Letter from the Chair

While contemplating a theme for this newsletter, two considerations grabbed my attention. Despite my efforts to pick only one, I’ve decided to mention both.

The first consideration relates to our Ethical Value of Competence. We are to heighten our professional expertise while practicing within our scope and/or specialty. In fall 2015, I began learning about behavioral epigenetics through professional conferences and social media. I was intrigued by the research as well as the sudden surge of information. If behavioral epigenetics is a new concept to you, I encourage you to do more research and discover the fascinating findings. The very succinct version is that since 2004, studies have shown that nurture overpowers nature (Meaney and Szyf, 2005). Behavioral epigenetics research offers additional evidenced-based data that validate the beneficial outcomes that social workers and other helping professionals assist in creating for the populations we serve, regardless of specialty or practice arena.

The second consideration involves our Ethical Value of Social Justice. As social workers, we are charged to challenge social injustices. This can become difficult if we are not aware of the various injustices, if we feel ill-informed, or if we perceive that there is not enough time for this in addition to our primary responsibilities. One medium to increase our awareness of injustices—and methods to challenge said injustices—is through documentary films. Viewing documentaries can double as a self-care tool, too. Some powerful, poignant documentaries that I have enjoyed include the following:

- “The Hunting Ground”
- “Collapse”
- “For the Bible Tells Me So”
- “Miss Representation”
- “Food, Inc.”
- “Blackfish”
- “Inequality for All”
- “He Named Me Malala”
- “When the Levees Broke”
- “Restrepo”
- “Bag It”
- “Tyke, the Elephant Outlaw”
- “Bully”
- “The Invisible War”
- “Mine”
- “Fed Up”
- “Cove”

I challenge all of you to look into behavioral epigenetics and, at minimum, look up the nature of the above documentaries and view at least one of them. You will notice that most of the documentaries clearly link to the populations with whom we work and the struggles they often endure. However, some of the documentaries are about animal rights or the environment; it is all interconnected. They are all applicable in the work we do, have done, or might do in the future.

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REFERENCE
Working on my dissertation has been a painstaking journey, but I am happy to report that it is soon coming to an end! The topic of relapse among recovering addiction professionals, as you can imagine, has brought forth much criticism as well as support—and both are equally important. Some have offered praise, stating, “It’s about time we talked about this issue.” Others have been offended by my intrusion into the sheltered world of addiction treatment; their fear said, “Don’t expose our secrets.” Still others have articulated the very kind of denial we try to treat: “Let sleeping dogs lie.”

I will not condense a 100-plus-page dissertation into three pages, but I will provide a few highlights. An overview of core findings from two previous studies will be presented first, followed by a preliminary result of the current study. I will conclude with a recommendation and a few thoughts of my own.

One of the most interesting and puzzling discoveries in my investigation has been the lack of empirical studies relative to the topic of relapse among recovering addiction professionals (RAPs). As long as professional addiction treatment has been in existence, there have been RAPs. The first documented RAP was likely Courtney Baylor in 1913, a lay counselor brought up through the ranks of the Immanuel Clinic (White, 1998). Who isn’t aware of the impact of Alcoholics Anonymous on the increase in the number of RAPs? Not to mention the Minnesota Model—in facilities that employed this treatment approach, nearly 95 percent of counselors were in recovery (White, 1998)! Although the prevalence of RAPs has declined in contemporary addiction treatment, still a substantial percentage of the addiction workforce is in recovery. Recent studies have found that 30 to 50 percent of the workforce is in recovery.
resistance to treatment is inherent in substance use.

(Jones, Sells, & Rehfuss, 2009). Given that the practice of using the recovering person as counselor dates back over a century, it’s curious that an empirical literature is so sparse.

Although there have been studies that have looked at alcoholism among professionals, the first that specifically examined the recovering alcoholism counselor and relapse was Jean Kinney’s 1983 study. She conducted a brief telephone survey of graduates from an alcoholism counselor training program and found a 37.5 percent relapse rate among those graduates who were in recovery. Some 26 years later, Jones and colleagues (2009) conducted a large national study on relapse among addiction therapists and found a strikingly similar statistic: Their sample had a 37.7 percent relapse rate.

I desperately wanted to believe this wasn’t so. According my thinking, RAPs would have a lower relapse rate compared with other professions for obvious reasons: (1) our work constantly reminds us of the consequences of addiction; (2) most of us have received substantial education about addiction through the licensure and certification processes; (3) we teach relapse prevention skills daily to our clients; (4) we are usually surrounded by others who are in recovery; and (5) most important, we are in recovery!

Another motivation for my research was the loss of several colleagues over the years from addiction. In my PhD program I conducted a small qualitative study that explored the lived experience of RAPs who relapsed (Greene, 2011). A primary theme that arose was where do these professionals go for help? They expressed fear of losing their livelihoods and careers, which they had spent their whole lives nurturing. Who could they turn to? Every state in the country has a peer assistance program for physicians, called Physicians Health Programs (PHPs), but where does the addiction professional go? Nearly 85 percent of physicians successfully return to practicing medicine after participating in a PHP (O’Connor & Spickard, 1997). Addiction professionals who relapse are fired. That seems to be a double standard. We are trained that addiction is a chronic disorder, which frequently has a relapsing course. We expect it from our clients, and we compassionately support them while they find their way back to recovery. In Alcoholics Anonymous and Narcotics Anonymous, those who relapse are welcomed back with a resounding “Keep coming back!” from their peers. The very stigma that we have worked so hard to overcome is tagged onto the recovering addiction professional who experiences relapse. They are shamed, blamed, and banished from the profession—therein lies my motivation and passion for this topic.

After an exhaustive literature review, I was not hopeful that my results would differ from those of Jones and colleagues and of Kinney. In fact, I hypothesized that my findings would approximate previous researchers’ findings. Much to my surprise, my sample (n=265) reported a 14 percent relapse rate (Greene, 2014), compared with 37.5 percent and 37.7 percent found in the Kinney (1983) and Jones et al. (2009) studies, respectively. I must emphasize that this finding cannot be generalized. Additionally, the relapse rates presented indicate the rate over the career lifespan of the professional: They are not point-in-time estimates. In fact, the Jones et al. study found that more than 91 percent of RAPs were doing well in their recovery.

I have spent the past four and a half years studying this topic, so be assured that my opinions and recommendations are plentiful. For the sake of brevity, however, I will touch on only the most important. We must establish peer assistance programs for RAPs similar to those for physicians. The PHPs have plentiful outcome data (O’Connor & Spickard, 1997), which are impressive. Because multiple treatment episodes and longer durations of treatment can improve treatment outcomes (National Institute on Drug Abuse, 2009), I hypothesize RAP peer assistance program outcomes to be even better than those of physicians, due to RAPs’ recovery history.

The recovering addiction professional makes a unique contribution to the therapeutic milieu that should not be underestimated. It is crucial that we put into place mechanisms that protect the addiction professional’s recovery as well as public and client welfare. For many professionals and clients alike, the empathic connection between two people who share the same life experience can be lifesaving. A centuries-old tradition does not remain centuries-old because it is ineffectual; rather, it continues because it inspires something rich and meaningful in the healing process, as it is with this long-held tradition, “for the therapeutic value of one addict helping another is without parallel” (Narcotics Anonymous, 1982, p. 16).

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REFERENCES


HELPING WITHOUT HURTING: Helping Clients Without Doing Damage to Yourself

JANICE HAWKINS, PHD, LMSW

Many social workers feel that as they focus on shaping the lives of others, they also give definition or meaning to their own lives. And although at times they get frustrated by a lack of resources or other systemic issues, they nonetheless emphasize that the field offers a vast array of opportunities to expand their careers (Lovett, 2012).

“Social worker burnout” is a phrase that doesn’t really confer the emotional trauma of having to abandon the job of helping. Studies on social work retention imply that with the right combination of incentives, management skills, and money, seasoned staff can be persuaded to stay on the job despite disillusionment or dissatisfaction. This is important because, like funding, staffing is a major issue that plagues all social work systems, but in particular child welfare, where recruiting and retaining qualified caseworkers is especially difficult.

Because helping others was (usually) our motivation for becoming social workers, we must be careful not to sabotage the very compassion and hope that make us effective. The following steps are simple but can be very helpful.

• Let new hires know the possible tolls of doing the job. This lessens the likelihood of burnout, as a worker may be able to build in deterrents to burnout (Joselyn, 2002).
• Acknowledge that the job is difficult—not everyone can do it.
• Make friends—don’t isolate.
• Watch your language. Don’t denigrate your job to others—depression is contagious.
• Challenge yourself. Do you have a career plan? What gets you going in the morning?
• Set realistic boundaries with coworkers and clients.
• Set goals for your practice and for yourself, and know your agency’s standards and goals.
• Get a life and invest time in it.
• Generate joy—whether practicing your spirituality, visiting with friends, reading, dancing, or whatever. Do something that makes you happy just because it makes you happy. Make time for it. Balance is the key in helping ourselves as social workers.

Janice Hawkins, PhD, LMSW, is a native New Yorker. She earned her PhD in public administration from Walden University and her master’s degree in social work administration from Columbia University. Hawkins gained extensive social work experience during her 26-year tenure at New York City Children Services and currently lectures, conducts workshops, and writes journal articles on social policy issues as they affect social work practice. Hawkins is presently the chairperson of NASW Administration/Supervision SPS Committee and a member at-large of the board of directors in the New York City NASW Chapter.

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Lovett, B. (2012, Spring). Musings from retired social workers: You have a lot to look forward to. New Social Worker Online. Retrieved from www.socialworker.com/home/Feature_Articles/Professional_Development-%26_Advancement/Musings_From_Retired_Social_Workers-%3A_You_Have_a_Lot_to_Look_FORWARD_TO/


Social workers help others overcome some of life’s most difficult challenges: poverty, discrimination, abuse, addiction, physical illness, divorce, loss, unemployment, educational problems, disability, and mental illness. They help prevent crises and counsel individuals, families, and communities to cope more effectively with the stresses of everyday life (NASW, 2012).

Many of us became social workers because such issues have touched us or our families personally, or we wanted to give back to our communities. Most social workers will, with little provocation, talk about what tragedies shaped their perspectives and affected their decisions to enter the field. These individuals are often driven by a need to “fix” the most “difficult” people with the most recalcitrant problems. Social workers who address child abuse, domestic violence, or poverty-related concerns pay a heavy emotional price.

At the heart of social work lies the desire to make a difference in people’s lives—and it is this desire that keeps workers going despite the job’s challenges. Talk to most social workers and they will say that their biggest rewards are the successful outcomes: when those they have helped become safe and thriving (Mellon, 2009).
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KEYNOTE SPEAKERS

SOLEDAD O’BRIEN, Emmy and Peabody award winning Media Journalist and Correspondent, Author, Executive Producer of Black in America and Latina in America, and Founder of Starfish Media Group

NANCY LUBLIN, CEO and Founder of Crisis Text Line, Creator of Dress for Success, TED speaker, and one of Fortune’s 50 Greatest Leaders

WES MOORE, Author, Founder of BridgeEdU, Army combat veteran, and social entrepreneur

KYRSTEN SINEMA, U.S. Congresswoman serving Arizona’s Ninth Congressional District and member of the House Committee on Financial Services, and Social Worker

ROBERT A. McDoNALD, Serving as the eighth Secretary of Veterans Affairs and former Chairman, President, and CEO of The Procter & Gamble Company

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