawson can be reached at [kim@cancersupportsolutions.com](mailto:kim@cancersupportsolutions.com)

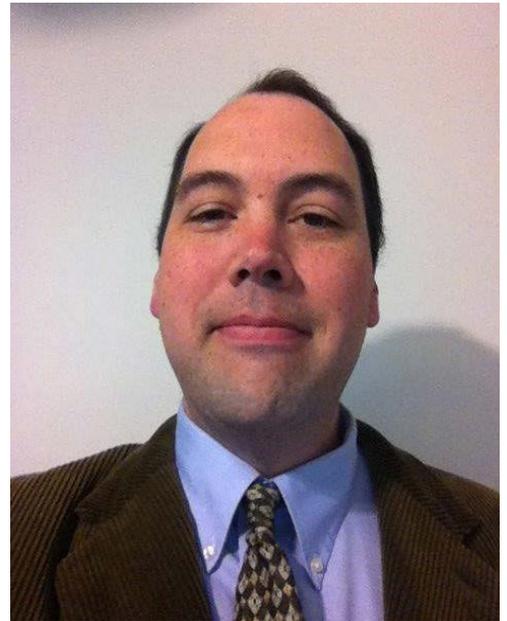
Further information about the grant can be obtained here:

[www.cancer.org/research/researchprograms/funding/doctoral-training-grants-in-oncology-social-work](http://www.cancer.org/research/researchprograms/funding/doctoral-training-grants-in-oncology-social-work)  
or email: [Danielle.alsander@cancer.org](mailto:Danielle.alsander@cancer.org) or [Ginger.Krawiec@cancer.org](mailto:Ginger.Krawiec@cancer.org).

## REACTIVE ATTACHMENT DISORDER

Thomas Proctor, DSW Candidate, LCSW-C

Clinicians face many complex issues, particularly in residential treatment due to the acute cases that are admitted. This article will focus on Reactive Attachment Disorder (RAD), a serious condition in which an infant or young child fails to establish healthy attachments with parents or caregivers. I have only encountered this once in seven years with hundreds of cases; its prevalence is rare. However, once you encounter the symptoms, it is unmistakable.



The symptoms of RAD in children include withdrawal, fear, sadness or irritability that is not readily explained, sad and listless appearance, not seeking comfort or showing no response when comfort is given, failure to smile, watching others closely but not engaging in social interaction, failing to ask for support or assistance, failure to reach out when picked up, and no interest in playing peek-a-boo or other interactive games (Mayo Clinic, 2015).

Children with this particular diagnosis can have varied attachment issues. Some children who have suffered from drug exposure en utero can have very socially unacceptable boundaries and have difficulty forming attachment with others. This presents as a child who will not be able to be comforted, and withdraws and argues with everyone. It is important to have an understanding of attachment when treating children, particularly those with reactive attachment. Children with RAD are not able to engage, and interact in a manner that can be rejecting. This can be difficult on a parent or guardian if taken personally. This is not oppositionality or manipulation, but an almost insatiable need to argue and show agitation. It is a result of the faulty interactions that children have formed and the style in which they communicate.

There are two subtypes of RAD (American Psychiatric Association, 2013). They are “reactive attachment disorder” and “disinhibited social engagement disorder”. The reactive attachment subtype is described as a lack of attachment to other adult caregivers. It has been described as closely resembling internalizing disorders such as anxiety, depression, dissociative, and trauma centered disorders.

When a child is diagnosed as having reactive attachment, they are described as being disengaged or insecurely attached. Behavior observed includes a lack of eye contact, poor emotional management, and a negative response to being comforted. One distinction in the two subtypes of RAD is a child with reactive attachment struggles to be comforted at all, and can escalate behavior when attempt at comfort/support is made. (This is in contrast to a child with ADHD, who may disengage or have a mixed response to comfort but may still be able to be comforted.)

The second subtype, disinhibited social engagement disorder, often manifests as a child showing “indiscriminate sociability”, meaning the child is not perceiving the social cues that help them to determine appropriate interaction with peers, family, and, in residential treatment, staff. This can cause conflict in peer social interaction.

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## REACTIVE ATTACHMENT DISORDER BY THOMAS PROCTOR, DSW CANDIDATE, LCSW-C Continued From Page 6

One approach to improving social interactions is to create a written protocol describing observed and anticipated behaviors for the children, as well as a description of staff interactions and responses. A protocol that has worked with pre-adolescent males in residential treatment is to not engage in every opinion of the child. This standoff approach sets a precedent for how the child will be treated and sets expectations for the staff who work with them. This protocol should include a consistent pattern of behavior toward the child, which includes respect and support of the child. The staff will not argue with the child and reminds the child of their responsibility to the routine. This reinforces the discussed parameters of the child's behavior and expectations, and allows the child to question the agreement without confrontation when there is noncompliance with the routine.

When a child is avoidant toward the established routine, staff needs to show a consistent expectation and also have the flexibility to compromise. For example, during the evening hygiene and bedtime protocol, staff may allow the child the time to perseverate for several minutes, but all along giving verbal time reminders that their time is winding down. Additionally, despite the reaction or manipulative strategies employed by the child, it is imperative that staff maintain the expectation and standard that going to bed is essential. In one case, a child was quite fearful of the dark. A compromise was found: he could sleep with his light on if he could follow the routine of going to bed. This was able to work despite the oppositionality of the child, because he was able to choose to go to bed.

Children who are disinhibited can also make poor choices when it comes to interacting with others. A child who has poor boundaries can walk away from the care provider, go with a stranger, and present as gullible to those who do not know that the child is disinhibited. Children with poor boundaries are also not receiving the same social cues that their peers have learned. These cues are important when determining who to interact with, what is a safe situation, and what could harm them.

Children with RAD may also show signs of withdrawal that can undermine treatment efforts and goal setting of the client, family, and staff. This withdrawal of a RAD child can and will inhibit their progress in socialization and engagement in treatment.

It is essential when treating a child who is in a residential treatment center to understand the diagnosis of RAD. Meeting as a team to develop and implement a protocol for interactions with the client is an imperative next step, followed by support from the therapeutic team to the entire staff that interacts with the child. A review of the intervention is essential at each subsequent team meeting or rounds to determine effectiveness of the intervention (protocol) and to determine if changes are needed. While the issues that are discussed above are important, the interactions of the RAD child with their family or caregiver are another area of discussion that needs to be explored. One way to accomplish this is in the use of family therapy to educate and support all parties in the client's life. These relationships and supports are essential in helping to address the issues that are being faced.

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# Congratulations to the Clinical Doctor of Social Work Graduates 2015

Janeen Cross  
Anna Erb  
Gina Innocente  
Aileen McCabe-Maucher  
Cristina Reamon

Suzanne Daly  
Halcyon Francis  
Megan Karl  
Mary McCluskey  
Scarlett Robinson

Lisa Eible  
Lloyd Gestoso  
Jennifer King  
Stephanie Nathanson  
Pamela Szczygiel



## RIDING THE WAVE OF MINDFULNESS

James K. Joseph, DSW Candidate, M.S.Ed., LCSW

Google "mindfulness," and you will find countless articles about the benefits of its application in our everyday lives. Mindfulness has a growing body of research to support its effectiveness in improving overall mental health. Standardized techniques have been developed to treat specific diagnoses, such as dialectal behavior therapy (DBT) for borderline personality disorder and mindfulness-based stress reduction (MBSR) for depression. As mindfulness continues to grow in its application, the presence of mindfulness in our popular culture is also expanding. Articles on mindfulness can be found in magazines, and anchors and pundits from both sides of the aisle are proclaiming its benefits. It seems as though mindfulness is reaching its tipping point—this shift in public perspective is a welcome change to therapists who have been steadily incorporating mindfulness into their practice.

With this current wave of mindfulness research, it is easy to get caught up in the hype and become overzealous in the application of mindfulness, or in contributing to an inflated idea of how much change it can create. Everyone is searching for a panacea, from clients to mental health professionals to insurance companies. Mindfulness is on the verge of becoming as integral to our daily self-care routine as tooth brushing. As this comes to pass, the work of researchers and mental health professionals becomes more important.

As the emergence of mindfulness in clinical settings and popular culture swells, the potential for its gratuitous application increases. As mental health professionals, it is important to help clients develop

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# ALUMNI UPDATE

## An Interview with Heather Sheaffer, DSW'10, LCSW

BY MARYANN A. GRONCKI, DSW'10, LCSW



service providers for outpatients with cancer and their families. The Abramson Cancer Center at Penn Medicine was ranked the #11 Cancer Center in the United States this year and draws people locally, regionally and from around the globe for cancer treatment and clinical trials.

I was hired as Director to develop new roles and new programming including oncology social work and navigation. Since beginning at the ACC in 2012, we have developed the role of the social worker in medical and surgical oncology including implementing multiple new support groups; started a Legacy program including a writing partnership with the Kelly Writer's House on Penn's campus; developed and launched an innovative distress screening process across all four Penn Medicine hospitals; hosted more than 20 social work students, and provided social work services to thousands of patients and families with cancer.

**Tell us about your career since you have graduated from the UPenn, Clinical Doctor of Social Work (DSW) program?**

Since graduating from the DSW, I've continued working at Penn Medicine—first as a team leader in the Social Work department at the Hospital of the University of Pennsylvania and then as the Director of Patient and Family Services for the Abramson Cancer Center, Penn Medicine. I've also taught in the HBSE sequence and served as a field liaison for first-year MSW students at Penn.

**Tell us about your role and work at Abramson Cancer Center.**

Three years ago I assumed the role of Director of Patient and Family Services at the Abramson Cancer Center (ACC). This role includes managing various departments including social work, nutrition, navigation and counseling

In navigation, we developed the role of nurse navigator in the cancer center, assisting thousands of patients and families access specialty cancer care at Penn Medicine. We've demonstrated the ability of nurse navigation to not only assist patients and families through the cancer journey but also created a proprietary database using metrics to demonstrate the return on investment of navigation for Penn Medicine—something currently lacking in the navigation literature. We continued to expand our cancer nutrition program—offering new nutrition education classes and outreach into our community and beyond. We also hired the first Integrative Oncology Navigator in the history of Penn Medicine (a social worker) who will focus on connecting patients to integrative services, such as Reiki, massage and acupuncture, at Penn and in the community. My staff and I have also have presented at multiple national and international conferences sharing our work with colleagues. Needless to say, I've been very busy in the last three years!!

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An Interview with Heather Sheaffer, DSW'10, LCSW  
By MaryAnn A. Groncki, DSW'10, LCSW  
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How has your Clinical Doctor of Social Work education influenced/enhanced your work at Abramson Cancer Center?

I use the skills I learned in the DSW program daily- especially the skills I learned through the dissertation conceptualization and writing process. Prior to the DSW, I did not fully understand the power of utilizing the literature to make my case, whether I am seeking to increase my staffing numbers or to develop a new program. My ability to integrate the literature related to my goal has proven its worth over and over- skills I would not have honed without the DSW. I am also very comfortable with professional writing and comfortable presenting (and defending) my thoughts in challenging situations.



The dissertation writing process also taught me how to break large complex problems or projects into manageable steps that were “doable” (in the words of Dr. Ram Cnaan). For example, I was asked to lead a group of multidisciplinary staff across all sites of Penn Medicine to develop a process to assess the psychosocial distress of people with cancer. The task was to devise a process to screen thousands of patients across four cancer centers with multiple locations without adding any additional resources- financial or otherwise. This was a huge challenge, however the skills I acquired in the DSW program helped me to formulate a plan to approach this unwieldy task that had many moving parts. I created the methodology and invited stakeholder participation. When I presented an update of the distress screening program to our accreditation agency during a site visit last November, they were impressed, not only because we were ahead of the compliance timeline but also because we had developed a unique process to achieve this mandated screening. Overseeing this major initiative and working with many different departments, staff and resource constraints and personalities reminded me of the importance of developing relationships- a skill enhanced by the training in the DSW.

Heather Sheaffer, DSW, LCSW is the Director of Patient and Family Services at the Abramson Cancer Center, Penn Medicine.

The Clinician, published twice yearly, provides UPenn DSW students and alumni an opportunity to highlight their work, research, and thinking as it relates to direct practice and leadership in the social work profession. We encourage submission of articles that encompass social work values, are innovative and creative, and represent a wide range of clinical paradigms and techniques. We also encourage submission of essays and reflections that are relevant to clinical practice and leadership in social work.

To view previous issues of The Clinician click on the following link -  
[www.sp2.upenn.edu/publications/the-clinician/?pubview=true](http://www.sp2.upenn.edu/publications/the-clinician/?pubview=true)  
Click on any of the hyperlinks in this issue of The Clinician to be taken directly to the site.

## RIDING THE WAVE OF MINDFULNESS

BY JAMES K. JOSEPH, DSW CANDIDATE, M.S.Ed., LCSW

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realistic expectations for how they can incorporate mindfulness into their lives. The benefits of mindfulness are attainable by those who practice. However, similar to exercise, cultivating a practice of mindfulness can be difficult. Mental health professionals can scaffold the development of their clients' mindfulness practice by helping clients set realistic goals and providing psycho-education on the benefits of mindfulness physiologically, cognitively, and emotionally. Researchers can contribute to the academic base that will underlie the psychoeducation provided to clients. Most importantly, through the development of their own mindfulness practice, mental health professionals can improve both their self-awareness and empathic capacity: skills that benefit both the client and the mental health professional.

## DSW STUDENT AND ALUMNI NEWS

Kathryn Arnett, DSW Candidate, LCSW, CADC, has recently accepted a position at the Walter Reed National Military Medical Center, as the Substance Use Disorder Consultant.

Michael M. Crocker, DSW'09, LCSW, recently joined Rutgers University's MSW program as an Adjunct Professor teaching Group Psychotherapy. He recently presented research at a National Institute for the Psychotherapies Workshop in NYC, and is scheduled to present "Working with Clients with Avoidant Attachment Styles and Addictive Behavior", a presentation based on his DSW dissertation research, at the NASW Addictions Conference in June 2015.

Nathaniel Currie, DSW Candidate, LCSW-C (MD), LICSW (DOC), has recently accepted a position as Facilitator of Clinical Programming, and as a clinician, at Us Helping US, People Into Living, Inc., in Washington, DC. Committed to a vision of inclusiveness as well as innovative programs and services, Us Helping US, People Into Living, Inc., works to improve the health and well-being of black gay men to reduce the impact of HIV/AIDS in the entire black community.

Sharon Czabafy, DSW Candidate, LCSW, CAACD, TTS, CET, was recently hired as an Adjunct Instructor at Bryn Mawr Graduate School of Social Work and Social Research to teach Group Treatment.

Mery Diaz, DSW'11, LCSW, and Assistant Professor, Human Services Department, NYC College of Technology / CUNY, has three accepted and forthcoming summer 2015 publications, including:

- 1) Diaz, M. (Forthcoming). The "New" DSW is here: Supporting degree completion and student success. *Journal of Teaching in Social Work*.
- 2) Dias, M. (Forthcoming). Tales and trails from consultation: Improving school social work and teacher collaboration through interdisciplinary school-based mental health teams in high poverty urban schools in *Reflections: Narratives of Professional Helping*.
- 3) Dias, M. (Forthcoming). Facilitating urban school social worker collaboration with teachers in addressing ADHD: A mixed-methods assessment of urban school social worker knowledge. *School Social Work Journal*.

Anna C. Kann Erb, DSW'15, LSW, co-authored the article "A brief review of fetal alcohol spectrum disorder: Applied case study and discussion", *National Association of Dual Diagnosis Bulletin*, November/December 2014.

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# DSW STUDENT AND ALUMNI NEWS

Bianca Harper, DSW'12, LCSW, co-authored the article "Experiences of mothers who are child sexual abuse survivors: A qualitative exploration", in press in the *Journal of Child Sexual Abuse*. Additionally, Dr. Harper will be presenting "Supporting Clinicians Working with Survivors of Incest" at the International Interdisciplinary Conference on Clinical Supervision at Adelphi University in June 2015.

Marissa B. Kahn, DSW Candidate, LCSW, holds an adjunct faculty position at the University of Pittsburgh School of Social Work. In this position Marissa serves as an instructor teaching Models of Intervention, a foundations course examining the major theoretical models of social work practice, and as an academic and field advisor.

Michael Kaltenbach, DSW Candidate, LCSW, recently accepted an Adjunct Lecturer position for Temple University, teaching Communication in Social Work Practice, an undergraduate course on advocacy and interviewing skills with prospective clients. Michael has also previously taught "Crisis Intervention and Brief Therapy" for the University of Southern California's online academic program.

Kimberly A. Lawson, DSW Candidate, LCSW, presented a podium presentation "Advancing Psychosocial Programming in the Era of Value-Based Cancer Care: Oncology Social Workers as Program Development Leaders through Grant Writing", at the 31st Annual Conference of the Florida Society of Oncology Social Workers in October 2014 in St. Petersburg, Florida.

Sunny Lee-Park, DSW Candidate, LSW, recently accepted a position as Director of Social Services at the Philip Jaisohn Memorial Foundation, a Philadelphia agency serving the Korean American community. Sunny will be responsible for reorganizing and expanding the services of the Social Services Department, securing funding, and acting as a liaison to the wider Philadelphia community.

Vance Patrick, DSW Candidate, MSW, is teaching required courses in SP2's Racism Sequence. In the Fall 2014 Vance taught "American Racism and Social Work Practice" and in the Spring 2015 taught "Understanding Social Change: Issues of Race and Gender".

Marni Rosner, DSW'12, LCSW, is teaching Clinical Practice I at Fordham University Graduate School of Social Service online program.

Jamie Siegel, DSW Candidate, LSW, recently presented a poster presentation entitled "Homelessness in Our Schools: Understanding Legislation to Eliminate Barriers for our Students", at the 18th Annual Conference of the School Social Work Association of America, held in April 2015 in Nashville, Tennessee.

Jacqueline Russo Strait, DSW'13, LCSW, recently published a portion of her dissertation findings in a special issue of the *Smith College Studies in Social Work*, entitled "Neurobiology and Mental Health Practice". The citation for Jacqueline's article is "Strait, J.R. (2014). Resonance in the dissociative field: Examining the therapist's internal experience when a patient dissociates in session. *Smith College Studies in Social Work*, 84, 310-331, DOI: 10.1080/00377317.2014.923721". Jackie continues to maintain a private psychotherapy practice in Philadelphia's Center City and teaches part-time for SP2.

Mary Kay Tuohy, DSW Candidate, LCSW, was recently elected to a two-year term for the Pennsylvania Association for Psychiatric Rehabilitation's Board of Directors. Mary Kay is currently the Director of Behavioral Health at Elwyn, an organization recognized as a pioneer in developing groundbreaking programs for children and adults with disabilities and disadvantages.