Illinois Society for Clinical Social Work # Newsletter

Development through research, advocacy, education, affiliation and action.

Save the Date: 📅

Sunday Morning Seminars **(online)**

Register: iscsw.simpletix.com

Huey Hawkins, Jr., PhD   **April 30**

Increasing Adaptive Racial Socialization for Black Boys

Caitlin A. Tupper, LCSW   **June 11**

Culturally Competent Services for the Trans/Non-Binary Community

Through a Clear Lens

by Kevin Miller – **What Are Human Rights and Why Should Social Workers Care About Them?**

Book Review

Strangers to Ourselves: *Unsettled Minds and the Stories That Make Us*

by Rachel Aviv
(review by Rich Horwitz)

Original Clinical Article

Neurodiversity after COVID-19: *Reconsidering How We Structure Education through a Strengths-Based Approach*

by Samantha Dunne, LCSW

Licensure Bulletin

President's Message

Greetings to all of our members. Spring is finally here! Unlike other parts of the country, most of us were able to get through the winter without any overwhelming snowfalls. As I say this, it brings to mind the weather elsewhere: The life-threatening blizzards, the floods and forest fires... proof of the ever-present and frightening progress of climate change.
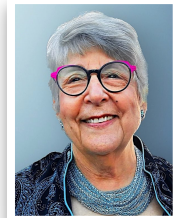
Ruth Sterlin

I realize I've begun on a heavy note. I feel confident, however, that all members of our Society know what it's like to turn on the news and feel the heartbreak. There's no ignoring the chaos, oppression and loss of life in every corner of our nation. What helps us maintain hope are the caregiving and heroic rescues done by scores of people. People who live ordinary lives, turned upside down by unexpected events. Whether helping others or fighting injustice, they're the ones who help us in ways beyond our wildest dreams by pulling together to provide food, water, medical help, comfort and rebuilding in all ways when there is tragedy.

All of this is foremost in the minds of our members and of our Board. As President, I witness the struggle of our Board members to shift our focus from that of the past. As I said in my last President's Message, we still want to make our efforts to provide education we can take into our social work practices, whether in an office or out in the community. Education and CEU's help us remain in our roles as social workers.

At the same time, ISCSW is struggling to figure out the ways we can provide a heartfelt, comfortable space for people of color, whether on our Board or in our general membership. We want to include a diversity of members as well as addressing a wider range of social issues. So far, we haven't figured out how to do this. But we're working on it. We want to move forward and make changes that parallel what's going on in the world. We want to enlarge our mission and our membership to include connections with each other that take into account everyone's needs and comfort levels.

Seriously, we need help with this and information from all of you. Perhaps you can write commentaries, even angry letters to the editor for our newsletter. Or just write or talk to me or any of our Board members.

We're looking forward to two excellent Jane Roiter Sunday Morning Seminars, which I believe will parallel our efforts to move our mission forward. On

President's Message
(continued)

April 30, Huey Hawkins, PhD, will be presenting. We are familiar with him from his presentation from two years ago, when he shared compelling clinical work and how it was affected by the pandemic. In his upcoming seminar, he will present on *Increasing Adaptive Racial Socialization for Black Boys: A culturally competent psychodynamic analysis*.

On June 11, we offer you for the first time Caitlin Tupper, LCSW. Caitlin has extraordinary expertise working in the LGBTQ, Trans and Non-binary community and has given numerous presentations nation-wide. We welcome her seminar on *Delivering Culturally Competent Services with the Trans/Non-Binary Community: A trauma informed approach*. Both presentations will be via Zoom and will be advertised through our email blasts and on our website, so please register soon (*see pages 10-11 in this issue for more info*).

Everyone, please be well. The Board and I would love the hear from you – whatever you'd like to tell us.

Take good care,

Ruth Sterlin, LCSW
Interim President, ISCSW

Through a Clear Lens

by Kevin Miller

What Are Human Rights and Why Should Social Workers Care About Them?

Social work has been referred to as a "human rights profession" (Ife, 2012) and has many natural similarities with the concept of human rights. In support, Witken (1998) writes, "Social work's concern for meeting basic human needs, its respect for differences, and its social change orientation position are at the forefront of human rights struggles" (p. 198). Thus, the human rights perspective can provide social workers with a moral basis for their practice and research (Ife 2012).

There are three traditions that can be identified in the human rights literature and in the history of human rights: **(1)** natural rights, **(2)** legal or state obligations, and **(3)** constructed rights (Ife 2012). Natural rights are assumed to attach to people as part of their innate humanity. They are rights that people are entitled to, simply for being a human. The legal or state obligations tradition suggests that our rights only exist to the extent that they are realized, protected, and guaranteed by the state. This contrasts the natural human rights tradition, in that the legal or state obligations tradition emphasizes that our rights are defined by legislation and are achieved through the workings of the welfare state and legal system (Ife 2012). The constructed rights tradition avoids the idea of rights existing in an objective sense and rather examines the subjective meanings, definitions, negotiations, renegotiations, and interactions that construct human rights. This tradition rejects a positivist notion of rights and regards rights as constructed through discourse, dialogue, and interaction (Ife 2012).

While much of the academic debate on human rights is theoretical and less has been written about the practice of human rights (Ife 2012), a human rights-based framework can help social workers adhere to social justice principles when adopted (Lundy 2011; Finn 2016; Reichert 2011). A human rights framework also offers an opportunity "for those oppressed to organize and resist systems of domination" (Jewell et al. 2009).

Fundamentally, a human rights-based perspective in social work goes deeper than addressing individuals' immediate needs and emphasizes both service provision and advocating for human rights more broadly as methods of attaining and preserving individuals' human rights (Libal et al. 2014;

Jewell et al. 2009). Utilizing a human rights perspective offers social work a "unique method combining both micro and macro level skills...to help create both personal and political power for those involved" (Jewell et al. 2009).

Clinically speaking, a human rights-based approach values processes and outcomes equally (Berthold 2014) and provides a structured, yet flexible rights-based method of engaging individuals, families, and communities. Berthold (2014) details a human rights-based approach to clinical social work, which include the following core principles: **(1)** reframing needs as entitlements or rights; **(2)** operating from a stance of cultural humility and intersectionality; **(3)** fostering a therapeutic relationship and reconstructing safety; **(4)** providing trauma-informed care; and **(5)** drawing from the recovery-model and a strengths and resilience orientation.

Presently, the dominant social work paradigm is aligned with a deficit-based medical model (Berthold 2014), whereas reframing needs as entitlements would require social workers to focus on one's right to healthcare and safety, as opposed to a need for healthcare and safety. This principle of a human rights-based approach also holds that the person's active participation, partnership, and voice are essential in the selection of services and service delivery. Operating from a stance of cultural humility and intersectionality requires social workers to engage individuals and communities in a way that "respects the rights, dignity, unique perspective, ways of knowing, and experiences of each, as well as the self-defined meaning and impact of their cultures" (Berthold 2014, p. 6). Fostering a therapeutic relationship and reconstructing safety is not a static process and will likely differ across cases. However, in a rights-based approach, this means that interventions must tailor the therapeutic relationship to the characteristics of the individual in therapy.

Trauma-informed care according to a rights-based approach would address the impact of trauma on all parts of the system. Social workers need to emphasize treating the trauma, but also creating and sustaining safe environments by systematically addressing human rights abuses that contributed to the trauma (Berthold 2014). Lastly, the recovery model emphasizes self-actualization, combating stigma, empowerment, and the respect, value, and dignity of the individual. Similarly, the strengths and resilience orientation require social workers to work in "partnership with the people they serve to identify and build on their strengths and assets in order to support their health and recovery in the current context" (Berthold 2014, p. 16). This approach, which comprises an aspect of a human rights framework, can help social workers approach practice and research with an emphasis on human rights. While somewhat vague on how these principles may affect social structures, it still provides a potentially useful rights-based approach for social workers working with people directly.

For social workers, the human rights perspective is not simply a case of academic or theoretical defining, rather, it is

grounded in practice and is the relationship between the discursive construction of human rights and the practice of human rights that is critical (Ife 2012). Practitioners can make this connection between theory and practice inductively or deductively. For example, a deductive approach starts with a construction of human rights and sees how that can be applied to practice, while an inductive approach would entail starting with issues or problems in grounded "real" world practice and seeing what human rights issues lie behind them (Ife 2012). Either way, the use of human rights in social work is burgeoning and for good reason.

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LICENSURE BULLETIN 📌

IDFPR Continuing Education requirements for LCSWs ahead of License Renewal on **November 30, 2023** are as follows**:**

30 total hours of Continuing Education Unit credits, to include at least:

- ✓ **3 CEUs in Ethics**

- ✓ **3 CEUs in Cultural Competence**

- ✓ **1 hr. Implicit Bias Awareness Training**

- ✓ **1 hr. Alzheimer's and Other Dementias Training** (for those who treat adult clients 26+)

- ✓ **Sexual Harassment Prevention Training**

- ✓ **Mandated Reporter Training (with section on Implicit Bias)**

NOTES: Stay tuned for information about ISCSW's upcoming *Fall Conference* on Ethics, Cultural Competence, and Harassment Prevention which will fulfill those named requirements in one convenient package.

15 of the required 30 CEUs must be obtained via *in-person* trainings, not virtual webinars. A rules change has been proposed to eliminate this requirement and is in the advanced stages of consideration, however, that change has not been finalized as of publication.

For more information, refer to NASW-IL:

www.naswil.org/ceu-requirements

Book Review

by Rich Horwitz, LCSW

Strangers to Ourselves:
Unsettled Minds and the Stories That Make Us

by **Rachel Aviv** (2022)
276 pages

Rachel Aviv's *Strangers to Ourselves: Unsettled Minds and The Stories That Make Us* presents a nuanced and subtle picture of mental illnesses refracted through the lens of culture and society. Although she is not a clinician, there is no denying Aviv offers much of value to anyone engaged in the practice of psychotherapy. Her writing resembles the thick description of anthropology, avoiding the pitfalls of narrowly focused clinical vignettes that fail to capture the fullness of individual experience. No one should misconstrue her volume as anti-psychiatry; rather it seeks to situate psychiatry amid the humanities and social sciences.

"There are stories that trap us, and stories that save us," (p. 24) the author declares early on before digging deeply into the lives of five individuals not including her self-portrait detailing childhood struggles with anorexia and adult issues with depression. Aviv looks at "the distance between the psychiatric models that explain mental illness and the stories through which people find meaning themselves" (p.24). Laying the groundwork for her approach, she cites a long-ago essay by William James who wrote about the "unclassified residuum" (p. 25) — the idiosyncratic aspects of experience that lie outside theoretical models and ideal formulations and force us to reexamine our most basic assumptions.

Aviv's first portrait reveals new details about Ray Osheroff whose landmark suit against Chestnut Lodge in 1982 grew out of the clash between psychodynamic and biological models of mental illness. Next, she turns to the life of an Asian Indian woman whose story does not fit neatly into Western formulations of mental illness and leaves little, if any, room for spiritual matters. Then she recounts a heartrending story about an African-American woman who dropped her fourteen-month-old twin sons into a river and plunged in immediately afterward. In describing mother's journey over the next seventeen years, Aviv first takes us back to her childhood in the Robert Taylor Homes on Chicago's South Side, life in a homeless shelter, a suicide attempt, and then forward to her incarceration after the incident described above in which mother and one child survived. Aviv cites studies underscoring the limits of strict biological interpretations of mental illness that discount social and economic realities that play enormously influential roles in the unfolding of a life. The fourth sketch is of a well-educated white woman given multiple diagnoses along with an ever-changing array of medications before she tapers off all of them and arrives at a new understanding of her life. Interlaced with this account is Aviv's own complex relationship with antidepressants.

In the epilogue, Aviv returns to the opening section about her hospitalization in the late 1980s at age six for anorexia. There she met a girl, Hava, six years older whose subsequent life course Aviv retraces as she reflects on why some recover from mental illnesses and transform their identities while others never reorient themselves. In these last pages, the author touches on the recovery movement, among the most significant developments in the treatment of serious mental illness in the past thirty years. Recovery may be seen as the unique stamp each person places on the unfolding of life experience. *Strangers to Ourselves* is both a beautiful illustration of the power of narrative writing and an excellent example of how the creation of meaning reshapes identity.

The pendulum swings of psychiatry often shine a light on one facet of experience only to leave another dimension in the darkness. Aviv's vivid portraits endeavor to illuminate biopsychosocial, existential, cultural, economic, and political realities while recognizing that no single orientation suffices. Untangling the threads proves daunting and removing any strand from the tapestry runs the risk of unraveling the whole design. *Strangers to Ourselves* rejects facile explanations and strives for a fresh way of seeing that promises to enrich the perspective of all clinicians.
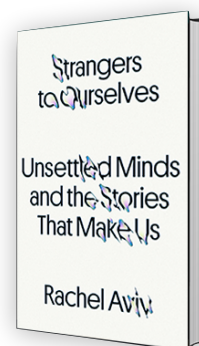
Calling All Writers!

ISCSW is looking for contributing writers! Regardless of your level of experience with writing, we believe that if you are a clinician in the field, you have something worthwhile to say... and our Newsletter is an excellent place to say it!

If writing a full Clinical Article is not your preference, we invite you to submit a review of a book or professional journal article, or to express your opinion on cultural competence issues.

We are also looking for writers to continue our *Reflections* column as a regular part of our ISCSW Newsletters, where members of our social work community can share thoughts about their work. These brief and informal essays can be related to the hardship of the pandemic, the transition back to in-person treatment, or any other issues relevant to our work. Many of our members have shared how much they appreciate hearing about colleagues' experiences. We welcome essays varying in length from two paragraphs to two pages. Short or long, we will always find them of interest.

In addition to the satisfaction of sharing your knowledge and opinions, you will have the opportunity to work with seasoned editors to facilitate your writing process, and to see your work featured in our striking new Newsletter design.

Please get in touch at **iscswcontact@gmail.com**
for more information about submitting your writing.

Open Board Positions

ISCSW is currently working on several new projects, and we are looking to add new board members who are interested in and excited about the mission and goals of our Society.

The Illinois Society for Clinical Social Work is a professional organization that advocates for the needs of social workers in direct practice settings, and acts as a resource by promoting the professional development of our members through political action, advocacy, education and affiliation.

In the past, the ISCSW played a major role in the passage of the legislation that provides licensure for Clinical Social Workers in Illinois. Our organization also helped pass important amendments to mental health care laws, including: third-party reimbursement, changes in the Juvenile Court Act, the Crime Victim's Compensation Act, the Mental Health and Disabilities Act, the Unified Code of Corrections, and the Adoption Act.

Participation on the board requires a social work background and academic degree, monthly attendance at our board meetings (see below) and the willingness to spend an additional 1-3 hours per month on work for our board. Benefits include networking opportunities, promotion of your own work/practice, board experience for your CV, and free attendance at our educational events.

If you would like to be a part of steering and shaping the organization through this new era of leadership and development, we are looking for new board members to fill the following positions, spanning a variety of interests and skill sets:

Student Liaison (to be filled by a social work student)

Cultural Competency   New Professionals

Membership   Education

Ordinarily, the board meets on the third Tuesday of every month in Chicago, from 7:30 to 9PM. Since the COVID-19 outbreak, we have been conducting our meetings online via remote video conferencing. Either way, our meetings are both fun and productive. If you are interested in gaining board experience or have questions, please contact Ruth Sterlin at **(630) 951-1976** or **rasterlin@comcast.net**

Original Clinical Article

Neurodiversity after COVID-19:
Reconsidering How We Structure Education through a Strengths-Based Approach

by **Samantha Dunne**, LCSW

Public school education in the United States has long been essential to the preservation of democracy. Given that democracy is largely based on freedom and equality, the current public school system has gone through numerous evolutions to better represent an inclusive learning environment. Access to education has been, and continues to be, something that must be fought for. Factors such as one's race, sex, and disability are just some of the ways in which the United States has excluded individuals from access to educational equality over the years. The passage of the 1975 federal law known as the Individuals with Disabilities Education Act (IDEA) instituted an expectation that public schools offer a free and appropriate education for all students, regardless of disability. Educators in public schools today recognize IDEA as the foundation upon which special education services are provided. Through these services, students of differing abilities are able to access educational content appropriate for their learning level.

The COVID-19 pandemic has had the largest impact on education for decades. In 2020, safety concerns regarding likelihood of exposure to a deadly virus forced schools to close their physical locations for extended periods of time. Students were cut off from traditional educational support systems. Educators scrambled to meet the unprecedented moment by evolving their teaching methods, attempting to reach their students virtually. While a significant majority of society was operating in survival mode, many questioned the state of the educational system and what the consequences of remote learning would hold for the future of education.

It has been three years since students were sent home to quarantine from the COVID-19 outbreak. Many public schools have resumed traditional in-person instruction, with research indicating that remote learning, particularly younger students, is much less beneficial. As students and educators have returned to the classroom, it has become blatantly obvious that much was indeed lost in during those three virtualized years. We see that the baseline comparisons once used to determine the educational needs of a student are no longer useful models when accounting for the resultant deficits in academics and social emotional learning. Educators, politicians, and parents alike are all questioning where to go from here. We as a society are forced to grapple with how to best evaluate the educational needs of a given student, in light of the COVID upheaval and its effect on the applicability of data used prior to 2020 for identifying candidates for special education services.

The Unforeseen Impact of COVID-19 on Social-Emotional Learning

While virtual lessons were undoubtedly better than no instruction at all, it would be incorrect to suppose that the impact of pandemic did not alter the way students learn. In the past three years, a disproportionate number of students did not have access to education. Those who did needed to adapt to learning in a completely different environment than the traditional classroom setting. Students were no longer able to see their teachers or classmates in person. Lessons were being created and shared through online platforms such as Google classroom, and video conferencing via Zoom and similar systems became the sole lifeline for human connection. Not long after remote learning was instituted, evidence quickly emerged to indicate that students living in poverty did not have equitable access to education. Public schools were supposed to offer free and appropriate education to all students, but without access to the requisite devices and/or a stable internet connection, students lost what little access they had

Original Clinical Article (continued)

to learning.

Upon returning to school, educators and administrators have been putting their heads together to identify and prioritize making up for the learning that was lost. Predictably, the first area of consideration was generally defecits in conventional academics; reading, writing and math were initially focal points. Yet as students began re-entering their classrooms after yearslong disruption to this routine (with some of the youngest students never having stepped foot into a school building), teachers began to recognize that it was not only academics which had regressed, but also social emotional learning.

The Collaborative for Academic and Social Emotional Learning (CASEL) is known within the educational field as a leading organization providing schools with evidence-based social emotional learning (SEL) support. CASEL defines social emotional learning as "The process through which all young people and adults acquire and apply the knowledge, skills, and attitudes to develop healthy identities, manage emotions and achieve personal and collective goals, feel and show empathy for others, establish and maintain supportive relationships, and make responsible and caring decisions" (CASEL 2023). Social emotional learning had been ingrained into school districts across the United States prior to the pandemic to address skills in the areas of:

- _Self-Awareness_ - understanding one's personal emotions, goals and values.

- _Self-Management_ - understanding how to regulate one's emotions.

- _Responsible Decision Making_ - understanding, empathizing and feeling compassion for others, particularly those of different backgrounds.

- _Relationships Skills_ - establishing and maintaining healthy relationships, awareness of social norms.

- _Social Awareness_ - learning how to make decisions related to personal behavior and social interactions.

Social emotional learning is an integral part of a child's school experience. Yet in order for these skills to be taught, modeled and mastered, students need opportunities to practice in dynamic, face-to-face contexts. So many SEL tentpoles depend on the intangible nuances of spontaneous real world situations which arise organically among friends and peer groups in the moments between formal instruction—moments which Zoom and Zoom-style learning contexts offer precious little opportunity for. Remote learning amidst the uncertainty of the COVID-19 pandemic exacerbated feelings of isolation, stress and loss among families and communities, with virtually no one untouched by some significant loved one's health scare or loss, and these stressors of course reverberated for the students in our communities as well. An increase in symptoms of anxiety and depression were reported in children and adolescents who were ill-equipped to cope with the sudden and unexpected loss of social connection amidst so much turmoil.

Crucially, if the general-ed population of students were impacted this heavily by school closures, the impact on students with special education needs was even more displacing. The chaos imposed upon the world by school closures revoked access to pre-existing structures, including but not limited to different types of therapy and medical providers with the specialized knowledge of how to support students with special needs. With no waivers from the federal government regarding the stipulations of IDEA, it fell to the states to construct a new scope of service, and to individual school districts to determine how this would be carried out.

School districts across the country have been reaching for new ways to incorporate social emotional learning into the school day. In the earliest years of school attendance, students learn how to share, to take turns, to verbalize wants and needs, and to establish a sense of

safety and rapport with adults outside of the home. Before the pandemic, developmentally typical students entering into second grade would have most of these skills pre-established, while students presenting as deficient in those areas would be identified as needing more intensive intervention by teachers and specialists to help shore them up. Post-COVID, with most current second grade students having been unable to begin kindergarten by entering into a physical classroom space, the extra attention given to monitor and bolster these skills was either not offered or telegraphed in modified form, underlining how remote learning could not adequately support students' growth in these areas.

Consider the social skill of making eye contact while greeting another person as an example. For this example, we will consider the population of students who were able to have access to and overcome the logistical hurdles of logging on to a virtual classroom, as well as receiving synchronous sessions from a teacher in real-time. When these students were greeted by the teacher upon entry to the video session, the skill of making eye-contact when greeting someone was limited. Those who didn't have a camera on their computer were not able to be seen by their teachers or peers; and for those who did have access to a camera, looking into the lens could not allow the individual to simultaneously watch and internalize cues from the facial expressions and responses of the person on the screen. This is only one simplified example of how social emotional learning was limited by the pandemic, and even in this example, the variables around whether a student would even be able to participate, let alone successfully, are many. Many students learning remotely also experienced situations in which they received only asynchronous lessons which further limited a student's access to others, thereby increasing the deficit in skills that a child would naturally develop through the connection and consistency that schools are meant to provide.

Reconsidering Inclusion through a Neurodiverse Lens

In 1998, sociologist Judy Singer coined the word *neurodiversity* to refer to the unique differences in how everyone's brains work and develop. Much as an individual's fingerprints are solely their own, the same can be said about individuals' brains. Neurodiversity, and individuals who are considered *neurodivergent*, "describes people whose brain differences affect how their brain works. That means they have different strengths and challenges from people whose brains don't have those differences. The possible differences include medical disorders, learning disabilities and other conditions" (Cleveland Clinic 2022). Thinking in terms of neurodiversity is a way to destigmatize difference while promoting flexibility and understanding of how individuals come to navigate the world.

Our understanding of neurodevelopmental disorders such as Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactive Disorder (ADHD) has been growing, including an appreciation of the need for diagnoses, and therefore impacting a large number of students in classroom settings. In general, neurodevelopmental disorders have been known to impact an individual's emotions, learning ability and memory. Long before the pandemic, teachers have learned to recognize that their classrooms were host to students with many neurodiverse learning styles.

By definition, the word *disorder* indicates abnormalities, which are determined by making comparisons based on normative models of the larger population. Individuals who are diagnosed with a disorder meet a certain number of criteria, as indicated by the Diagnostic Statistical Manual, 5th Edition (DSM-5). Students diagnosed with a disorder may then be eligible for special education services through an Individual Education Plan (IEP). An IEP becomes the outline for educators to understand and plan for students with neurodivergent learning abilities to be included in the least restrictive learning

Illinois Society for
Clinical Social Work
presents:

The **Jane Roiter**
Sunday Morning Seminars

Spring 2023 Seminar Series:

Expanding Our Empathy & Holding with Diverse Clients

Format: Online via zoom

When: Sunday Mornings, 9:30 AM – 12:30 PM

April 30th & June 11th

CEUs: _3.0_ each   **Food:** BYOBreakfast

Pricing:

	Individual Seminar	2-Seminar Bundle
Members	$60	$100
Non-Members	$80	$140
Students	$25	$35

Register Here: iscsw.simpletix.com

email iscswcontact@gmail.com with any questions

Sunday, April 30

Increasing Adaptive Racial Socialization for Black Boys:
A Culturally Competent Psychodynamic Analysis

Black men have been designated an "endangered species" for a variety of reasons, namely the targeting and violence done to young Black men by police. Parents of young Black boys worry on a constant basis about the safety of their sons. Few have examined the unconscious effects of such worry on young Black boys' experience of the holding environment and the subsequent identifications that inform his sense of self in relation to others. Inspired by a recent qualitative research study, this seminar explores implicit and explicit psychological effects of cultural trauma. It aims to prepare clinicians **(1)** to understand normative psychological experiences of racism for Black boys; **(2)** to cultivate a positive racial identity for Black boys; and **(3)** to teach Black boys ways to navigate safety in racist environments.

Objectives:

Describe cultural trauma, endangerment, and racial socialization for Black male children.

Explain how psychodynamic therapy can help Black male children navigate safety in systematically racist environments.

Identify how to create a holding environment where Black male children can develop a positive racial identity.

Summarize the harmful effects of societal systems on the unconscious development of Black boys.

Explain how the intersection of class, gender, familial history, and geographic location affect the Black male child's experience of race.

Featured Speaker:

Huey Hawkins, Jr., PhD, LCSW

Dr. Hawkins earned his doctorate degree in clinical social work from the Institute for Clinical Social Work, where his research and clinical interests focused on the intersection of culture, race, and the unconscious. His dissertation explored unconscious messages of endangerment by mothers to their African American sons. As an experienced clinician, Dr. Hawkins has a long history of providing psychotherapy services to African American boys and men in multiple public and private settings, including his own psychotherapy practice in St. Louis and Oklahoma City. Huey teaches clinical social work courses at Smith College, George Mason University, and the Institute for Clinical Social Work, where he also serves as the Academic Diversity and Inclusion Coordinator. Additionally, Dr. Hawkins is a candidate in adult psychoanalysis at the St Louis Psychoanalytic Institute.

Sunday, June 11

Delivering Culturally Competent Services with the Trans/Non-Binary Community:
A Trauma-Informed Approach

With the rise of anti-trans legislation and violence across the nation, it is crucial that social workers provide welcoming and inclusive services to the trans and non-binary community. This presentation will identify the basic foundations of offering trans-affirming therapy services and analyze the complex structures and systems that impact the daily lives of trans and non-binary community members. SAMHSA's Trauma Informed Care Principles will guide the discussion and will be interwoven into clinical case examples. Resources will be offered for social workers to continue their education and be equipped with referrals to offer to their trans and non-binary clients.

Objectives:

Define and understand language around gender identity, gender expression, and pronouns.
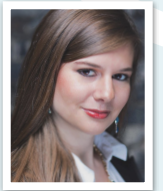
Identify intersections of identities and systems of oppression that impact trans/non-binary communities.

Apply trauma informed care principles in clinical care of trans/non-binary clients.

Discuss case examples & practice delivering trans affirming services

Featured Speaker:

Caitlin A. Tupper, LCSW

Caitlin A. Tupper (she/her) is a Licensed Clinical Social Worker and Founder of CAT Counseling. As a queer woman, she is passionate about working with LGBTQ community through direct individual therapy and advocacy. Caitlin has educated social service providers, researchers, corporate staff, and therapists on LGBTQ cultural competencies at local, state, and national conferences trainings. Caitlin has dedicated her career to ensuring trauma informed services empower survivors of violence as a Certified Clinical Trauma Professional. Caitlin's previous professional roles include serving as the Director of the Anti-Violence Project at Center on Halsted, Risk Specialist at ComPsych, and LGBTQ Therapist at Clarity Clinic.

Original Clinical Article (continued)

environment possible, while also recognizing that accommodations will need to be made to support these students' needs and learning styles.

In order for students to obtain special education services in the United States, they need to be identified with one of thirteen recognized learning disabilities. The road to obtaining special education services is not without challenges, however. Special education has perpetuated stigma, given the fluid nature of the process for identifying differences and discrepancies in an individual as compared to the norms of same-aged peers. Thus, these differences may be perceived as the individual being *less than* or incapable of achieving the same accomplishments as their peers. Further, with an education system built on foundations of freedom and equality, neurodivergent learners are typically not able to access education to the same extent as their neurotypical peers. Without a shift in perspective, one that invests in the *equity* of education over strictly construed equality, the system will continue to fail students with neurodiverse needs.

Current best-practices in the public school system encourage educators to focus on evidence-based methods through the most up-to-date research. This typically entails gathering data as a means of determining what deficits are present. Once these deficits have been determined, a teacher can begin to work on filling the gaps in education that the student presents with. This may appear to be an optimal approach in offering equitable education opportunities to students with disabilities, but when data drives treatment and interventions, the sole focus is often on deficit as opposed to differences. Thomas , author of *"Neurodiversity in the Classroom: Strength Based Strategies for Students with Special Needs Succeed in School and Life,"* states that: "if our only knowledge about students with special needs is limited to negatives in their lives, low test scores, low grades, negative behavior reports and deficit oriented diagnostic labels - then our ability to differentiate learning effectively is significantly restricted" (Armstrong, 2012, p. 14).

Confining the expectation of progress to performance on assessments, behavioral responses in a traditional classroom setting, and on how well students are able to recall information, contributes to a conventional empirically minded approach to determining growth and success. However, in order to fully understand and explore the growth of the whole student, a major shift in the mindset and entrenched investments in the deficit-driven approach would need to occur. Such a shift would need to first consider that learning can occur beyond the bounds of traditional approaches, and to accept that some of the current best practices contribute to ongoing stigma faced by neurodiverse students in the public school setting. In order for this to happen, policy makers, administrators and educators would need to adjust their perspectives on neurodivergent learners and how schools provide special education. As Armstrong writes (p. 9),

> *"Instead of regarding these students as suffering from deficit, disease or dysfunction, neurodiversity suggests that we speak about their strengths. Neurodiversity urges us to discuss brain diversity using the same kind of disclosure that we employ when we talk about biodiversity and cultural diversity. We don't pathologize a calla lily saying that it has a 'petal deficit disorder'. We simply appreciate its unique beauty. We don't diagnose individuals who have skin color that is different from our own as having a 'skin pigmentation dysfunction'. To do so would be racist. Similarly, we ought not to pathologize children who have different kinds of brains and different ways of thinking and learning."*

Educating the Whole Child Post-COVID

While recognizing that in many situations, more harm than good came from remote learning as a whole, the opportunity for educators and stu-

dents to unite over perseverance and resilience was promising. A high level of vulnerability was doubtless experienced universally, as the world attempted to navigate and maintain connection. This skewed the boundaries between home and school, with students and teachers seeing more into one another's personal lives. With this adjustment to circumstantial change came a new opportunity for students and educators to extend compassion to one another, recognizing that everyone was experiencing the pandemic at the same time. Yet, not everyone's experience was the same.

How quickly this perspective faded into the background upon returning to in-person learning, and the resumption of long-established educational structures and strictures. Assimilation back into the classroom came with many obstacles. Students and teachers alike exhibited symptoms of anxiety around increased exposure and the possibility of getting sick, while vaccination and mask mandates were inconsistently enforced, further polarizing inclusion. Presently, there are still ongoing concerns around safety, inconclusive reconciliation on use of masks in public places, and discrepancies in the individual sense of physical, mental and emotional safety. This new uncertainty likewise does not affect all parties equally, and neurodivergent students with clinically significant developmental differences are more likely to have comorbid *physical* medical conditions as well, conditions which exacerbate those learners' vulnerability to the risks of COVID exposure in environments with ineffective or inconsistently enforced mitigation policies.

Dr. Ross Green, author of "*Lost at School*" and "*The Explosive Child*", is recognized for saying "kids do well if they can." The *if* in this statement supposes that a child has their basic needs met. Abraham Maslow's *hierarchy of needs* expresses the idea that individuals have five categories of basic needs, ordered by degree of necessity: physiological, safety, belonging, esteem and self-actualization. The five categories are organized in a hierarchical fashion to indicate that an individual cannot obtain higher levels of needs without first securing the basic needs preceding it. The public school system has long been a default equalizing environment for students to procure and maintain some of these basic needs such as shelter, food, safety and connection. With students being kept away from school for several years, the consistency in which basic needs were secured was variable and erratic across the country.

The accepted baseline for school readiness has never been more ambiguous. As established, public schools lean heavily on the systematic approach of identifying deficits in students to provide support. This technique allowed for a procedure in which to help students get their needs met. However, with students and teachers kept physically apart from the school environment for years at a time, staff were at a loss for which student needs to address first. Teachers began to raise alarm about student achievement being severely deficient, high frequencies of attention seeking behavior, and students' inability to demonstrate consistent mastery of classroom social norms. Pre-pandemic educational systems might consider these factors grounds for additional intervention, with a possibility of evaluating for special education services. Unfortnately, given the assumptions underlying the way the special education system is designed, the number of students post-COVID who would meet criteria for referral for further intervention and support is not sustainable. With teachers seeing a broad increase in neurodiverse learning styles upon return to the classroom setting, where does this leave educators and professionals in determining a new or revised baseline norm for appropriate student development that accounts for the population who experienced an unprecedented disruption in the usual milestones? Without a new baseline, how can one determine discrepancies between those students who are neurodevelopmentally typical but affected by the yearslong gap in social exposure, and those with more inherently divergent needs?

Original Clinical Article (continued)

Neurodiversity: Looking through a Strengths-Based Lens

In 1989, Ann Weick and her colleagues at the University of Kansas released an essay that coined and described the Strengths Perspective. Weick held that "all people possess a wide range of talents, abilities, capacities, skills, resources, and aspirations... a belief in human potential is tied to the notion that people have untapped, undetermined reservoirs of mental, physical, emotional, social, and spiritual abilities that can be expressed. The presence of this capacity for continued growth and heightened well-being means that people must be accorded the respect that this power deserves" (Weick, *et. al.* 1989, p. 352). The strengths perspective has been adopted by the field of social work as a person-centered approach emphasizing the strengths and resources of people, communities, and their environments rather than their problems and pathologies at the center of the helping process. It was introduced as a corrective and transformative challenge to predominant practices and policies which reduce people and their potential to deficits, pathologies, problems, and dysfunctions (University of Kansas, *Principles of the Strength Perspective* 2023).

Labels can be empowering; there are many situations in which diagnosing an individual's symptoms offers a sense of relief and opens the door for opportunities to access much needed support and solidarity. This is not what the strengths perspective is referring to. In the past decade, with the advancement of medication and therapeutic approaches, students have been able to access educational content in ways that they would not have otherwise. The basis of the strengths perspective being applied to current day education is more appropriately related to the general education population of students returning to in-person learning. For as long as three years, students and teachers had to adapt to their working environment being the same as their living environment, with any social connection occurring through a screen and school work being submitted virtually. These adaptations were abruptly forced upon the individuals, with many unable to cope or respond. Returning to the classroom three years later, it seems unrealistic for students and teachers to, once *again* evolve their teaching and learning styles to fit the paradigm of the weakened educational structure.

Much like the chronic effects of whiplash from a car accident, the expectations for students to come back to school unscathed is unrealistic. Nevertheless, educators are feeling pressure to restore lost learning with so many factors that are out of their control. A once- realistic expectation for students to sit and listen to teachers lecture with sustained attention is now unobtainable for many. These new behavioral responses, however, seem fitting when considering that many students did not need to exhibit the skill set of sitting amongs peers with a calm demeanor for a sustained period of time while participating in remote learning. While excessive movement and an inability to sustain attention are indicative of the neurodevelopmental disorder Attention Deficit Hyperactivity Disorder (ADHD), consideration needs to be given to how labeling a student with this disorder fails to take into account the environmental influences and the long-term effects of the diagnosis.

Kurt Lewin theorized a three-stage model of change that has come to be known as the unfreezing-change-refreeze model, which requires prior learning to be rejected and replaced (Wirth 2004). The theory deems change a necessity for forward progress. With the current state of education and the evolution of our understanding and appreciation for diversity among learners, society would need to "unfreeze" our previous notions of educational continuity and use of deficit-driven interventions, in order to fully experience the "change" in learning that the educational system so desperately needs. When considering the development of the whole child, there is more to that one individual than their standardized test score, homework completion,

and participation in class or attendance. What if instead of telling a child what they can't do, educators asked them what they *can* do and how they have been able to accomplish this?

By viewing student performance within the confines of their limitations, educators are completely missing a valuable opportunity to see the significance behind the skill sets that were obtained while being away from school. If the 2020 COVID-19 pandemic were treated as a catalyst in our evolution of the education system, could it inspire young learners to strive for excellence beyond what they thought they were capable of?

Accepting present day students as evolved learners would seem to embrace the strengths perspective and enable students to feel empowered despite experiencing adversity. Reverting back to diagnostic labels that were created prior to the pandemic is the predictable societal response, because it is what is familiar and comfortable. Be that as it may, this short-term comfort does a disservice to the future generations of students enrolled in our public schools. More than ever, students need to be told that their behavioral and learning response style isn't deficient, but rather it's different; and differences hold unlimited potential.
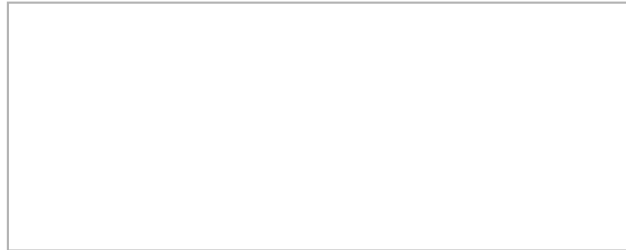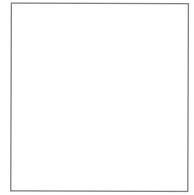
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