

NEW HAMPSHIRE UPDATE



NASW New Hampshire State Chapter Newsletter

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PRESIDENT’S MESSAGE

Mary Banach, DSW, ACSW

A budget should reflect the values and priorities of our nation and its people. ~ Mary Landrieu

Before beginning any other remarks, I would like to congratulate the 2011 NH NASW Award Recipients. It is always a pleasure to honor community members and those in our profession who are remarkable in what they are doing for clients and the profession. Congratulations to: Michael Ostrowski, Social Worker of the Year; Donna Raycraft, Citizen of the Year; Julie Tracy, MSW Student of the Year; Jonathan Hutchings, BSW Student of the Year; and Nicole Petrin, BSW Student of the Year. We were honored to hear Dean John Broderick, who eloquently spoke about our need to address mental health concerns. We also were fortunate to be entertained by “Senior Moments”, directed by Joanne Dodge, who was NASW-NH Citizen of the Year 2009. Last but not least, sincere thanks to the NH NASW Annual Meeting Committee who made this wonderful event possible: Sharon Murphy, Martha Ortmann and Jonathan Hutchings.

It has been a long winter with a delayed spring. In the face of the harshness of the budget cuts that have passed the NH House and are currently being debated in the NH Senate, it is challenging to retain hope and remain optimistic. Remarkably, the strength and courage of people who are speaking out against the unfairness of the proposals are inspiring. At a rally on March 31, 2011 in front of the NH State House, a wide variety of people gave voice to the potential effects of the proposed budget cuts. The words of those on the stage certainly found a welcome reception in the large diverse group assembled.

Jesse Welch, 16, a recovering drug addict shared his story and wisdom. He captured the sentiments of those in the crowd by saying, “Are we going to give everyone the opportunity to live free, or are we going to sit back, pass a state budget like this, and just let people suffer until they die?” Speakers young and old detailed what it would mean to them if funds for mental health services, child care, education, substance abuse treatment, care for people with disabilities and other social services were to occur. The speakers were a diverse group and eloquently spoke out about adverse consequences to reductions in funding. The crowd also had firefighters, police and union members who are concerned about the legislative initiatives to decrease employer pension contributions and constrain union actions.

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FROM THE DESK OF THE EXECUTIVE DIRECTOR:

Stephen Gorin, Ph.D., M.S.W.

As many of you may know, March 25 was the one hundredth anniversary of the infamous Triangle Shirtwaist Company fire in New York City. One hundred and forty-six people, most of them young immigrant women, many in their teens, died in this terrible event. More than 100,000 people turned out on a rainy day to view the “funeral parade for the...workers who perished in the...fire.” The Triangle fire came to symbolize the evils of the industrial age and helped lead to a host of reforms and the growth of labor unions.

One witness to the fire was Frances Perkins, a Social Work Pioneer (<http://www.naswfoundation.org/pioneers/p/perkins.html>), who happened to be visiting nearby friends and rushed to the scene. As she described it many years later: “We could see this building from Washington Square and the people had just begun to jump when we got there.... They had been holding until that time, standing in the windowsills, being crowded by others behind them, the fire pressing closer and closer, the smoke closer and closer” (<http://cityroom.blogs.nytimes.com/2011/03/24/triangle-fire-new-leaders-emerge/>).

According to Kirsten Downey, a biographer of Frances Perkins (who spoke at last year’s Social Work Congress), Perkins was “deeply shaken” by this experience, particularly since two years earlier the Triangle workers “had pleaded for help and had been rebuffed, even persecuted, for complaining about their work conditions.”

Perkins became involved in the commission investigating the fire and subsequent commissions investigating “child labor, minimum wages and sanitary conditions,” which led to a wide range of important reforms. She also worked on these issues with Franklin D. Roosevelt, when he served as



Site of the Triangle Shirtwaist Factory Fire (Brown Building) today. The bunting marks where several people jumped to escape the fire.

governor of New York. When Roosevelt became president, Perkins became Secretary of Labor and the first female cabinet member. She later called March 25, 1911 “the day the New Deal began.”

On March 26 of this year, I took a walking tour of the area around the site of the fire, which is now called the Brown Building and belongs to New York University. It was truly moving. The outside of the building is much as it was in 1911. Most of the Triangle workers lived near the factory building, and for the past several years, on the anniversary of the fire, volunteers have written the names of the victims in chalk “in front of their former homes.” Perhaps more than anything, this brought home the reality and senselessness of this tragedy.

As I walked the area, I couldn’t help but think of the challenges we face today. Once again, labor unions and workers’ rights have come under attack. Nationally, prominent politicians have developed proposals that would seriously undermine Medicare, Medicaid and Social Security for future and perhaps current generations.

In New Hampshire, we face unprecedented budget cuts that threaten badly needed services for individuals with mental illness and developmental disabilities and older adults. While some believe that families and religious organizations will be able to replace government support, this is highly unlikely.

In a real sense, social work emerged in the midst of and as a response to crisis and change. During these difficult times, I urge you to become involved in the legislative process. Our Social & Legislative Action Committee is closely following bills as they emerge and working in coalition to defend the rights of the most vulnerable members of our society. We welcome your involvement. Frances Perkins is not only a figure of historical interest but also someone whose activism in the face of injustice we can emulate today.

(If you’d like information about sources for this article, please contact the office.)

PRESIDENT'S MESSAGE

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Ironically, the budget cuts are coming at a time when we know that the gap between rich and poor has grown to its widest ever. The Market Oracle reported that “according to the Wall St. Journal, a 2008 study of wealth in the United States found that the richest .01% (that’s one-hundredth of one percent, or 14,000 American families) possess 22.2% of the nation’s wealth. The bottom 90%, or over 133 million families, control just 4% of the nation’s wealth. The remaining top 9.99% made ends meet with what’s left, 73.8%”. Astounding. Clearly the bottom of the bottom has been the hardest hit in the current economy. At a time when the safety net of social services is most needed, the NH Legislature is threatening to cut that net and sacrifice our most vulnerable.

I am neither a politician nor an economist. There are considerable challenges to balancing the needs of the many constituents in our state and in our nation. However, if we do not find a way to help those most vulnerable, we will be spending more not just in the long run but in the near future. People who are not able to secure mental health treatment or substance abuse treatment will find their way to our hospitals and prisons. Clearly, hospitalizations and incarceration cost us a great deal more than community treatment. If we do not challenge the premises of the economic gap, we will continue to put a great deal of people in jeopardy.

It was heartening to witness the wide variety of people who had come together to protest the budget cuts. Social workers from various agencies were there to advocate for their clients. We were there and can continue to be present in this struggle. We can help our clients articulate their needs not just to us but for legislators who may be caught in a numbers game without a moral compass. In this coming together of a spectrum of groups, perhaps a shared vision can emerge. We need to continue to address economic injustice at all levels. Mary Landrieu captured this in pointing to the need to have a budget reflect values and priorities. As social workers, our values and priorities embrace helping those in need. We are in a wonderful position to help a variety of constituents begin to look at values as we address budget issues and economic realities.

“Working together, ordinary people can perform extraordinary feats. They can push things that come into their hands a little higher up, a little further on towards the heights of excellence.”

(photos of the rally can be found on page 8)

NH-NASW ANNUAL DINNER



*L-R: Donna Raycraft – Citizen of the Year;
Jonathan Hutchings – BSW Student of the Year;
Julie Tracy – MSW Student of the Year; and
Nicole Petrin – BSW Student of the Year*

Licensed Clinical Social Worker wanted to join outpatient therapy center in Salem, New Hampshire. Salem Psychological Associates is a group of diverse clinicians focused on providing individual, marital, and family therapy, and assessments to a broad range of age groups and clinical populations. The interested candidate will be either licensed or license-eligible in NH and possess strong clinical skills and personable interpersonal style. Experience with either adult or child therapy acceptable. Come join a highly skilled and collegial group offering flexible part-time and full-time schedules, peer consultation and clinical supervision. Salem Psychological offers a generous reimbursement program, 401K plan, access to health insurance and disability insurance, and bonuses. Our group does not mandate a specific number of billable hours; we are first and foremost interested in experienced clinicians who enjoy clinical work. Please send a letter of interest and resume to salempsyassoc@yahoo.com or contact Phil Robbins, Ph. D. at 603 893-7700, ext. 3.

SUICIDE ATTEMPT SURVIVORS

By Kenneth Norton LICSW

Most people who attempt suicide do not go on to die by suicide. In fact over 90% of people who attempt suicide end up dying by some other means. Yet this statistic alone does not reflect the complexity of the issues involved nor does it tell the full story. Consider that having made a previous suicide attempt is itself THE single highest risk factor for suicide.

Thus is the dilemma of the clinician called to assess someone who has made a suicide attempt. Which side of the equation will they fall on? While they all will be statistically at increased risk, most will not attempt again others will carry that risk forward and make another, possibly lethal, attempt.

It should be noted that getting accurate data regarding suicide attempts can be challenging, especially when looking retrospectively after a suicide death. While family or friends may be aware of known suicide attempts (for instance those that required medical attention) many suicide attempts go unreported. The Youth Risk Behavior Survey (YRBS) gives a good glimpse of this phenomenon. YRBS is a survey of high school students in NH and across the US which is conducted every two years and has standardized questions. Results from the 2009 national YRBS report indicate that 6.3 percent of students report having made a suicide attempt during the past year but only 1.9% report having sought medical attention.

This brings forth another facet of the complexity of the suicide attempt paradigm. How lethal was the suicide attempt? And perhaps equally important to consider is what was the intent? One aspect of determining lethality is to determine how the attempt was found out. Did the person reach out for help? Did the act take place in a public place where it was likely someone would intercede or did someone inadvertently happen by at the right moment? Or did no one know about the attempt at the time? How lethal was the means, was the means used likely to end in death? These all become critical factors in determining present and to some extent future risk.

Individual's whose attempts have a high degree of lethality and result in hospitalization have significant increased risk even while hospitalized. While suicide in inpatient settings is a rare event it does occur and can have a profound impact on staff and fellow patients. The period immediately following discharge is a very high period of risk with significant numbers of deaths occurring within a day, week, month or year of discharge. One study indicated that of the individuals who die by suicide who had received inpatient care, 9% took

their life within one day of discharge and over 40% within a year of discharge.

These statistics highlight the essential need for rapid and consistent follow up for individuals following a suicide attempt/psychiatric admission. Too often significant gaps both in time and intensity of services occur between emergency department or inpatient discharge and follow up care in the community. When someone who has made a suicide attempt is leaving a hospital setting, providers need to think conceptually about reintegration rather than discharge and develop individualized safety and transitions plans that address what will be involved in returning to family, work, friends, school, and community. Risk can be reduced by insuring timely follow up treatment and availability of crisis intervention services after a suicide attempt. Unfortunately, continued decreased funding of mental health services locally and nationally will likely result in decreased supports and services which have the potential to save lives in this high risk population.

Recent research involving direct follow up from inpatient and emergency departments have shown promise in this area. Studies involving the use of phone calls and or post cards or letters which express general concern and encourage follow up treatment have been shown to be effective in reducing short term risk of further suicide attempts/suicide deaths. This risk has been demonstrated even when the follow up has been somewhat impersonal eg. a form letter and not from the specific treatment provider who had seen the individual in the hospital. These findings hold promise for innovative follow up strategies after a suicide attempt.

Information is available on how to best provide support following a suicide attempt. The National Alliance On Mental Illness (NAMI) in conjunction with the Substance Abuse and Mental Health Services Administration (SAMHSA) developed and issued a series of "After An Attempt" brochures which have received National Best Practice designation. There are separate brochures available for treatment providers, family members and the individual who has made an attempt. Copies of the brochures are available free from SAMHSA or can be viewed/downloaded at <http://www.theconnectproject.org/get-help/attempt-survivors>

There continues to be a great deal of stigma associated with suicide attempts which negatively impacts individuals from seeking help. In recent years, there have been a number of different strategies to promote help seeking and support for individuals who have attempted suicide. The National Suicide Prevention Lifeline produced a video of Terry Wise discussing her recovery process after a serious suicide

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attempt. The video can be viewed on YOU TUBE or at the lifeline website <http://www.suicidepreventionlifeline.org/> and many people have posted comments how helpful viewing this video has been for them. The Lifeline also has developed an online gallery of people telling their stories using avatars. Many of these have been posted by individuals who have made a suicide attempt and describe their path to wellness. NAMI NH's In Our Own Voice program is effective in reducing stigma by having individuals with mental illness, some of who have made a suicide attempt, speak publicly about their journey of recovery. Although there are none (I am aware of) operating in NH currently, some areas have ongoing support groups specifically for individuals who have attempted suicide.

Advances have also been made in the area of training of clinicians working with high risk individuals. As part of the federal Garrett Lee Smith grant in NH, NAMI NH is offering training in Assessing and Managing Suicide (AMSR) a Best Practice program for clinicians. Social workers need to carefully assess the history of clients whom they are working with and pay particular attention to individuals with a history of, or who have made a recent suicide attempt. Ongoing assessment and risk management are essential for minimizing risk with this population.

It is everyone's responsibility to prevent suicide. Warning signs include: talking about death or dying, isolation, anger/rage, hopelessness, increased use of alcohol or other drugs and mood changes. If you are worried about someone you think is at risk of suicide call the National Suicide Prevention Lifeline 1-800-273-TALK (8255).

This is the seventeenth in a series of articles for the NH NASW newsletter on suicide prevention. Previous articles include: Suicide as a Public Health Issue, Suicide Prevention In NH, Survivors of Suicide Loss, No Harm Contracts, Military/Veterans and Suicide, Restricting Access to Lethal Means, Suicide and Older Adults, Suicide Risk and LGBT Youth, Clinicians as Survivors of Suicide Loss, Suicide and the Economy, Media, New Media, Safe Messaging & Suicide Prevention, Ethics and Suicide Prevention, Suicide and Self Harm, and Homicide and Suicide. Previous articles can be viewed in the news and media section of the Connect Program website www.theconnectproject.org Ken Norton is the Director of NAMI NH's Connect Suicide Prevention Program and he can be reached at 225-5359 or knorton@naminh.org



Social Workers at Families in Transition (FIT) chose to speak out for those who often have no voice by submitting this photo to the National NASW World Social Work Day video. Along with many other social workers across the nation, photos were submitted to recognize why social workers are important to the future in recognition of World Social Work Day. The social workers at this NH non-profit provide clinical services and support to individuals and families who are homeless in the Manchester and Concord communities. These social workers witness first hand the struggles and social needs that these community members experience as a result of homelessness. As a result, the FIT staff chose to impress upon how social workers have an impact on the importance of remembering and voicing that having a home is a basic human right. Families in Transition strives to meet this need with its over 300 adults and families who are housed through its programs and receiving intensive supportive services by social workers and other clinical professionals each day. Families in Transition celebrates social workers during March Social Work Month and appreciate the dedication and efforts this profession has here in NH for the growing needs of adults and children experiencing homelessness.

Stephanie Allain Savard, LICSW

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CONCORD MONITOR: MEMBERS OF RIVERBEND'S STEP-UP PROGRAM REFLECT ON THE POSITIVE IMPACT IT HAS HAD ON THEIR LIVES MENTAL HEALTH CENTERS ON NOTICE

*By Shira Schoenberg / Monitor staff
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What's at stake

Budget would cut services for thousands of patients

Mary Hanchett, now 35, was diagnosed at age 14 with depression and anxiety disorder. She also has schizoaffective disorder, which causes her to lose touch with reality.

Hanchett worked for Concord High School as a special education aide for seven years but had to leave after she started hallucinating and having panic attacks at work. She would hear people calling her name or hear the radio when nothing was playing. She has been hospitalized and treated with electroshock therapy. Now, she lives at her parents' house in Concord and spends afternoons at the Step-Up program, run by Riverbend Community Mental Health, which she said helps her keep a positive attitude.

"When you're trying to stay positive, not suicidal, it's hard when you're not surrounded by people who are positive," Hanchett said.

For Hanchett and many others with serious mental illness, the Step-Up program provides structure to their lives and a safe space to interact with counselors and peers. But program clients and supervisors worry that under the budget proposed by the New Hampshire House, some clients could lose their eligibility for the program. If enough clients become ineligible, Riverbend CEO Louis Josephson said the program may have to close since it will no longer be financially viable.

"It seems like there will be a group of fairly ill people who are functioning higher, for whom we'd have to say you're no longer eligible to get case management or extra supports," Josephson said.

The budget proposed by the House would save the state approximately \$6.7 million a year by reducing the number

of adults eligible for mental health services. About 3,540 adults a year with severe mental disabilities would no longer get community mental health services, such as case management. An additional 670 adults considered "low utilizers," which means either they receive services from another state agency, they have refused services, or they are stabilized and no longer meet the criteria for the most severe mental illness, would also no longer be served.

Approximately 3,400 children with serious emotional disturbances would also lose community mental health services.

Determining exactly who will lose services - and how much a program like Step-Up will be affected - is difficult.

The exact rules for determining eligibility have not been written yet. Rep. John Reagan, a Deerfield Republican and chairman of the House Health, Human Services and Elderly Affairs Committee, said once the budget becomes law, a health and human services oversight committee would establish criteria for all the social services affected to ensure that the neediest people are still served.

But the House budget does include a provision stating that if mental health clients are stable for four weeks, they will lose their services. Erik Riera, administrator of the state's Bureau of Behavioral Health, said the 3,540 adults will all come from that category. These are adults who have been characterized by the state as having severe mental illness. Riera said the decision about who is stable would require an ongoing assessment by a case manager or clinician.

Josephson said Riverbend currently does not measure how many people are stable for four weeks. And, he added, being stable for a short time is not an indication that a patient will remain stable. "When someone is stable with bipolar or schizophrenia, often it's because they're getting lots of structure and support, monitoring, taking medications," Josephson said. "They may look stable, which is great, but when you withdraw support, it doesn't mean they will stay stable."

A Place to Turn

It is unclear how many of Step-Up's 70 clients could meet that criteria. All the clients there have severe mental illness. Most pay for services through Medicaid, though some have Medicare, said program manager Erica Thibeault.

The program, run on weekdays out of a downtown Concord storefront, gives patients three hours a day of group therapy. A typical afternoon attracts 12 to 25 people. Counselors talk to clients about their illnesses and about what triggers their psychotic episodes. Counselors teach them how to build self esteem, how to properly express their feelings and how

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to take personal responsibility for their lives and health. The walls are covered with art projects: poems written by clients and handmade signs with instructions like "Please show respect to the group leader."

Several Step-Up clients talked to the Monitor about the importance of having a consistent place to turn. Kendra Marshall, 31, had a brain tumor at age 14 that resulted in numerous psychiatric problems, including attention deficit disorder, anxiety, depression and symptoms of post-traumatic stress syndrome and severe paranoia. Marshall has been coming to Step-Up for three years.

Marshall lives alone in Concord and is able to drive. She has a degree in graphic design and has held jobs for short periods, most recently doing after-school care at a private day care in Belmont. But she said she needs constant help to manage her emotions and handle her aggression. Marshall proudly told a reporter that she bought the Twisted Sister song "We're Not Gonna Take It" to blare when she gets angry. "I let it out by singing it instead of racing down the highway in and out of traffic," Marshall said.

Marshall worries that if she loses therapy, her mother will not know how to help her, and she will "become an old lady sitting in a building" without the ability to hold down a job. At times she gets gloomy and depressed. Marshall said she has been stable for short periods of time. "You never know if the next day you'll need support," she said.

Thibeault said the biggest concern for many clients is that without state services, no one would give them medication. "If an insulin-dependent diabetic is told he can't have insulin, he'll become ill and go to the emergency room," Thibeault said. "The same thing happens when a person with mental illness is taken off medications. People will become psychotic in a matter of days."

Riera said mental health patients could go to their primary care doctors for a prescription. But Josephson and Thibeault said primary care doctors often do not have the experience or knowledge to prescribe and adjust medication for seriously mentally ill patients.

Allan Perry of Concord worries that he'll be hospitalized if he loses his medication, his case manager and his therapist. Perry said Step-Up has given him the skills he needed to apply for his current job as a dishwasher at O Steaks and Seafood in Concord. Perry has depression, post-traumatic stress disorder and a personality disorder. He has been going to Step-Up three to five days a week for five months.

Perry said he rates his "lethality," a measure of how suicidal he feels, daily, with 10 as the most dangerous. "I'm consistently an eight," Perry said.

State Priorities

Rep. Tom Keane of Bow, a Republican member of the House Finance Committee, said it was not the committee's intent to deprive the sickest people, like those in Step-Up, of services. The cuts were combined with a law change that allows community mental health centers to triage patients and treat only the most serious cases. According to state numbers, about 40 percent of patients at community mental health centers are severely ill patients, the group of people prioritized by the state to receive services.

Keane, who worked for a short time as director of the state's Division of Behavioral Health, said Medicaid pays not only for those patients but for many of the non-priority patients who cannot pay for themselves. Keane said his goal would be to force the community mental health centers to focus their resources on the 40 percent who meet the state's criteria for being severely ill, such as those in Step-Up.

Keane said less ill patients could move to different models of care, for example, a "clubhouse" model, where people who are recovering from mental illness help others who are struggling.

But both Riera and Josephson say the bill does not do what Keane wants it to do. "The House budget most significantly impacts our priority population," Riera said. "The people we're really here to serve, the people we're most concerned about." Riera said the main problem with trying to take Keane's approach is that the state does not spend much money on patients who are less seriously ill.

Of \$95 million in Medicaid reimbursements that the state paid to community mental health centers last year, Riera said \$93 million went to adults and children with the most serious categories of mental illness. (Those who are not in the most serious categories will also see services cut next year through a separate provision.)

Keane acknowledged that he is essentially trying to cut a line item that doesn't exist: the use of state money for people not prioritized by the state. He said he has been trying to

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understand whether the most seriously ill will actually get hurt, as the state and mental health centers have warned.

“Is this political hyperbole or is there something technically wrong that we need to fix in Senate?” Keane said.

Senate Finance Committee Chairman Chuck Morse has said he plans to re-examine the way mental health services are being delivered in the state, and will reconsider some of the cuts proposed by the House.

At a glance

What: Mental health services provided by community mental health centers.

The proposed cut: The House has proposed cutting \$6.76 million in fiscal year 2012 and \$6.69 million in fiscal year 2013 by reducing the number of adults eligible for mental health services.

Who would be affected: Approximately 3,540 adults with a severe mental disability would lose services each year. This includes case management, functional support services and community residential services. Another 670 adults considered “low utilizers,” who have less of a need for services, would also lose care.

Consequences: The Department of Health and Human Services warns that individuals without services will be at a higher risk for harming themselves or others in the community, will require frequent hospitalizations and will have increased contact with law enforcement and hospital emergency departments. The costs will be shifted to family members, hospital emergency departments, hospital inpatient units – including New Hampshire Hospital – and law enforcement.



Sharon Murphy, Board Member – pictured here 4th from the right

WAS IT A RALLY OR PROTEST?

Caitlin Stevenson, University of New Hampshire

On March 31, 2011, thousands of Granite Stators rallied at the Capitol building in Concord, New Hampshire. Peacefully organized to tell politicians that their rights would be denied if the current budget draft were to be passed. Cuts in the budget included mental health, disability funds, school aid, state worker’s salaries and benefits, and the arts. According to the organizers of the rally, over 141 organizations identified in participating and around 5,000 participants were on the Capitol lawn.

The feelings in the air were empowering to those joining forces to agree that budget cuts would disable those who needed services and the people that are employed by the state to help individuals in need. Though, there were some negative comments most of the atmosphere was shown to be positive and there were more chants of “Yes we can” versus “Shame on you.” News stations had a different view on the event. Calling it a protest, an outsider may have viewed the climate to be hostile and difficult to work with. Protests often have a large security force on presence. The only security that was seen at the front on the capitol steps were two state troopers making sure the aisle way was cleared incase of an emergency. When the clock struck one, organizers told those participated in the event to write their names on the signs with their zip code. Then all 5,000 participants slowly walked off the lawn, gave our signs to the organizers and dispersed. There were no acts of violence or moments of insecurity.

In the end, the budget did pass. Cuts will have an affect on lives that count on aid from the federal government. Hopefully, after all that is done, those who voted for the bill will see the burden that has been placed on family, businesses, and organizations throughout the state.



SOCIAL WORKER RECEIVES NAMI NH 2011 OUTSTANDING EDUCATOR AWARD



As a Professor at the University of New Hampshire (UNH) School of Social Work, Sharon Murphy, PhD, recognizes that some of the major issues related to mental illness are often better learned outside the walls of the lecture hall. It is her unique approach to teaching about mental health issues that has led to her having been selected to receive the 2011 Outstanding Educator Award

from NAMI (National Alliance on Mental Illness) NH. The award was presented to her at the annual NAMI NH Family Conference in Concord on March 26, 2011.

In 2005, Dr. Murphy initiated the UNH School of Social Work Department's promotion of National Mental Health Awareness Week. Every year since then, Masters of Social Work students enrolled in her course, Human Behavior in the Social Environment, become actively involved in the planning and marketing of Mental Health Awareness Week events around campus. Her class also hosts a panel discussion each year on an issue specifically related to mental health. One year, for example, the class invited members of the Strafford County's Mental Health Court for a discussion and information sharing session.

Dr. Murphy's students participate in off campus activities as well, including the annual NAMIWalks NH, a state-wide annual fund raising and mental health awareness-building event. Last fall, the UNH School of Social Work NAMIWalk team raised more than \$1,800. In addition to raising money, the team's goal was to raise awareness about mental illness and reduce stigma associated with it. Their t-shirt, with "Stiggy" as the mascot, received a lot of positive attention and was recognized on the NAMI NH website. Dr. Murphy downplayed her role in the team's success, crediting the students who put together the team. The energy and support she contributed to the team's success, however, could clearly be seen as she stood at the finish line, clapping and cheering her students on.

Yes, it is known that Dr. Murphy is a strong advocate for people with mental illness. And, with much appreciation from individuals affected by mental illness, her advocacy role is one that she effectively instills in each and every one of her social work students.

STUDY: MISPERCEPTIONS HAMPER RESOLUTION OF NH SEXUAL ASSAULT CASES

*Monique Coppola, Public News Service - NH
March 14, 2011*

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CONCORD, N.H. - Turn on just about any of the hundreds of channels available to TV audiences today and you are sure to find a crime drama... and by the end of the episode, the bad guy is caught and the crime is solved. When it comes to sexual assault crimes against women in New Hampshire, however, the realities are not so neat.

Dr. Sharon Murphy, assistant professor with the Department of Social Work at the University of New Hampshire, is the lead researcher on a study of the way the criminal justice system handles such cases in the state. She says few reported cases are resolved, and many are difficult to track, because of a lack of coordination between various agencies.

"It is a serious problem in our state that we do not have a mechanism in place by which all law enforcement agencies across the state collect and record the same data."

Murphy adds that the same is true with county attorneys. Of the 231 law enforcement agencies contacted for the study, she says only 153 were able to provide data, and only two of the ten county attorneys' offices provided information.

Murphy, who is also a board member of the National Association of Social Workers' New Hampshire Chapter, believes that old stereotypes about what constitutes rape stand in the way of rapes being reported and successfully prosecuted.

"Most often, the person is raped or sexually assaulted by someone they do know. So that's also part of the myth, that it's the stranger who jumps out from behind the bushes, and that lots of evidence, forensic evidence, can be collected."

According to the report, only 13 perpetrators were known to either have been convicted or to plead guilty out of 344 cases reported in a single year in New Hampshire.

The study, "The Reality of Sexual Assault," is available online at www.nhcadv.org

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STATE COMMITTEE ON AGING - STATEMENT ON HOUSE BUDGET

The State Committee on Aging is profoundly concerned at the cuts to elderly services proposed in the current House budget. We understand and support the effort to get the state revenues and expenditures into alignment. But doing so at the expense of hurting our frail and elderly is fiscally and morally wrong. The argument that we have a spending problem and not a revenue problem trivializes a complex situation and avoids the true responsibility of balancing the budget.

We are well aware of the effect of the recession in reducing revenues. Unfortunately, the need for services increases in a recession and cannot be legislated away by proclamations that those who need help will somehow receive it. Shifting costs to families and community organizations, already stressed by the weak economy, is still downshifting - but to segments of the population least able to afford it.

Each time New Hampshire faces fiscal stress, the legislature gravitates to the single most expensive option for elders – nursing homes. There is no connection between the legislative budget cuts and a vision for long term care for elders. It is generally agreed that keeping seniors in their homes and communities is the least expensive long term care option and the most desirable for quality of life. Yet the infrastructure that promotes that option is decimated by HB 1.

Prior to 1998, the system of long term care for elders was fragmented, nearly impossible to navigate for elders under duress and often resulted in self neglect which accelerated nursing home placement. Recognizing this, RSA 151-E:5 was enacted which resulted in a community-based information and referral system called ServiceLink to divert elders to less restrictive and less expensive community alternatives. Home and community-based options have increased and the growing population of elders is better served by other-than taxpayer supported options. The ServiceLink system now has nearly 100,000 contacts per year and 80% of the referrals avoid public funded options. It works and it saves tax-

payer dollars – yet HB 1 strips its funds. The 211 system, while useful for its intended purpose, is no substitute for ServiceLink. Direct care supports are of little value if seniors cannot find the door to the services.

Many of the services that support seniors in their homes and communities are volunteer-based. As direct-cost services diminish through budget cuts, volunteers backfill to meet the need – provider support services, medical transportation, food delivery, personal safety, home repair, caregiving, respite, preventing self-neglect, etc. Although volunteers, by definition, carry little direct cost, a baseline infrastructure is essential for recruiting, coordination, training, deployment and supervision. It is ineffective to gather several thousand volunteers and simply say “go forward and do good things”. That would be like planning a war with no logistical support. Yet the House budget strips the small appropriation that supports the volunteer base.

Mental illness is a silent but very debilitating affliction among the elderly. Often triggered by loneliness and isolation, depression leads to self neglect and early reliance on restrictive and expensive public assistance programs. Latent effects of stress, especially PTSD, often show up in later years of life and are connected directly to dementia in its various forms. These mental health afflictions all too often lead to rapid deterioration and early placement in nursing homes. Elders need the mental health support system every bit as much as their younger counterparts. Yet the House budget makes deep cuts in the very mental health system that can alleviate the stress on expensive public assistance programs for the elderly.

The State Committee on Aging urges both the Senate and the House to re-think the rush to cut support services and to look at the entire budget balancing process, including long-range impacts.

Russ Armstrong, Chair – (603) 759-2412

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Shellie Coon, *Human Resources Assistant*

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WELCOME!

Please join NH-NASW in welcoming the following new members:

- Melanie Allison - Rollinsford
- Amy Beaulieu - Hudson
- Susan Beck - Hampton
- Emma Beseda - Plymouth
- Nancy Brown - Hopkinton
- Lisa Conner - Littleton
- DonnaMarie Currier – Milton Mills
- Shawn Driskell - Keene
- Shannon Flynn - Manchester
- Robert Franklin - Nashua
- Margaret Gaskell - Washington
- Stacey Griffin – Dover
- Nicholas Haberek – Brookfield
- Kirsten Jeffery – Barrington
- Atona King – Nashua
- Erin Klasen – Canterbury
- Judith Mann – Durham
- Kristan Mazaka – Hudson
- Kristi Petri – Goffstown
- Julie Sichelstiel – Dover
- Kim Spencer – Center Harbor
- Jenna Stark – Meredith
- Caitlin Stevenson – Newmarket
- Julie Tracy – Durham

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NEW HAMPSHIRE CHAPTER NASW

4 CHENELL DRIVE, SUITE 103, CONCORD, NH 03301

2011-2012

APRIL 22, 2011

The NH Chapter NASW and Chapter Secretary, Marci Morris, are pleased to announce the candidacy of the following members for the positions indicated. The Chapter Committee on Nominations Leadership Identification has certified that the slate meets all of the Chapter's Affirmative Action goals.

Members wishing to have their name added to the ballot by petition have 30 days from the date of this listing to submit a petition. To be successful, a petition for a position elected by the membership must include a signature and the printed legal name of sixteen of 780 members, 2% of the total chapter membership as of 4/22/11. Official petition forms are available from the Chapter office.

Secretary (Choose 1) Kayla Page

Treasurer (Choose 1) Bernadette Pelczar

Board Members at Large (Choose 4)

- Daniel Baslock
- Linda Bandecchi Hitchcock
- Bruce Bissett
- Amy Bourne
- John Iudice
- Diane Koller
- Bernadette Seifert

MSW Student Rep. (Choose 1)
Jonathan Hutchings

BSW Student Rep. (Choose 1)
UNH
Danielle Baker

(Choose 1)
PSU
Emma Beseda
Thomas Morse

Nominating Committee (Choose 1) TBA
TBA

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The suite offers a pvt. entrance and waiting room used by our clients only, locked file room, kitchen area. A play room is available for clinicians working w/ children. Avail. immediately. F/T rent + utilities \$550/mo + 1/3 of common office expenses. Will consider p/t. Call Silvia @ 603-329-6330 or mswswan@comcast.net.

Salem: Office space on Stiles Rd. available days and evenings Wednesday through Saturday in newly renovated building with ample parking. Building is handicapped accessible, has a bathroom in the office suite, internet access, a waiting area and small kitchenette. Please contact Elizabeth at 603-952-4630 for additional information if interested.

The New Hampshire Chapter of NASW is now on Facebook. In order to stay connected to a wider range of professional social workers in New Hampshire the Board of Directors for the New Hampshire chapter has agreed to create the NH NASW page. On the page fans will be able to find updates on events being held or supported by the chapter, news on policy and advocacy issues that impact social workers and their cause and links to partner organizations. If you have a suggestion for an event, link or other information to be added to the page, send your request to naswnh@gmail.com. We look forward to the increased opportunities to network with the many talented individuals that are doing great things in our state.

NH-NASW COMMITTEE MEETING DATES, TIMES & LOCATIONS

SLAC (Social & Legislative Action Committee)

Chair - Cynthia Moniz, PhD

Meets 3rd Tuesday of the Month - 6:30 PM, NH-NASW Chapter office.

PACE (Political Action for Candidate Election)

Chair - Jill Johnson Bardsley, LICSW, BCD

Meets 3rd Tuesday of the Month - 5:30 PM, NH-NASW Chapter office.

Clinical Social Work Committee

Chair - Jill Johnson Bardsley, LICSW, BCD

Meets 2nd Friday of the Month - 9-11 AM, NH-NASW Chapter office.

Children's Issues Committee

Chair - Cindy Wheeler, MSW

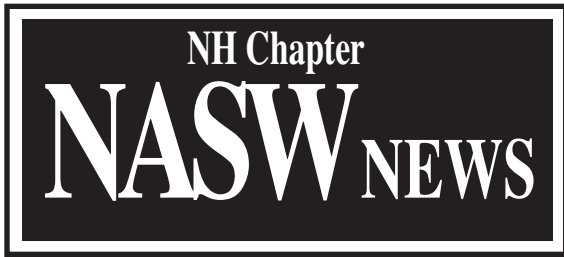
Meets 1st Tuesday of the Month - 8:30-10 AM, Riverbend Mental Health Center, Loudon Rd., Concord.

EDITOR'S NOTE:

The NH NASW Newsletter is issued on a quarterly basis in the spring, summer, fall and winter. Please submit all items for publication by deadlines listed below.

The dates are:	Deadline:	Published:
WINTER ISSUE	December 1	January 15
SPRING ISSUE	March 1	April 15
SUMMER ISSUE	June 1	August 15
FALL ISSUE	September 1	October 15

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SUBSCRIPTIONS

The NH-NASW newsletter is published quarterly and distributed to members at no charge. Non-members and agencies may subscribe at a rate of \$10 per year. Please send subscription requests to the Chapter office.

ADVERTISING

NH-NASW accepts paid ads as well as items of interest to social workers for this newsletter. Situation Wanted, Job Bank ads, and items co-sponsored by NH-NASW are included free, as a NH-NASW membership service. All items submitted must be legible and typewritten, otherwise we cannot be held responsible for errors. See Editor's Note for issue dates and deadlines for advertisement submission. All ad placement is subject to run-of-press.

Standard Rates will be charged as follows:
 1/4 page \$75; 1/2 page \$100; Full page \$185
 Calendar of Event listings: \$35
 Halftones and Special work may include extra charges.

NH-NASW members may deduct 10% off the standard ad rate. All submitted items are subject to the editor's approval. NH-NASW reserves the right to reject advertisements for any reason at any time. Publication of an advertisement does not constitute an endorsement or approval of information presented therein. Advertisers must affirm that they are equal opportunity employers.

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Website: www.nhnasw.org <http://www.nhnasw.org/>

Office Hours: Monday and Wednesday 8:00 AM - 4:00 PM

Thursday 8:00 AM - 12:00 PM

National Office: 1-800-638-8799

Executive Director: Stephen Gorin, MSW, Ph.D. (H)783-9523

E-Mail: s.gorin@comcast.net

Office Manager: Suzanne Morrill

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NH-NASW Nominations Committee: Paula Mattis h)226-4283 e-mail pmattis62@comcast.net;
 Rita Banfield h)624-1172; Lisa Jacobus h)498-7055 e-mail lisa.jacobus@live.com

* Term expires 2011 ** Term expires 2012

Key to Committees

Key	Committee	Chair-person
A	Annual Meeting	Sharon Murphy
AG	Committee on Aging	Bernie Seifert h)471-9075 jbseifert@comcast.net
CI	Children's Issues	Cindy Wheeler h)396-9374 cindywheeler@comcast.net
CSW	Clinical Social Work	Jill Johnson Bardsley
SL	SLAC	Cyndy Moniz h)783-9523 c.moniz@comcast.net
F	Finance	Bernie Seifert h)471-9075
HHH	Home Health & Hospice	
I	Ethics Committee	Martha Ortmann h)332-6012 w)862-1796 martha.ortmann@gmail.com
NM	Nominations	
PC	PACE	Jill Johnson Bardsley
D	Diversity	Christine Rine
x	Executive Committee	Mary Banach
	School Social Work Liaison	Frances Strayer fstrayer@sau45.org

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NH-NASW Annual Dinner

Suicide Attempt Survivors

Mental Health Centers on notice

Was it a rally or protest?

Social Worker Receives NAMI NH 2011 Outstanding Educator Award

Study: Misperceptions Hamper Resolution of NH Sexual Assault Cases

State Committee on Aging - Statement on House Budget

Welcome New Members

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NH-NASW Committee Meeting Dates, Times & Locations