Dr. Johannes Verlinde, Associate Head, Graduate Program in Meteorology at Penn State University, teaches that two molecularly diverse ice crystals may initially appear identical, even when placed under a microscope. This, of course, raises the question of whether each snowflake is truly unique. According to Verlinde, a snowflake is created when the temperature drops below 32 degrees (Fahrenheit) and the water vapor in the cloud crystallizes into ice. The particular shape and structure of each crystal are naturally configured by specific conditions inside the cloud—such as temperature and the amount of available water vapor (Stevenson, 2009). According to Verlinde (2009), each snowflake begins in the same shape—that of a frozen water crystal. The most simplistic shape may very well be a humble hexagon.

Yet, as the snowflake itself winds its way through the vast universe we call sky, the varying and dramatically different conditions it encounters affect its growth until it becomes the mature and unique snowflake it was meant to be. Even such minor inconveniences as dirt or dust particles might cause the design or pattern to alter.

Like the conditions that shape snowflakes, our life experiences shape us. We as social workers should remember, each person’s early beginnings are relatively the same; whether he or she is now a hurting family member, a criminal, a court clerk, a suspect in a heinous crime, or even an attorney or judge. We should always seek to recognize and cherish the value, the differences, the dignity, and the worth of all individuals especially those individuals we serve.

Camielle Call, MSW, LCSW

References
A lawyer’s goal is to win the case for her client, and in order to do so, it is usually necessary and appropriate to give advice to the client. A social worker’s goal is not to give advice to his client but rather to help his clients think and act for themselves. (Coleman, 2003, p. 144)

As this quote suggests, lawyers and social workers would at first glance seem to be more at odds than in sync regarding their goals and strategies; yet, their work in the courts and with court-connected populations are often intricately entwined. Historically, social workers have worked alongside lawyers in legal aid, public defender, and juvenile delinquency offices; in child and family services, including abuse and foster care situations; and in public welfare administration. Information for social workers whose practice interacts with the law, as well as information about legal standards, obligations, and legal contexts of social work, is readily available (Saltzman, Furman, & Ohman, 2015). Such material is essential for effectively advocating for clients and fulfilling legal responsibilities in the course of practice.

Unfortunately, there is a dearth of literature directly analyzing the contributions of social work to family law matters. Family law offers an important environment in which social workers can support and assist vulnerable families in times of normative transition as well as crisis. It provides a backdrop for reaching children of all ages, families from an increasingly diverse set of structures, and interventions that are entirely congruent with the values and goals of the social work profession. It is important to identify ways social work and law might become less estranged. Let’s begin with what family lawyers and social workers have in common. Despite their differing methods and strategies, they overlap in content and purpose, as both aim to understand and support the best interests of the child. Within the past few decades, the law has begun to accept what social workers have always known—that in order to support the child, the entire family context must be considered. With the two professions moving closer in
world, the media, and in recreation and in entertainment,

In this regard, opportunities for interdisciplinary collaboration and complementarity have increased.

- **Family lawyers and judges** participate in and sponsor training about family dynamics germane to family law (e.g., high conflict, violence, mental health difficulties, child development).

Social workers can provide clarity. They serve as evaluators of parental strengths and competencies, and guardians ad litem supporting children’s views and preferences. Social workers also contribute in unique and significant ways in newer family law processes as parent coordinators, child specialists in collaborative divorce, expert witnesses, and child advocates in child-inclusive mediation.

Also, with the increased use of courts and court-based services to assist families in resolving disputes, the divide between legal and non-legal problems has blurred. The ever-growing complexity of family issues is such that social workers with mental health perspectives are needed as well as lawyers with legal knowledge and skills.

- **When parents cannot make joint decisions for and about their children, they are forced to turn to a system that is not designed to preserve family relationships, and the family courts turn to mental health professionals to help them do so in spite of the obstacles.**

The nexus of family law and social work deals with crisis points in family life as well as with the intersection of families with societal institutions that are parts of larger oppressive and hierarchical systems. These systems are rife with conscious and unconscious biases and prejudices that favor class and privilege. Social workers are needed to offer clinical work that is informed by an understanding of how to negotiate individual and family needs. Without a focus on protecting the family from the negative aspects of the system that might work against individuals or the family as a unit in disarray, social workers can assist families in navigating such complex systems. The social work clinician can also mitigate negative consequences associated with giving up parental autonomy and allowing the state to make decisions that will affect family relationships and structures for years to come. These decisions demand a rigid adherence to laws that cannot possibly predict how the family will evolve with rapidly changing circumstances. The need for social work assistance to support parental authority and both parenting and co-parenting capacities is salient at crisis points within the human life cycle, especially during the transitions of separation and divorce. These crises could include domestic violence, child maltreatment and neglect, mental health problems, substance abuse, trial, and incarceration.

- **The sufficiently trained social worker understands all of these circumstances and the influences of the system in which the family is embroiled, including the specter of trauma that is part and parcel of ongoing conflict and a threat to relationships with among parents, children, and other family members. Social workers can be useful in providing therapeutic support to deal with the emotional commotion of the family transition. They can provide support to lawyers by interviewing and evaluating children and parents. Social workers can also use their training and education background to make appropriate links and referrals for clients to community agencies, including substance abuse programs, mental health facilities, and offender programs.**

- **Social workers, lawyers, and judges—when working together—have a much better chance of achieving outcomes that are in the best interest of the child. In some instances, social workers can step in where the law ends in order to best meet the needs of the children.**

Interdisciplinary models of intervention support families more than either profession could do alone. The Association of Family and Conciliation Courts (AFCC) is an international, interdisciplinary organization that promotes constructive resolution of family conflict through cooperation with family courts and affiliated services. AFCC has always been focused on an entire range of disputes that reach family courts. Social workers, lawyers, and judges (among other professions and related occupations) exchange ideas, share expertise, and explore best practices and potential remedies. The group has taken leadership in identifying best practice guidelines for groups made up of many kinds of social workers: court-connected therapists, parenting coordinators, and custody evaluators. It convened a think tank on the topic of shared parenting and out of it produced a number of articles examining the pros and cons of legal presumptions versus individual determinations—implications of any legislation or ruling for groups of vulnerable individuals, such as those who suffered intimate partner violence or those who were shut out of their child’s life by the other parent. Social workers who attend the regional or national AFCC conferences can network with legal professionals and receive legal and social work cross-training on issues that impact children and families in transition. Many training opportunities exist through the parent organization and its individual state and provincial chapters for skill building that ranges from child interviewing to evaluation, to mediation, to breaking therapeutic impasses.

New structures are emerging, such as the Resource Center for Separating and Divorcing Families in Denver, Colorado. The center provides educational, non-adversarial dispute resolution, and legal, therapeutic, and financial services and referrals to reorganizing families. Its services are available on a sliding scale that makes them affordable to every family. And one of its unique features is that the services are provided under strict supervision by law, social work, and psychology students who “grow up together” learning to appreciate each other and work in a collaborative,
interdependent environment. Another special feature is that a judge comes to the center monthly and grants divorces or final agreements so that families never have to go to court. It is the only program to date held entirely outside of the court, making it more accessible, affordable, and acceptable to diverse families, including those who distrust the legal system but need its services. An ongoing evaluation of the center indicates that in its first year it has been enthusiastically received by professionals, families, and community partners in the Denver metro area, and outcomes suggest it is helping to reduce conflict and promote family well-being.

Other venues see the center as a model. In Massachusetts, a non-adversarial court connected to the family court system is being considered. Oregon has some initiatives along similar lines. Interdisciplinary research is under way in Arizona, Indiana, California, Ontario (Canada), and Australia. Interdisciplinary trainings have a long, rich history in Boulder, Baltimore, and southern California. This list is only the tip of the iceberg. There is a small but growing group of professionals who desire to work together and create new venues and cross-pollination among their professions—and there is plenty of room for newcomers.

With the increased use of courts and court-based services to assist families in resolving disputes, the divide between legal and non-legal problems has blurred. The ever-growing complexity of family issues is such that social workers with mental health perspectives are needed as well as lawyers with legal knowledge and skills.

CONCLUSIONS
Despite the range of opportunities to work together on behalf of vulnerable families, some social workers steer clear of the family law arena. Social workers may often avoid legal contexts out of a lack of confidence, a lack of sufficient familiarity with procedures and language, and a fear of lacking credibility. Most important, they graduate may from social work schools without experiences relevant to family law. We hope that this article has presented a broader vantage point, so that involvement in family law can be viewed as the relevant, exciting, and rich social work opportunity it is.

REFERENCES
Coleman, B. (2001). Lawyers who are also social workers: How to effectively combine two different disciplines to better serve clients. *Journal of Law & Policy, 7*(131), 131–158.

Social Work and the Courts is a specialized practice area that cuts across nearly every social work practice area, but it currently—and perhaps ironically, given the pervasive nature of this practice area—lacks certification programs and offers few specialized training/criterion/practice guidelines. On a daily basis, we may all work with individuals and families who are court-involved in our nation’s criminal, civil, and family courts. Their needs are expansive, often encompassing multiple services and providers.

The Social Work and the Courts Specialty Practice Section of NASW was designed to give education and support to social workers who engage in a variety of capacities and with a multitude of populations, many of whom have involvement or are associated with the legal system. From social workers who perform community safety or offender assessments, forensic evaluations, custody and guardianship recommendations, mediation, parent coordination, or expert testimony in courts, or those working in mental health, child welfare, or law enforcement/corrections, this practice section is devoted to them.

Recently, NASW (@nasw) and Kathryn Dixon (@kadixonsw) hosted a Twitter chat on forensic social work using the hashtag #ForensicSW. Participants included a wide array of social workers, ranging from those who blog and host podcasts to educators and practitioners. The vast majority of participants were students and early career social workers interested in forensic social work.

Some university programs are beginning to offer forensic tracks or courses for both undergraduate and graduate studies. There remains a need for access to resources, guidance, specialized clinical supervision, training, and certification; this was also apparent in the Twitter chat.

@kadixonsw @nasw It would be vital for a curriculum to be devp’d over the next few years for the forensic SW position within our field #ForensicSW As a student I think more specialty classes would be amazing just to get an idea of different areas of SW #ForensicSW

In order to be most effective in their professional capacity, social workers must have a working knowledge of the legal arenas in which their clients are involved. Understanding the varying objectives and professional standards that judges and attorneys must apply is essential to an effective collaborative relationship between social workers and legal professionals. Likewise, the bench and bar must understand the parameters and professional standards to which social workers are held. How and when do they differentiate which “hat” they are wearing? Role and scope should be clearly defined—details matter! What happens when there are conflicts with court orders? The NASW Code of Ethics applies to all social workers; however, legal standards and precedents vary from state to state. And what of the court-involved families whose separated members live in other states or other countries?

It is imperative that this practice section serve the seasoned social worker, the newly degreed social worker, and all those interested in becoming clinicians who work with court-involved clients and families. The intent of this article is to inform and to underscore the volume of proverbial pitfalls that so often plague social workers who may be unfamiliar with the court system and legal standards of practice.

The Code of Ethics sets forth values, principles, and standards to guide social work conduct. It is relevant to all social workers and students regardless of their functions, the settings in which they work, or the populations they serve. Social workers should provide services and represent themselves as competent only within the boundaries of their education, training, license, certification, consultation received, supervised experience, or other relevant professional experience. This topic was also addressed during the Twitter chat.

@nasw @kadixonsw Glad you are interested. Please know #ForensicSW is very challenging and not for the faint of heart [smile] Gaining experience and working in settings with good supervision is the key to having a good #ForensicSW career.
Forensic social work is an emerging area of practice that demands careful judgment and responsible steps, such as appropriate education. As leaders in the forensic social work community, we must ensure that we are providing fellow professionals with the training and guidance they need to serve competently in what is effectively a rapidly developing, newly recognized practice area. Social workers were brought into the world of “expert” testimony only in 1996, and a 20-year retrospective review yields evidence of growing interest. Interestingly, there were 1,200 impressions during the #ForensicSW Twitter chat.

Conflicts exist between court orders and our NASW Code of Ethics, such as when and under what circumstances to discontinue services with clients. The social worker’s documentation should protect client privacy to the extent it is possible and appropriate, and should include information that is directly relevant to the services. Social workers should engage in practice areas on the basis of existing competence or on the intention to acquire the needed competence. Forensic social work brings some very complex and complicated clinical situations:

@kadixonsw @nasw what would most people be surprised to learn about Forensic Social Work? #ForensicSW surprise is that you work with clients with a lot of comorbidity issues #ForensicSW it mostly requires clinical. You may be asked to testify & you better know your stuff! #ForensicSW

This article was co-authored by Kathryn A. Dixon, MSW, LCSW, and Alexandra M. Coglianese, Esq., MSW, LSW; it is the culmination of 4 years of discussion in clinical supervision. The authors met while Kathryn was giving a continuing education lecture on parent coordination to family lawyers, and Alexandra was an attorney attendee seeking a relevant setting for her second-year MSW field placement. Kathryn and Alexandra have also provided continuing education on forensic social work topics for NASW-NJ’s annual conference.

REFERENCES


THE NEW YORK SECURE AMMUNITION & FIREARMS ACT (SAFE) OF 2013: MSW Students’ Perspectives From the Field

ALI BENDIK • DAGMAR VODRÁŽKOVÁ • GEORGE T. PATTERSON, PHD, LCSW-R

observations in field placement while completing a class assignment.

On January 15, 2013, New York State (NYS) Governor Cuomo signed legislation enacting the Secure Ammunition and Firearms (SAFE) Act. In summary, the SAFE Act is a state gun law, which, among other provisions, requires that four mental health professional groups report to the local director of community services when a client in their care is “likely to engage in conduct that would result in serious harm to self or others” (Office of Mental Health, 2013). In NYS these mental health professionals include physicians, psychologists, registered nurses, and licensed clinical social workers (LCSWs); licensed master social work (LMSW) professionals are not included in the legislation. The law took effect on March 16, 2013, NY SAFE Act, (www.omh.ny.gov/omhweb/safe_act/guidance.pdf)

CLASS ASSIGNMENT
The class assignment required students to speak to their field instructors and other administrators in field placement, and to inquire
about the agency preparedness and response to the SAFE Act. Twenty-four students were enrolled in Professor Patterson’s second-year MSW course “Social Work in the Criminal Justice System,” offered at the Silberman School of Social Work, Hunter College, City University of New York.

After completing the class assignment, the majority of students indicated in their in-class small group presentations that their agency not only had no knowledge of the legislation but also had no knowledge of how to assist a client in response to the SAFE Act. Among the 24 students, the two co-authors’ field placements provided the most information about the legislation.

The first author’s field placement agency was the only one among a group of approximately 18 agencies that was prepared to address the reporting requirement of the SAFE Act (some agencies appointed more than one student intern from the class). The agency had already developed and implemented a documented plan, and it was given to the first author in a folder that contained other relevant forms and procedures for assisting clients. The plan described the reporting procedures, which were consistent with SAFE Act reporting procedures.

The second author also inquired in supervision and with other staff members in the field placement agency. The agency is a day treatment program serving young children, ages three to five, who experience emotional and behavioral problems. Within the agency, only three professionals met the reporting requirements of the legislation: the program evaluator, who holds a doctorate in psychology; the program’s clinical director, who also holds a doctorate in psychology; and the part-time psychiatrist. Upon discussing the SAFE Act with the program evaluator—the only staff member who had some, if limited, understanding of the law—the common agreement was that the law did not apply to the mental health professionals employed in the agency because the client population is only children. Parents or guardians’ mental health status is not assessed or treated in the agency. If the agency had a concern about a parent or guardian, then child protection services would be contacted and a report filed indicating the child might be in danger.

**THE LMSW AND LCSW IN NYS**

Students carefully examined the differences between the two categories of social work licensure: the licensed master social work (LMSW) and the licensed clinical social workers (LCSWs). In NYS, LMSW practice is defined as “professional application of social work theory, principles, and methods to address mental, social, emotional, behavioral, developmental and addictive disorders, conditions and disabilities and psychosocial aspects of illness and injury” (Columbia University School of Social Work, 2013, p. 9).

Responsibilities of the LMSW include social work advocacy, case management, counseling, consultation, research, instruction, and administration of tests and measures of psychosocial functioning. LMSWs are permitted to practice clinical social work only if they are under the supervision of an LCSW, a licensed psychologist, or a psychiatrist. LCSW practice includes all of the tasks identified for the LMSW plus diagnosing mental, emotional, behavioral, addictive, and developmental disorders and disabilities; developing and implementing assessment-based treatment plans; and providing psychotherapeutic treatment to individuals, couples, families, and groups.

In NYS, only LCSWs can provide psychotherapy, assessment-based treatment planning, or diagnosis without supervision. The primary difference between the LMSWs and LCSWs is that the LCSW can perform mental health diagnosis, implement treatment plans, and provide psychotherapy without supervision. Clinical diagnosis is the “process of distinguishing, beyond general social work assessment, between similar mental, emotional, behavioral, developmental and addictive disorders, impairments and disabilities within a psychosocial framework on the basis of their similar and unique characteristics consistent with accepted classification systems” (Columbia University School of Social Work, 2013, p. 9).

**LEGISLATIVE UPDATES**

Students also located proposed amendments to the law. These proposed amendments came about due to NASW-NYS concerns over the reporting requirements and social work liability. The professional organizations of the other mental health professionals had similar concerns and worked together with NASW-NYS. These organizations include the NYS Psychiatric Association, the Medical Society for the State of New York, the NYS Psychological Association, the NYS Nurse Association, as well as the NYS Society for Clinical Social Workers. The proposed language suggests that “mental health professional” should be conceptualized only as professional groups that receive appropriate education and are legally authorized to conduct mental health diagnoses. It was noted that the practice by registered nurses and unlicensed psychologist should not be included in the SAFE Act, whereas psychiatric nurse practitioners should be required to report. NASW-NYS also notes inconsistencies in language between the Health Insurance and Portability Accountability Act (HIPAA) and the SAFE Act, and notes the “reasonable and good faith” language is problematic and inconsistent with child abuse mandated reporting laws.

Gun owners have asserted that the new law restricts their gun ownership rights and have appealed the case to the Supreme Court, which refused to hear it (Blain, 2013). Interestingly, no appeals have been filed concerning mental health issues. Finally, students did locate and retrieve an amendment, signed by the governor, permitting retired police officers to continue to legally own guns and magazines that are illegal under the SAFE Act (Weaver, 2013). It remains to be seen which, if any, amendments regarding the reporting requirements will be signed into law.

**CONCLUSIONS**

Student class assignment presentations indicated that few of the approximately 18 student field placement agencies had knowledge of the SAFE Act, which was implemented less than one year prior to students...
receiving the assignment. These agencies had no procedures or policies to deal with the provision of the legislation. It is unknown why the agencies had little knowledge of the legislation, and the extent to which other field placement agencies are not prepared to address the SAFE Act.

More efforts are needed to increase awareness of the SAFE Act and to assist agencies with developing and implementing policies and procedures, particularly given that these agencies are field education sites. In fact, one student was asked to give the class assignment presentation to the entire agency staff. All of the students agreed that it is important for NYS mental health professionals to learn about the reporting requirements and documentation associated with the NYS Safe Act and recognized the contributions of social work interns in this regard. Students were disappointed that they would be excluded from the reporting requirements for the first three years or more of their professional careers until they obtain LCSW licensure. Even so, they agreed that, due to the distinct differences between LMSW and LCSW practice, particularly related to diagnosis, only the LCSW should report under the law.

Ali Bendik is a second-year MSW student at the Silberman School of Social Work, Hunter College, City University of New York. She can be reached at abendik@hunter.cuny.edu

Dagmar Vodrážková is a second-year MSW student at the Silberman School of Social Work, Hunter College, City University of New York. She can be reached at Dagmar.Vodrazkova22@myhunter.cuny.edu

George T. Patterson, PhD, LCSW-R, is associate professor at the Silberman School of Social Work, Hunter College, City University of New York. He can be reached at gpatter@hunter.cuny.edu

REFERENCES


Did You Know?

Violence is one of the major problems for prostituted people and 60 percent of the abuse against prostituted people is perpetuated by clients.

Call for Social Work Practitioner Submissions

NASW invites current social work practitioners to submit brief articles for our specialty practice publications. Topics must be relevant to one or more of the following specialized areas:

- Administration/Supervision
- Aging
- Alcohol, Tobacco, and Other Drugs
- Child Welfare
- Children, Adolescents, and Young Adults
- Health
- Mental Health
- Private Practice
- School Social Work
- Social and Economic Justice & Peace
- Social Work and the Courts

For submission details and author guidelines, go to SocialWorkers.org/Sections. If you need more information, email sections@naswdc.org.

For more information, visit SocialWorkers.org/Sections