

ONGOING

University of Michigan School of Social Work

Winter 2023-24



SOCIAL WORK SOLUTIONS TO TODAY'S MOST PRESSING PROBLEMS

FIREARM
VIOLENCE

TRAUMA-INFORMED
TEACHING

HOW TECHNOLOGY CAN MAKE
MENTAL HEALTH CARE ACCESSIBLE



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Beth Angell

EDITOR

Renee Tambeau

WRITERS

David Bullock, Jennifer DeBord, Shari Grogan-Kaylor, David Pratt

PHOTOGRAPHERS

Leticia Santos
Nicholas Williams

DESIGN AND PRODUCTION

Michigan Creative

For information regarding this publication, class notes and address changes, contact the Office of Development and Alumni Relations, 734-763-6886 or ssw.development@umich.edu

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Mission Statement

Advancing the social work profession’s vision and values, the University of Michigan School of Social Work seeks to develop a more equitable, caring, and socially just society. Such a society meets basic human needs, eliminates social and economic inequities, and empowers individuals, their communities, and institutions to reach their aspirations and potential. Drawing on an interdisciplinary faculty within a public university seated in a region of enormous need and promise, the School is dedicated to education, research, and service that fosters progressive change at local, national, and global levels.



FROM THE DEAN

When traumatic events happen, social workers respond. As a profession, we are the largest group of mental health care providers in the nation. We respond to trauma immediately, as first responders and caregivers, and through the aftermath by helping individuals and communities with the long-range consequences.

We also respond as researchers. Our Michigan Social Work community is engaging in crucial research to develop strategies, skills and innovations to respond to trauma, support mental health and create safer societies. Our faculty are leading the field of social work research, and studying mental health issues from a broad range of perspectives. Their discoveries inform policy recommendations, protocols and technologies that make a difference.

In this issue, we take a closer look at how social work research is making a difference in three critical areas: preventing firearm violence, developing trauma-informed teaching strategies for schools, and creating technology that can

supplement in-person mental health treatment. Regardless of whether you are a clinician or using your social work training for something else entirely, there is information here that is useful to everyone. Specifically, I call your attention to Professor Lisa Wexler's list of simple but powerful ways to mitigating the risk for suicide (page 5), which I encourage you to read and share widely. This is how social work research is making a difference and saving lives.

Go Blue,

Beth Angell
*Dean and Phillip Fellin Collegiate
Professor of Social Work*

**The world needs
social workers.
And the world
needs social
work research.**





FIREARM VIOLENCE: CREATING A SAFER SOCIETY THROUGH SOCIAL WORK RESEARCH

Firearm violence dominates the headlines and grabs our attention. When the news breaks of a mass shooting — an all-too-frequent event in our nation — we stop, absorb the details and assess. Where is it? Who do we know there? Any relief we may feel in counting our loved ones safe quickly dissipates, replaced by a wave of despair and heartache for our society, and then by the anger and frustration that come from feeling powerless in this unending cycle.

But mass shootings — devastating as they are — are only a tiny percentage of the gun violence epidemic. Approximately 38,000 people die from gunshots each year, making it the leading cause of premature death in the United States. More than half of those deaths are by suicide; firearm suicides are at their historical peak. And firearms are also the number one cause of death for the nation's children and teens.

These statistics are staggering. Add the polarizing nature of legislating firearms, both in public opinion and in Congress, and the issue seems insurmountable.

As a society, we can feel divided and paralyzed by what seems like an inevitable cycle of violence and death.

But as some of the School's faculty research shows, we are not powerless: each of us can take steps to prevent firearm violence. We can employ a variety of methods to greatly reduce the number of deaths and end this epidemic. And our field of social work can make a significant difference.

TURNING TO RESEARCH

After a nearly 20-year drought in research on firearms, the research pipeline is being reestablished, paving the way for data-driven solutions. In 1997, the Dickey Amendment mandated that no federal research dollars could be used to advocate for or promote gun control, so the Centers for Disease Control and Prevention (CDC) avoided funding any research on firearm violence for over two decades for fear Congress would financially penalize them. Although the Dickey Amendment has not gone away, in 2018, Congress clarified that the amendment does not prohibit federal funding of research on the causes of firearm violence, so long as the research doesn't promote gun control.

In 2019, Congress allocated \$25 million for fiscal year 2020 to the CDC and the National Institute of Health to research reducing firearm-related deaths and injuries. That same year, U-M launched the presidential initiative that became the Institute for Firearm Injury Prevention in 2021. Designed to foster multidisciplinary collaboration across the university, the institute supports research that explores the wide range of firearm violence — including suicide, intimate partner violence and school shootings, for example — and develops new solutions while remaining mindful of the wide range of viewpoints, perspectives and approaches.

"The focus is not on gun control, but rather on injury prevention," said Rebecca Cunningham, U-M's vice president for research. "We did not halve automobile deaths by taking cars off the road, but rather by making them and their drivers safer."

The institute is organized around five cores — Research & Scholarship, Education & Training, Policy, Data & Methods, and Community Engagements

— and enlists over two dozen scientists and scholars from a wide range of disciplines and departments. Two of the School of Social Work faculty, Assistant Professor **Rebecca Sokol** and Professor **Lisa Wexler**, are institute scholars.

"The wonderful thing about the institute is that it is an across-the-university initiative," said Sokol. "So we have researchers from all different units coming together to address an issue that requires many different perspectives." Current institute research projects explore how emergency care affects survival after firearm injuries, the effectiveness of domestic violence restraining order firearm restrictions, and how turning vacant lots into public greenspaces can create safer communities.

Sokol also serves as the co-chair of training and education at the institute. "Everything that we do is grounded in the science that we conduct. There has been a dearth of science in this area over the past two decades and we now have the opportunity to try and correct that course. To do that requires that we both train the next generation of scholars and also tap into the expertise of established scholars to invite them into this area of firearm injury prevention."



REBECCA SOKOL
REDUCING STRESS AT HOME

Sokol's own background is in public health. Her work centers on youth, trauma and violence prevention, which brought her to social work. She is the principal investigator for an evaluation of the Michigan Department of Health and Human Services' Pathway to Potential program, which has operated in around 400 public schools across the state since it started in 2012.

The program places case workers (called "success coaches") in schools to help students and families address any stressors and barriers to school attendance — from food and clothing to

alarm clocks. The extra layer of support is designed to reduce parental stress and help students focus on academics.

"We hypothesize that this type of program does not just affect student attendance, but also affects student well-being and student safety. It may proximally result in decreased bullying and distally result in decreased firearm carriage to school," said Sokol.

Stress at home can potentially translate into a host of negative outcomes that affect not just the family relationship but also the child's relationships at school. "By coming into schools and offering support, we hope that we're reducing both parent and student stress," she said. "And by supporting students, we hope they don't feel so isolated, but rather more connected to their peers and their school community so that violence is less likely."



LISA WEXLER
RETHINKING SCREENING

Professor Lisa Wexler has been working with Maniilaq Association, a tribal health organization in northwest Alaska, for decades. Her latest research focuses on preventing suicide in a culture where virtually all homes have multiple guns for traditional subsistence activities like hunting, and in a state with one of the highest rates of suicide in the country.

"Most gun deaths in the United States are suicides, even though we tend to think about gun violence as something that's directed at others," Wexler said. "In Alaska, about 60 percent of suicides are by guns. So, what can we do to intervene upstream for prevention?" One of the most common prevention tools is the routine screening for individual suicide risk that takes place during a medical visit. "For a long time, we had been talking about how our screenings in the hospital were not working to identify folks that were most at risk for suicide. In a region with the highest suicide rates in the country, we had less than two percent of people screening positive for

suicidal ideation. And just based on other research, we know that number should be about 30 percent.”

Wexler believes part of the problem is that the response to identified suicide risk can lead to what local youth call “hospital jail.” People fear that by divulging thoughts about suicide, they’ll lose their freedom — they’ll be subject to further screenings and kept at the hospital. “So we really wanted to take a step back and think about how we can engage adult family members in a universal screening that’s not stigmatized, that helps people do what they want to do anyway: keep their loved ones safe.”

More than 50 percent of those who die by suicide have no known mental health condition, according to the CDC. At the same time, the American Foundation for Suicide Prevention cites findings from a psychological autopsy study showing that approximately 90 percent of people who died by suicide had a diagnosable and potentially treatable mental health condition at the time of their death. The lack of diagnosis and treatment might be connected to this “incarceration reaction” or just plain stigma of mental illness, but Wexler counsels that it’s important to decouple suicide prevention from mental illness in both our line of thinking and our prevention strategies.

A solution to a more effective screening and response was a straightforward change in perspective. Instead of asking individuals about themselves, the new Family Safety Net intervention screening — created in collaboration with the Maniilaq Association and funded by a grant from the University of Michigan Injury Prevention Center and the Centers for Disease Control & Prevention — is family-focused and asks just two questions:

“If you had to pick one thing to do that’s based on research for suicide prevention, it would be lethal means reduction. That’s the one thing that we know can save lives, period.”

LISA WEXLER

1. *In the past month, has someone in your home seemed down, sad or depressed?*
2. *Are you worried that someone in your home is at risk of suicide?*

This simple change has been amazingly acceptable and works to engage adult family members for a couple of reasons, said Wexler. First, there is no stigma: Everyone wants to keep their loved ones safe. Secondly, it allows concerned family members and loved ones to get the resources they need to make their home safer. “Once they screen in, the brief Family Safety Net session highlights the importance of lethal means reduction: increasing the time between suicidal impulse and action, by even 10 minutes, can save a life,” explained Wexler. “Then, we give participants firearm safety supplies (e.g. cable and trigger locks, ammo boxes) that they take home that day. With their permission, we also send text messages to remind them that they can make a difference, and that reducing quick access to home firearms keeps their loved ones safe.”

The lesson: friends, loved ones and family members can make a difference.

“People love it,” says Wexler about the Family Safety Net. “They really do want to keep their loved ones safe, as we all do.”

METHODS THAT SAVE LIVES

“If you had to pick one thing to do that’s based on research for suicide prevention, it would be lethal means reduction. That’s the one thing that we know can save lives, period,” said Wexler. Or as Sokol frames it, “Preventing **your firearm** from being involved in suicide is a really important task in reducing firearm mortality.”

Reducing access goes hand in hand with another research finding about firearm violence, which Wexler alluded to earlier: that 10 minutes can save a life. Studies have shown that anywhere between a quarter to nearly half of suicide attempts are impulsive, with a suicide attempt coming within 10 minutes of making a decision.

“If you can make it 10 minutes harder to get access to that lethal means, you’re creating a safer environment for people when they have suicidal thoughts or impulses,” said Wexler. So when a loved one indicates that they have a household member who may be at risk for suicide, they sit down to talk about home safety, and they leave with home cable locks, trigger locks, locking ammunition boxes and boxes for medication. (Wexler reports that suicides are extremely rare when a firearm is being used on a hunt.)

The intervention’s second part is to sign the concerned loved one up for text messages. “These are really positive messages that reinforce the idea that they’re doing really good work to keep their loved ones safe.

“That’s it. It’s literally a 10-to-15-minute intervention and it’s using the family and



How You Can Help Prevent Suicide

Preventing firearm violence begins with simple steps that mitigate the risk of suicide. Professor **Lisa Wexler** shares these tips:



Lock Up Your Firearms

Ten minutes can save a life. Suicide is complex. Even so, studies show that one of the most effective ways to prevent suicide is to reduce or limit access to lethal means, which includes locking up medications, and, this is especially important: unloading and locking up home firearms and ammo. Firearms are involved in most suicides in the U.S., which is why having a gun in one's home increases suicide risk substantially. Putting time — even 10 minutes — between someone's suicidal impulse and their ability to take action has been shown to save lives. Plus, making one's home safer reduces the risk of firearm injuries, no matter the intent.



Send Messages of Support

There are many ways to be involved in suicide prevention. One simple but powerful intervention is known as "Caring Contacts." This form of nondemanding social support could include sending texts or messages, or even bringing someone a treat. Nondemanding means the Caring Contact doesn't ask the recipient to do anything. It's reaching out to say "I am thinking of you and sending care" instead of "Call me if you need anything." Such small Caring Contacts provide connection and support that can really matter when someone is struggling and are good for anyone, anytime.



I really like the language of 988 being a "warmline," meaning you can call it before a situation becomes a crisis. You can call 988 to redirect strong emotions, and talk through bad moments, so they do not have to become a crisis.



Decouple Suicide from Mental Illness

Half of the people who are dying by suicide do not have a diagnosed mental health disorder. While a mental health disorder can be a risk factor, it's important that we recognize that 1) many people, for many reasons, don't get the help they need and that 2) suicide is often a short-term, situation-specific and yet very fatal impulse. So when we are just focusing suicide prevention efforts toward those with mental illness, we tacitly encourage the myths that link the two, and we miss warning signs and other factors.

Some facts to remember:

- Most people with mental health disorders are not suicidal
- Suicide affects all people
- Suicidal thoughts are not permanent
- Being able to talk about suicide and suicidal impulses helps individuals seek help and reduces the stigma



Don't Create a Storyline After a Suicide

How people talk about violence is contagious, so we need to be really careful in how we are telling these stories, and conscious of normalizing this sort of violence in our collective social imagery. Part of talking safely about suicide is to not create a storyline that makes sense. So saying "He broke up with his girlfriend" or "He started drinking" is a very unsafe way to talk about suicide. Our research shows that creating a storyline where, for instance, someone is depressed and therefore attempts suicide builds a connection that has been found to increase risk for young people.

Instead, you just say: "He died by suicide. It's really too bad. There were many, many ways that he could have gotten help. I wish he'd known that." And then you could amplify something that we know but can lose sight of — that bad moments pass; they never stay the same. Finally, when you talk about suicide, you can always reinforce the message that there are many people here to help. You can call or text 988.

That's how you talk about it.

the strong family-focused orientation of Alaska Native communities,” said Wexler. This subtle shift away from focusing on individual health care and interventions not only opens up new solutions but also allows family members to take effective, practical steps in creating a safer environment.

WHAT SOCIAL WORKERS CAN DO

“There are a ton of things that social workers can do to prevent firearm injury. And this spans all levels of the social ecology — from individual relationships to efforts in the community and in society,” said Sokol.

It’s worth repeating this point: **The most crucial step individuals can take is making sure their own firearms are kept locked and unloaded.** Social workers in interpersonal practice should take every opportunity to talk with their clients about safe storage. “Because guns can be a touchy subject, we have found that it changes the dialogue to frame the conversation as a safety issue for keeping loved ones safe,” said Wexler. “Think of how you can start the conversation without judgment, without identifying guns as scary. You know, they’re part of people’s lives, and they’re a tool like anything else. And it’s really important to come into those conversations with the perspective that we’re working together to keep everyone safe.”

Social workers, said Sokol, are uniquely positioned to help individuals strengthen both their formal and informal support systems. Social workers connect clients with public benefits programs and can help their clients build, rebuild or strengthen their own social networks. These support systems are critical factors in creating a sense of belonging and promoting safety and well-being.

At the community level, social workers can advocate for innovations — both traditional and creative innovation — that support safer homes, neighborhoods, schools and environments.

Together with community leaders, social workers can educate policymakers about how different types of firearm-related legislation can support safer communities. Sokol pointed to Michigan’s recently passed extreme risk protection order (ERPO) which goes into effect in 2024. The order allows family members, health care professionals (including

“We tend to look at the negative, but what brings me hope is all the protective and really helpful interventions that are happening to prevent these sorts of injuries and promote safety, especially among children and adolescents.”

REBECCA SOKOL

social workers) and police officers to petition the court to temporarily take away firearms from those they believe pose an imminent threat to themselves or to others. “The goal of these ERPOs is to increase safety — they really are protective orders,” explained Sokol. “Not only were social workers instrumental in getting that legislation passed, but now such workers also have a direct role to play in carrying them out.

“Social workers can also contribute to what are called hospital-based violence intervention programs (HBVIP),” said Sokol, “and these programs provide comprehensive care to violently injured patients. They also address the psychological trauma risk factors for violence and social determinants of health with the goal of preventing further violence.”

Another resource for social workers is TIPPS, the School of Social Work’s Trauma-Informed Practices and Principles program. TIPPS is conducting deep research on how to create positive and supportive educational environments, both to serve students who are already suffering the effects of trauma and to create safer, and more successful, learning climates for the whole school community. TIPPS recommends 10 foundational principles (pillars), which include: increasing awareness of trauma and its effects on children; building communities based on trust and respect; exploring new discipline strategies that foster trust; and creating support systems. While their research is especially relevant for school social workers, many of their findings and strategies are applicable to anyone working with children, families and communities. Read more about TIPPS on page 11.

There’s even evidence that the cultivation of green space can reduce firearm violence. Associate Professor Justin

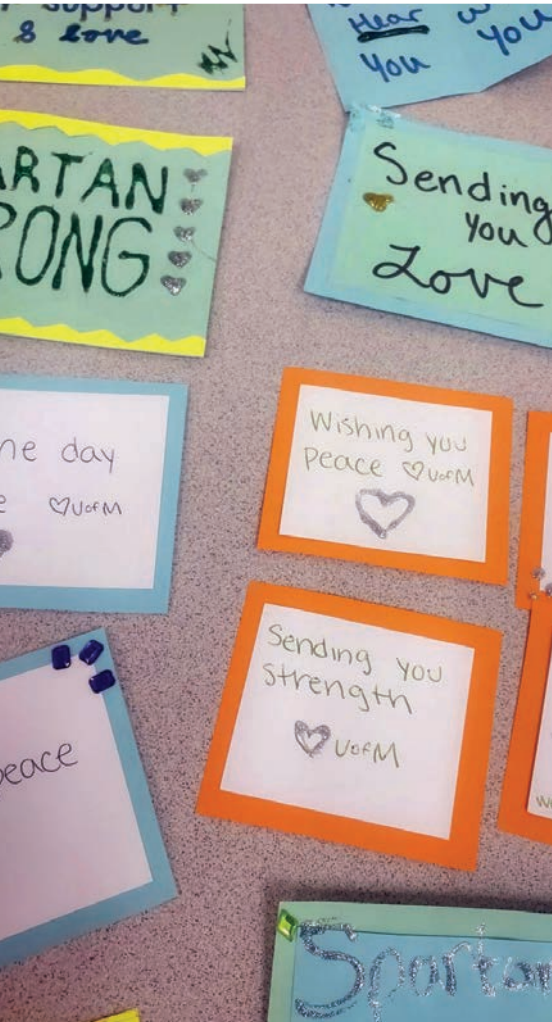
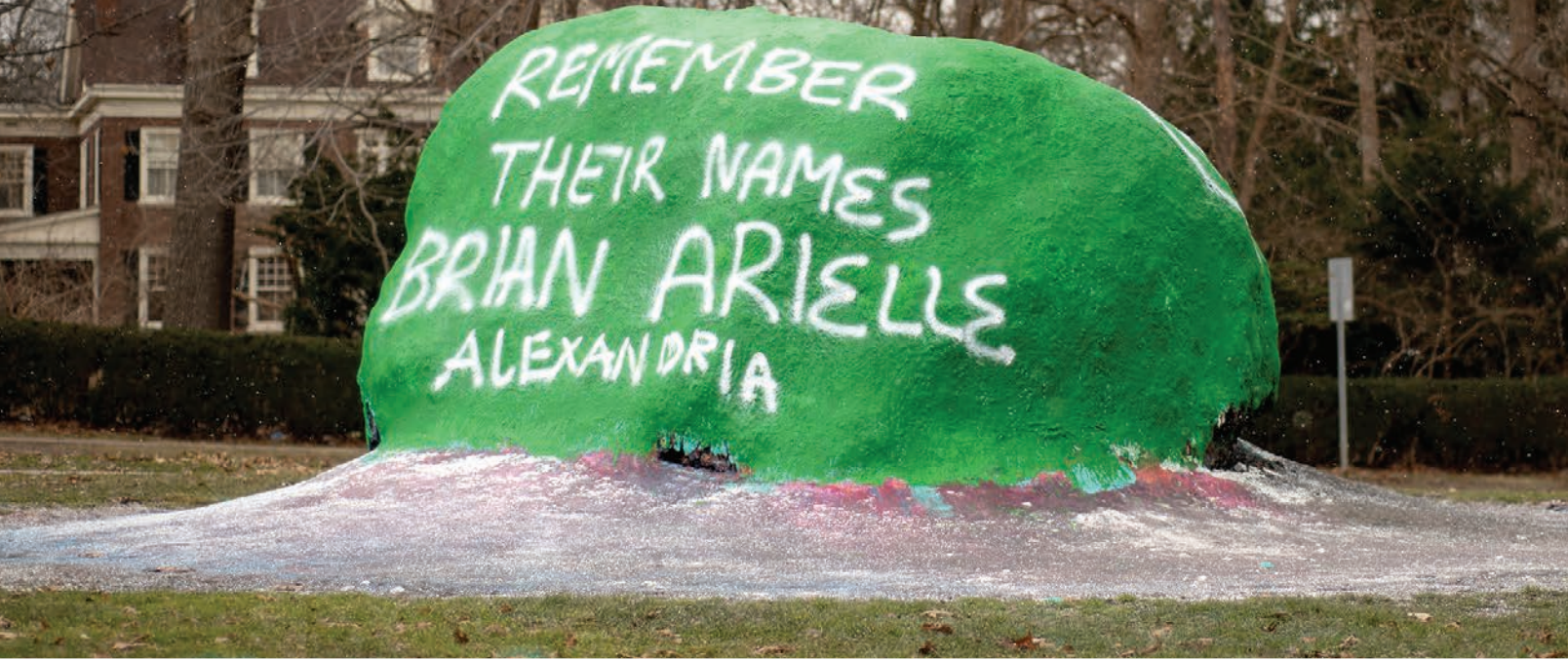
Heinze of the U-M School of Public Health — who is also a scholar with the Institute for Firearms Injury Prevention — is leading an NIH study that looks at how turning vacant lots into green space and safe recreation areas can reduce and deter violent crime, including a reduction in firearms violence. Heinze’s study is guided by the “busy streets” theory, which suggests that use and care of these parks by the community actively deter crime, and demonstrates how community engagement can lead to a host of better and safer outcomes.

“We tend to look at the negative, but what brings me hope is all the protective and really helpful interventions that are happening to prevent these sorts of injuries and promote safety, especially among children and adolescents,” said Sokol. “By paying attention and lifting up those efforts — by doubling down or tripling or quadrupling — I’m hopeful that we can see a large decrease in firearm violence in our country.”

Shifting the perspective from the individual to family-focused has been revelatory for Wexler. “It’s a simple shift in thinking, but it opens up myriad other ways that we could be doing, well, all kinds of things. And that’s interesting new ground. We’ve been so entrenched in sort of documentation of ills and in individual-level interventions and we’ve completely ignored other ways to intervene,” she said.

“There’s not a parent alive who wouldn’t say ‘Give me more tools to do the things that I want to do, which is, of course, keeping my loved one safe, keeping my kids safe.’”

U-M GRIEVES FOR MSU



CASC and MSW students put together care packages for MSU students and faculty in the wake of the shooting.



Teaching Through Tragedy

Reflections from Alumna Tina Timm

Tina Timm, MSW '92, is an associate professor at Michigan State University School of Social Work. On Monday, February 13, 2023, she was teaching a small-group graduate seminar to MSW students in Berkey Hall when they heard gunfire in the hallway. The shots they heard were the beginning of an ordeal that would result in three students killed, eight students wounded and a three-hour search before the shooter was found dead of self-inflicted wounds. During that time, countless members of the MSU community huddled under lockdown while the rest of the community — both in East Lansing and throughout the state and nation — desperately waited to hear from friends, family and loved ones.

One of Timm's students immediately called 911 — in fact, the class was the first to alert authorities to the shooting. Timm turned off the lights and did her best to secure the door, which opened out onto the hall, with a laptop charging cord. They huddled together in the classroom until Berkey Hall was cleared. Eventually, Timm's students made their way to the university's art museum, where, together with the other Berkey Hall survivors, they waited for hours until the campus was given the all-clear.

That ends the news story, but trauma defies tidy endings. Timm recently spoke with *Ongoing* about what happened next: how she and her students completed the semester, and how they used social work practices to process the experience. Timm also shared her personal reflections and insights to help increase awareness for social workers, teachers and loved ones.

ON RESUMING CLASSES:

On that first day back, we just talked. And that's how the semester continued. We usually took the first 45 minutes of class to just touch base about how the week went and to process how we were doing. This wasn't therapy; the students all know how appropriate and important it was to get that individual help. But collectively, it was really important that we keep supporting each other and continue to share experiences and to validate how confusing some of this stuff was that was happening in our own heads. You're always trying to figure out what is normal, and it's nice to come together as a group and say "Yeah, that was true for me this week as well." You just settle into your bones and realize: Okay, I'm not the only one struggling with this.

As budding clinicians, it was really good for them to see the variety of experiences that we had within our small group. Some people struggled with things other people didn't struggle with at all. Some people used different coping mechanisms. Of the six of us, the majority decided not to read information in the media, but for two students, reading all the information available helped them to feel safer. Students could also ask their classmates specific questions

if they wanted to know something, without having to unnecessarily expose themselves to all the information. It was beautiful to see them help each other in this way.

The students learned how to trust themselves and also recognize that sometimes there's a little bit of trial and error in finding what you need. In terms of trauma recovery, there is no one right way to do this.

ON SOCIAL WORK TRAINING:

I have had a lot of training in trauma and it showed up at every turn.

My situation was complicated by how directly I, myself, was involved. But my social work training was instrumental in being able to go back in the classroom and create space where we could talk about it — we didn't just go back to business as usual. It was a smaller class, and we were able to go more in-depth on how we were doing each week. But even in my undergraduate class and my other clinical class, it was never okay to not acknowledge on a weekly basis what had happened.

I have a ton of empathy for what instructors all across campus were asked to do in the wake of this shooting. We had a week off before

we returned to the classroom, and the university sent a message encouraging us to be mindful of the impact this had, even to the people who weren't most directly affected. This traumatized our whole community. Trauma and responses show up differently and can be really complicated, and for an instructor, figuring out what students needed felt like an impossible task.

I had a student struggling with a deadline. He said, "I don't know what's going on with me. I am a good student. But I'm having all these symptoms; I can't do my work, and I can't focus." I had another student who went to high school with one of the victims. She had her own experience of trauma and then was grieving the loss of her friend on top of that.

There were lots of those stories that you didn't know unless you were someone your students felt safe telling about it. And obviously, I was sharing my own experiences and modeling my own vulnerability in appropriate ways for them throughout the semester. For example, one day there were sirens right outside the window. I just paused and shared that that was hard for me and I was having trouble staying focused on the lecture. I also gave an impromptu brief lesson on all the different ways that trauma can get triggered.

“We have new, cutting-edge research about trauma and treatment methods, and we should make sure this information is getting out — and it needs to be accessible and affordable. I feel proud that social workers are out there doing this important work.”

So I think that my students, and those in other social work classes, felt more able to email their professor and say, “I’m struggling, and this is the way I’m struggling” and ask for an extension. And of course, when they asked me, I said, “Yes, take as much time as you need. What we’re trying to do is really hard.”

But my heart just really breaks for instructors that had no clinical skills or counseling background. How overwhelming that must have been!

We had no way of knowing what level of violence our students had witnessed. So I just assumed that everyone was affected in some way, and I altered all three of my syllabi and my classes significantly to account for that.

ON THE IMPORTANCE OF TRAINING:

MSU is going to start mandating active shooter drill training. As a parent and an educator, I have also wanted to be as prepared as possible. Fortunately, I had gone to two of those trainings of my own volition in the last couple of years. I just wanted to be more prepared because of the world we live in. If I hadn’t, well, it scares me to think what might have happened differently that night. But I went to those trainings, and I knew the basics: I knew to shut off the lights, I knew to try and secure the door, I knew if you couldn’t run, you had to hide where the shooter couldn’t see you.

In the moment, that training mattered because I didn’t have to problem-solve. It was automatic.

The week before, I’d gotten a text that there was an active shooter at my kids’ high school. I was teaching that day (in a different classroom), and I was scared, and my students saw me have to deal with that text in real-time. After I got the all-clear and learned that nobody, in fact, was in danger, I came back into the

classroom and I talked about what we would do to secure the room. And I never would have thought to do this had I not gone to those trainings.

I discovered that there’s another really vulnerable population: international students. Students coming from other countries were, in some ways, traumatized by the shelter-in-place order, because they didn’t grow up in cultures where that was routine.

Students who grew up in the United States know how to shelter: We lower the blinds and we shut the lights, and we put the dresser or desk up against the door. So for some of our students, the shelter-in-place that night was like a blip on their screen. But for international students, it was scary in itself.

ON OFFERING SUPPORT AFTER A TRAUMATIC EVENT:

Receiving support is another tricky thing. It’s very common for people in a kind and compassionate way to ask: What do you need?

This is a hard question to answer when you’re not in a good place, because you don’t often know what you need. It can be hard to ask for help or to even know what to ask for. But along the way, people stepped in to help in beautiful ways that I wouldn’t have imagined.

A massage therapist who was familiar with me and the situation reached out and offered a free massage. All you had to do was respond to her email and choose an open appointment time. Obviously, we hold a lot of tension in our bodies: I woke up the next day and felt like I had been hit by a Mack truck; every muscle in my body was sore. Her offer was something I wouldn’t have known to ask for, but it was amazing and quite trauma-informed.

Another example: When I got to that first class the following Tuesday, one of

my social work colleagues was outside the classroom. She had brought bags of colored pencils, coloring books and fidget toys for my undergrad students and had even baked cookies. And she said she’d wait outside in the hallway, just in case I needed her during class. I would have never asked a colleague to do that. It was the mindfulness of someone else who knew that it would be a really hard day and she just showed up for me.

I’ve been acutely aware of how parallel this experience is to grief. In the wake of losing someone, you get this big influx of care and kindness. People bring the casseroles and the sympathy cards and check in on you. And then inevitably, it just tapers off. Everyone else goes about their life, business as usual, and the person who’s left with the grief is more and more isolated because their life changed profoundly.

In terms of my own self-care, I don’t listen or read news stories about mass shootings; I try to avoid it as much as possible on social media. But we’re living in a world where you can’t help but see stories like this as they pop up. And that feels horrific at so many levels, because it is so much loss: the people who died, the people who were injured, the people who were involved peripherally. And it means that thousands more people around the nation are struggling with what I’m struggling with. As a social worker, the amount of trauma that our nation is accumulating every day feels overwhelming.

Trauma is everywhere. Not just mass shootings, but also natural disasters, sexual assault — we can just go down the list. The sheer millions of people walking around with trauma and not understanding what’s happening, what they should be doing, what’s helpful and what’s not. And the people around them not knowing what to do to help. We have new, cutting-edge research about trauma and treatment methods, and we should make sure this information is getting out — and it needs to be accessible and affordable. I feel proud that social workers are out there doing this important work. I hope my students who experienced this senseless tragic event use their own healing journey to continue to help others in the future.



TIPPS

A TRAUMA-INFORMED APPROACH TO TEACHING

While the media focuses on ideas about machine learning and artificial intelligence, a quiet revolution is taking place in the area of human learning and social-emotional intelligence. This revolution may not be televised, but it aims to make sure that we don't inhabit a world with guided machines and misguided human beings.

Trauma Informed Programs and Practices for Schools (TIPPS) is a framework that can reshape education. Working in schools is not only about working with individual students. It involves working within a system and TIPPS proposes a system revision — a revision that will ensure students with trauma histories are not retraumatized by the school system.

Professor **Todd Herrenkohl**, TIPPS's director and principal investigator, brings an extensive background in the field of trauma and abuse to this work. Together with MSW students, Herrenkohl began to review the literature around child trauma and the responses to its lingering effects in school settings, and knew that something needed to change. Herrenkohl described the process: "We did a comprehensive literature review on interventions around trauma and then looked into the 10 core principles that became the pillars of the TIPPS framework. Since then, we have been building out an educational platform for schools that can mitigate the effects of trauma and build resilience in trauma survivors." (See page 13)

Trauma Informed Programs and Practices for Schools aims to transform the educational system while remaining grounded in a humanistic approach. **Rachel Jawad-Craley**, MSW '17, works as a consultant with the TIPPS program. "TIPPS is more of a framework. It is not a modality," reflected Jawad-Craley. "It is a guide on how to bring more trauma-informed methods into schools. It addresses key issues such as how to stop student retraumatization. It recognizes the power of relationships to operate as a huge protective factor."

Ylisse Yopez, a teacher and education consultant with over three decades of experience in public education, attributes a shift in thinking and approach based on TIPPS. "Students have always had trauma experiences in our classrooms. But in the past, we treated most behaviors as discipline issues based on a rigid measure of punitive discipline." Yopez described the older educational framework as missing crucial evidence-informed practices, programs and language to identify what was really happening to students at that time. Yopez goes on to explain: "We now have the research and language to identify what is going on. I have seen the conversation evolve. Now there is a growing concern for mental health and trauma as a fundamental barrier to student learning."

TIPPS presents an opportunity for educators, administrators and others to take a new approach. This strategy grew out of

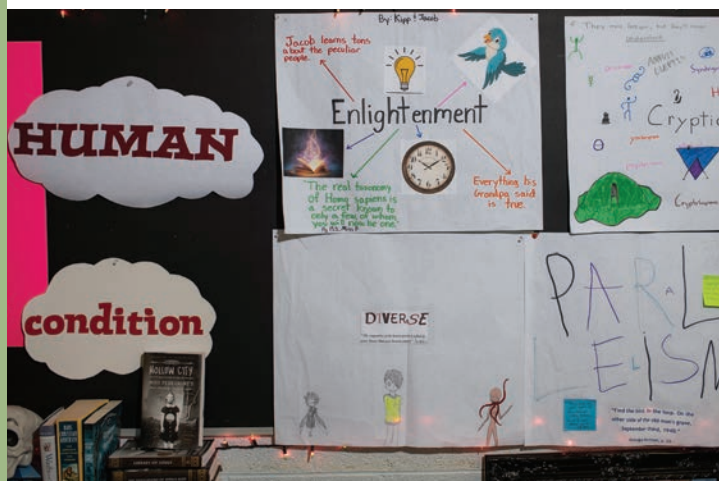


direct engagement and face-to-face partnership. Herrenkohl recalled, "About two years ago we started an extensive strategy around school-based work and partnering with school districts around the state. The original model had us working in partnership with districts over an extended period of time in order to help them understand and implement the 10 core principles and pillars in schools."

Just as they were gaining traction, the COVID-19 pandemic hit. "COVID complicated the partnerships and the work became more challenging," said Herrenkohl. "So we pivoted and developed a series of educational online modules. Our modules explain what trauma looks like and how teachers can respond to it. Post-COVID, our work has focused on developing educational materials that school professionals can access virtually. It's a more flexible model that allows users to access the educational content whenever they have time and availability while schools recover from the effects of the pandemic."

The TIPPS team has worked with the Detroit Public Schools Community District and other school districts. They have offered a number of professional development sessions on trauma and are closing the intellectual and practical gap between understanding the effects of trauma on individuals and the required changes in schools that will promote student success.

The initial findings suggest that trauma-informed environments do benefit students. Teachers who can identify trauma in students are more effective. Currently, the TIPPS team is working to win teacher confidence and lay the foundation for future student success. While there is a need for more comprehensive studies on the system-wide impact of their trauma-informed framework, Herrenkohl has grand expectations for the future: "In five years, I hope to have a handful of districts with a fully integrated TIPPS framework. In 10 years, I hope to have a statewide coalition taking up this work." The TIPPS team, in partnership with teachers and school districts, is poised to make that a reality.



TIPPS: 10 CORE PILLARS

The TIPPS model is based on 10 core pillars. These focus areas are intentionally broad so that schools can customize them to fit their specific settings.

ENSURE SAFE COMMUNITIES

Safe and nurturing environments support learning and resilience.

INCREASE AWARENESS OF TRAUMA

Knowing the signs and symptoms of trauma leads to understanding and compassion.

INCREASE AWARENESS OF BIASES

Implicit bias and stereotypes undermine efforts to strengthen relationships and community.

BUILD COMMUNITY

Strong communities rest on foundations of safety, trust, compassion and respect for differences.

DEVELOP POSITIVE RELATIONSHIPS

Positive relationships are foundational to health and healing.

REDUCE PUNITIVE DISCIPLINE

Punitive discipline undermines students' self-confidence and motivation to learn.

COMMUNICATE & REINFORCE EXPECTATIONS

High and achievable goals motivate performance and build self-efficacy.

AVOID DEFICIT THINKING

Deficit messages lead to poor self-confidence and lower motivation to learn.

INCORPORATE SOCIAL-EMOTIONAL SKILLS

Learning social emotional skills strengthens relationships and promotes resilience.

CREATE SUPPORT SYSTEMS

Tiered supports and interventions are sometimes needed.



“Serving the School of Social Work through the Alumni Board is perfect for me!”

SABRINA CLARK, MSW '10

“SERVICE IS THE RENT WE PAY FOR THE SPACE WE OCCUPY.”

“My parents taught me to value service,” said **Sabrina Clark**, MSW '10, president of the School's Alumni Board.

Clark was a foster care worker when she came to Ann Arbor in 2008 with her then-partner, who had a research appointment at the university. Clark thought she would simply settle into a job in Ann Arbor. Even though she loved the kids she worked with, she was dissatisfied with what was happening systemically in the foster care system. Her partner suggested that an MSW would be a good fit and encouraged her to apply. “Receiving my acceptance was one of my proudest moments. Michigan was everything I needed,” she said.

At the School, Clark would develop intellectual DNA from profound thinkers like professors emeritae Betsy Voshel and Sandy Momper, and clinical associate professors like Beth Sherman. And through Clinical Associate Professor Sue Ann Savas's evaluation course, she deepened her supervision and assessment skills. These skills, Clark said, have empowered her in her current role as a supervisor of a team of child welfare coaches.

After Michigan, Clark headed to Nashville, where she had a younger sibling with mental health needs. Clark thought she might help to fix that system, so she went to work for the Youthful Offender Initiative at Vanderbilt University's Mental Health Center. She focused on supporting those who gave trauma-informed care, as she herself did with her sibling. Her supervisor helped her gain a systemic view, a macro lens that she then took back to the foster care world.

Today, Clark is a Policy & Practice Model Supervisor for the Mecklenburg County Department of Social Services in Charlotte, North Carolina. She teaches as an adjunct professor of social work at the University of North Carolina at Charlotte. “I learn so much from students,” she said. “They add depth and color to my world.”

Clark's mother was an administrative assistant in the school system who had a special place in her heart for children and families. “My mother wanted to teach; my coaching and teaching feels like the greatest manifestation of her mission and vision,” remarked Clark.

However, training and teaching are only a part of what Clark does. Service, she said, is “the rent we pay for the space we occupy in society.” She joined the School's Alumni Board in part to give back to U-M some of what she gained. “I thought I would love to support and connect in this way,” said Clark. “I started out as a general member, then alumni relations chair, then president and I absolutely love it.”

The board supports the School and engages deeply with alumni. They have also partnered with the School on diversity, equity and inclusion (DEI), and the curriculum and student government. It also connects with students to help smooth their journeys. The board has been, in fact, on a journey itself, changing its name from the Alumni Board of Governors to the Alumni Board. “Renaming the board has helped its members center what it is — not a governing board, but a support to the school, a group that identifies unique, tangible ways to support the school and its students,” Clark said.

Clark served as a member of the professional development committee, a subgroup of the board, which hosts the School's annual Building Healthy Strong Communities Conference. She was struck by this year's opening session, which addressed how to be an anti-racist social worker. “With that,” Clark said, “we are saying that we hold ourselves accountable. Now we spread that message, engage allies and communities.” Clark adds, “We need to shepherd folks through, so they don't feel like we're saying, ‘You're wrong.’”

Clark sees strong relationships between the School and its alumni, but she also sees places where we can build better bridges. The AlumniFire platform, for example, has shown tangible results, but we still fall short of reaching everyone. Clark wants to fill these gaps: “Our alumni pool has all generations and all kinds of life circumstances.”

And Clark shared the same advice she heard at her own graduation with current MSW students and alumni: “‘Find your place between the sun and moon, so you'll land among the stars.’ In other words, your journey will be individual, but regardless of the twists and turns, you must find your place of excellence.”

SPOTLIGHT ON TREATMENT INNOVATION AND DISSEMINATION RESEARCH GROUP (TIDR)

Apps, avatars, videos and virtual reality: technology can reach clients in ways therapists cannot. A client can be isolated by geography, age or disability. They may need support between weekly sessions (seven days can be a long time). Their time of greatest need might be the middle of the night. Especially since the COVID-19 pandemic, the demand for therapy outstrips the number of mental health professionals available. Can an app or a video replace a human being in all or even most circumstances? No. But the work of the School's **Treatment Innovation and Dissemination Research Group (TIDR)** does bring humanity, support, encouragement, even companionship and a bit of humor to clients who might find themselves suffering with no immediate means of engagement.

We sat down with Professor **Joseph Himle** — cofounder of TIDR, and also Associate Dean for Faculty Affairs and Howard V. Brabson Collegiate Professor of Social Work — for a talk about the scope and importance of his colleagues' work. We also checked in with six TIDR members to see what they were developing to supplement in-person mental health treatment. TIDR's work points to an exciting and hopeful 21st century for the social work profession.

"A CERTAIN ETHIC OF SOCIAL WORK..."

ONGOING: We know TIDR stands for "Treatment Innovation and Dissemination Research Group." What does the group do?

JOSEPH HIMLE: In TIDR we work to close the gap between those in need of mental health help and the help they need. Our interventions are designed to be accessible and low cost, with practical outcomes. This fits a certain ethic of social work: to make health interventions more equitably available.

ONGOING: TIDR originated as a lab, and so was called "TIDL." How has TIDL/TIDR developed over the years?

HIMLE: Addie Weaver and I started TIDL 12 years ago, when she was a postdoc, and we had a doctoral student named Lisa O'Donnell. I had some NIH funding, so we hired staff and began working with Deb Bybee, a statistical methodological expert from Michigan State. We began to grow as more scholars interested in intervention research joined the faculty. Matt Smith joined us as co-director, and we welcomed Lindsay Bornheimer, Fernanda Cross, Katrina Ellis, James Ellis, Dan Fischer, Jackie Hawkins, Lydia Li, Andy Grogan-Kaylor, Jamie Mitchell, Lisa Wexler, Xiaoling Xiang, Anao Zhang and others within the SSW community as well as in units and departments across the university and at other institutions. We are an open group and faculty interested in mental health intervention research can join us at any time. We share ideas and practical support and we work together on projects. We have grown into a large, vibrant group with

a portfolio of projects aiming to make mental health interventions more appealing, more accessible, more likely for people to stick with.

"A HUGE INCREASE IN MENTAL HEALTH NEEDS"

ONGOING: What shifts in the School's policies or programmatic direction have helped TIDR grow?

HIMLE: Dean Lynn Videka cared very much about growing our mental health and health intervention research group. She thought we had a lot of strength in mental health intervention research. Scholars interested in mental health intervention research became interested in coming here. The interest in mental health interventions has continued with strong support from Dean Angell.

ONGOING: How has the mental health landscape in the U.S. changed over the years since the group's founding?

HIMLE: Since we founded TIDR, there has been a huge increase in mental health needs in the U.S. We



simply cannot scale traditional mental health services to meet those needs. So TIDR, which started out improving interventions, has moved more toward making them more accessible.

ONGOING: What populations in particular have seen their mental health needs grow in the past 12 years?

HIMLE: I would say: elders, youth, immigrants. Fernanda Cross is working to address mental health needs among Latinx youth and families, with focus on how undocumented status impacts mental health, and Xiaoling Xiang studies the aging population, specifically ways to support homebound older adults' mental health. Your risk of mental health problems gets greater as you get older. We have a challenging social environment with lots of isolation, especially due to COVID. This contributes to a need for mental health services for youth and elders.

Our students, for example, are experiencing more mental health challenges. Many factors drive that: the pandemic, political divisions, racial unrest, social media overload and economic uncertainties. Young people suffer anxiety, depression and substance abuse problems.

ONGOING: We have seen certain groups of youth subjected to unusual stress.

HIMLE: Indeed we have. For example, LGBTQ+ youth experience unusual stress that impacts mental health. Although there is increased support and resources for LGBTQ+ youth broadly, there are also very troubling state-level policies aimed at this community, and trans youth specifically.

Challenging times bring up challenging emotions. Our bodies are designed to produce feelings that will motivate change. Mental health events can encourage us to improve our situations. We have to ensure that LGBTQ+ youth have access to acceptable treatment and that social workers are trained to provide affirming care to LGBTQ+ youth.

ONGOING: Speaking of students, what, to you, is outstanding about the mental health professionals that our School graduates?

HIMLE: I know of no school that gives more comprehensive education in what

we call P.O.D.S.: the nexus of privilege, oppression, diversity and social justice. Our graduates' understanding of P.O.D.S. makes them distinctive. They learn how mental health interventions may be modified to address populations who hold diverse identities related to privilege, oppression and so on. Our curriculum has been revised to give students more training in evidence-supported interventions. We owe it to our clients to offer interventions that have empirical support.

“AN INTERESTING ARC”

ONGOING: But of course we don't do all our education here at 1080 South University.

HIMLE: We have amazing field opportunities for students in mental health practice. Michigan Medicine is a

“Challenging times bring up challenging emotions. Our bodies are designed to produce feelings that will motivate change. Mental health events can encourage us to improve our situations.”

great example, as are many community mental health facilities. Going to Detroit or Ypsilanti or Lansing exposes students to diverse people and situations, so they develop the versatility and flexibility a social worker needs.

ONGOING: And we have some relatively new technological opportunities, correct?

HIMLE: Yes. We use simulations. We use SIMmersion to rehearse mental health interventions with students. SIMmersion is a company in Maryland, founded in 2002, whose products use simulated experiences to develop folks' interpersonal skills and techniques for different contexts. Social workers in training can rehearse psychotherapy sessions, and those seeking employment can rehearse job interviews.

Our Entertain Me Well interventions — which can also be used to support student learning and training — include short, animated interventions delivered to clients' devices to help them understand and deal with mental and emotional issues. Following the struggles of the animated characters and seeing them come to solutions can spark ideas and help isolated individuals who may be feeling lonely or depressed, but who may lack access to face-to-face therapy.

It's an interesting arc. We have our foundation in P.O.D.S. We have interpersonal practice training in the classroom, with evidence-based interventions such as cognitive behavioral therapy. Field placements provide real-world experience, and we incorporate tech products like SIMmersion and Entertain Me Well. I believe there is a great future in this model.

“I DIDN'T EXPECT TO DO THIS”

ONGOING: There is also great flexibility...

HIMLE: Social work practitioners today have only a limited sense of where their careers will take them, so they need versatile tools and interventions. For example, the core concepts of cognitive behavioral therapy can be applied with most any population anywhere to address depression, bipolar disorder, eating disorders and on and on.

ONGOING: Do you hear from recent alums who say either that they were perfectly prepared — or not — for X or Y circumstances that they encountered?

HIMLE: Many recent alumni are in jobs they never expected to be in. But when they learn versatile skills, they can transfer them from what they expected to do to what they do now. I hear it a lot: “I didn't expect to do this. My training is useful in a whole new setting.”

ONGOING: You mentioned the huge increase in growth of mental health needs over the last 12 years; what was the impact of the pandemic?

HIMLE: Isolation was a huge challenge during COVID, and isolation's not good for anyone's well-being. Then there was loss. Over a million people have died in the U.S. and about seven million worldwide. Isolation and loss together have produced enormous uncertainty, sadness and discouragement.

DELIVERED TO YOUR DOOR

ONGOING: TIDR emphasizes *accessible* mental health interventions. How does TIDR itself gain access to those who can benefit from the interventions. How do you “get in the door” and then *stay* in the door?

HIMLE: We try different doors. Traditional mental health settings leave many people out. Physical distance, lack of funds for copays, transportation or child care, even the stigma associated with being seen entering a mental health facility — all these can be factors.

So, we go to nontraditional places. We may bring an electronic product, a media product, as I mentioned. To support people as they use these tools, we look to community folks who may lack traditional mental health credentials, but who may be skilled, say, at facilitating discussions around an Entertain Me Well animated episode on depression. One of my own interventions is about vocational and employment services for people with mental health problems. The interventions are delivered in a vocational service setting, by vocational service professionals whom we have trained. Clients come and get mental health help from vocational service counselors, and of course they get help returning to work.

ONGOING: How else might the interventions be delivered?

HIMLE: Addie Weaver’s Entertain Me Well intervention is delivered through churches, with pastors facilitating discussions. Xiaoling Xiang’s media-based interventions for elders are delivered by representatives of home visiting companies. Our general approach is to identify a population with mental health issues, develop a media intervention and find non-mental health professionals, nontraditional providers, who are good at facilitating, who can augment and support technology, and they deliver the intervention.

With Entertain Me Well, the animated episodes entertain *and* suggest mental health improvement tools to the viewer. Netflix meets psychotherapy! It can be done individually with support from a paraprofessional, or in a watch party with a facilitator. People learn mental health self-care strategies in fun, effective and educational ways. This helps them stick with it. In addition to folks in churches,

we have developed media products for patients at a dialysis center, for young people with cancer, for perinatal people with depression receiving WIC and Head Start services, and for home-bound elders. Technology-delivered treatment can help close the gap between these populations and the mental health services they need.

ONGOING: How effective do you think Zoom is as a mental health treatment tool?

HIMLE: If you have time, transportation or stigma issues, Zoom makes accessing mental health services easier. I’ve delivered treatment sessions over Zoom and have found it quite convenient. Some folks feel they miss something. Others feel Zoom lets them be more open.

Seeing people in their home environments could actually help with some kinds of treatment. Many of my

“There’s no other social work hub right now that has this many people seeking to design and test mental health interventions focused on equity and accessibility.”

clients have obsessive compulsive disorder. They have contamination problems in their homes, so we can work on those challenges and I see everything in real time. But it’s still a typical client hour — one clinician, one person — and we have only so many people who can deliver that. We have long waiting lists. So, Entertain Me Well can be a useful tool to help someone on a waiting list for face-to-face treatment. Zoom helps with transportation and stigma barriers, but it doesn’t increase the amount of available service by much.

THE ROLE OF HUMANS

ONGOING: What do you think this interview would look like 10 to 15 years from now? What will we be asking?

HIMLE: We will be asking, *What is the role of human-delivered treatment in a*

technological landscape? How do we decide who needs human treatment and who might be okay using the computer technology we will have by then, including artificial intelligence?

I’ve been helping people with mental health problems for almost 40 years. I’ve had thousands of face-to-face sessions and I believe they have been useful. Now, though, I’m focusing on people who can’t come see me or whose problems can’t wait months for an appointment to open up.

We are not producing enough mental health professionals to deliver the treatment that will be needed. So, how can teachers, pastors, vocational service professionals and others facilitate electronic interventions we are developing?

ONGOING: You have, in sum, quite an exciting job right now!

HIMLE: It is awesome to have all of my faculty colleagues and our research staff around. I get to work with them every day. These are all people with a passion to close the accessibility gap. There’s no other social work hub right now that has this many people seeking to design and test mental health interventions focused on equity and accessibility. It’s a combination of good strategic hiring, supporting our initiatives and building something that attracts folks to join us. This School is a great place if you want to work on mental health interventions.

ONGOING: And TIDR seems like a very special place *within* the larger School.

HIMLE: Academics often feels competitive. TIDR feels very cooperative. That’s our special sauce: the cause is at the center. Your CV, papers and grants are all in the wake behind your boat. You’re sailing ahead to help people. I know, if I need some help, somebody will share something with me tomorrow. If I say, “I have a new report to write,” somebody will say, “I’ll send you mine.” Or, “I’ve got an IRB problem.” “Hey, I’ll talk to you about it.” It’s a unique group of folks and we have so many students working with us now. And hopefully we make some really good discoveries that make a difference.



LINDSAY BORNHEIMER
ASSOCIATE PROFESSOR

"TIDR offers me strong relationships with colleagues conducting intervention research," says Associate Professor **Lindsay Bornheimer**. "They share their insights, support and resources."

Bornheimer's research aims to prevent suicide among those with schizophrenia spectrum disorders. Engagement is essential here, yet Bornheimer's population tends not to seek mental health services. With an intervention called Cognitive-Behavioral Suicide Prevention for psychosis (CBSPP), Bornheimer decided to add electronic media. Her participants would still have weekly psychotherapy, "but we would add an 'engagement enhancer,'" she says.

Bornheimer developed text messages to be sent to the client's cell phone between sessions to support and affirm their recovery and suggest that they practice the cognitive-behavioral therapy (CBT) techniques they learned in therapy. "There is often little structure between sessions for clients in therapy," says Bornheimer. "We built the support and affirmation into this technology."

The client is reminded of their progress — "You have a lot to be proud of. Sending encouragement as you practice skills." Then they are given a link to watch a one-minute video with an animated character, André, who faces challenges similar to the ones they face. André feels "defeated," has suicidal thoughts and hears voices. But he enters therapy and soon feels better by practicing techniques he has learned in CBSPP. These include techniques to de-stress, such as breathing exercises; physical activity to improve mood and purpose ("behavioral activation"); and, when voices intrude, "attention switching" to self-generated positive thoughts and images.

André's greeting at the top of the video may harken back to exercises introduced the week before — "I hope you tried the breathing." He then describes how a CBT technique helped him cope with voices or negative thoughts in the past week. André grows increasingly engaged in treatment and sounds more upbeat, but in his voice we still hear some of the apprehension a client might feel. The purest joy in the videos comes, significantly, from André's relationship with his "best friend," his dog, Blue.

"Clients report that André is relatable," says Bornheimer. "They feel affirmed that he is going through treatment, as they are, facing similar issues and using the same skills."

Bornheimer's intervention has been successful, but, looking to the future, she wonders, "If people find support in media, will the whole idea of emotional connectedness start to look different?"

Indeed it may, and yet for centuries, artistic media have kindled hope and wonder in ways that even the most sophisticated clinical treatment cannot. In one ineffably touching moment, André, bedeviled by negative thoughts, attention-switches to a mental image of himself walking Blue. Before reporting his own feelings in this imagined scenario, André hastens to describe "Blue looking really happy." André has done more than switch his attention. He has offered clients a key to love and hope.

Bornheimer's engagement enhancers remind a client that, however they may feel, they are not alone and they are not helpless. And, should any doubt remain, at the end of every video, André has the kindest words of all for those who may struggle with negative, suicidal thoughts.

"See you next week," he says.



DAVID CORDOVA
ASSOCIATE PROFESSOR

"I wanted to make a family-based intervention," says Associate Professor **David Córdova**, "to help parents and children communicate about sexual health." After approaching a local community youth health clinic, he reconceived his idea as a pair of cell phone apps to enhance communication between youth and clinicians in southeast Michigan. Many of the youth at the clinic were already engaged in these behaviors and, perhaps not surprisingly, were not interested in having parents know their business.

"Its development would be driven by listening to youth," he says. "We started by developing a youth steering committee."

That committee and Córdova's team helped to create two apps — one for the youth, one for their clinicians — collectively called Storytelling 4 Empowerment. The youth would begin by using the app to complete a risk assessment, developed by Córdova in collaboration with clinicians. Most such assessments run to 100 questions or more, and clinicians find it challenging to dig through that much data to flag risk behaviors. Córdova and his team wrote a shorter assessment covering sexual health, substance use and other risk behaviors, and asking whether or not the youth had received HIV or STI testing.

The youth apps were then synched to apps on clinicians' devices. Clinicians saw which risk behaviors youth were engaging in and could then send the youth targeted, tailored resources to speak to those behaviors. If it was condomless sex, the clinician linked them, via the app, to HIV/STI testing and condoms. If it was alcohol use, the app provided content relevant to that.



“They’re free to roam the app and everything is read aloud,” Córdova says, “or they can just look at content related to their behaviors. The clinician will also engage them in personal discussions aimed at reducing risk behaviors and will link them to services.”

Córdova is part of a team who recently received funding to advance clinical and translational research. “One of the challenges with these interventions,” Córdova says, “is how long it can take to get tools and media into community hands. One goal with this grant is to speed up the process through community engagement — listening and learning about what works and what doesn’t, and how we can enhance the technology for young people and clinicians, and improve public health.”

Córdova has reduced the gap in terms of access, but there remain issues related to the digital divide and comfort and facility with the electronics. To help with digital literacy, Cordova’s team conducts trainings to help youth understand their user agreements and download and navigate their apps. The team checks in with the youth periodically, in case questions arise. They also provide tablets and free wifi (at the clinic), for youth who may not have mobile devices.

Of his membership in TIDR, Córdova says, “This is challenging work and so it is helpful to have that support, to be able to reach out to colleagues who might be more advanced in one’s line of research.”



KATRINA ELLIS
ASSOCIATE PROFESSOR

Like much of Assistant Professor **Katrina Ellis’** work, her current project, Kindred, aims to increase cancer health equity for Black Americans — specifically, for Black families going through genetic testing for hereditary predisposition to cancer. “Black Americans are less likely to get tested,” Ellis says, “and, if they do, are less likely to share the results with their families.”

Kindred will use technology to help families share and understand the implications of test results. Ellis’ team is combining what they know about Black family dynamics with data from Black individuals who have received genetic testing for cancer *and* have communicated results to at least some family members. “Kindred can learn from this data how to help a family understand a loved one’s predisposition to cancer,” Ellis explains. “If Kindred understands how families communicate, it can help them talk about cancer and about the importance of testing.”

Kindred will take the form of a web portal where family members can access test results and data that Ellis’ team has gathered about how the family thinks and talks about health. The team already knows that some Black families maintain a culture of secrecy around cancer. Kindred might message a family saying, “We understand that your family finds it hard to talk about cancer, but here are some reasons why sharing might be helpful.” Kindred’s suggestions will come from a strength-based perspective:

“You shared that your family loves to get together for Sunday dinners and other gatherings. That could be a time when you take some time to talk about your health. Here are a few ways to start that conversation.”

One barrier to testing is simply that Black individuals are often not even referred. “It’s not uncommon to hear ‘No one told me!’” Ellis says. “When Black Americans aren’t referred for cancer genetic testing, this also contributes to health inequities. Changes need to be made in clinics and health systems to address this, and we can also empower families to ask about it.” For example, while tests for hereditary breast cancer have been available for 25 years, low rates of genetic testing persist among Black women. Kindred can decrease such inequities by encouraging individual users to be proactive about testing, especially as relatives become more revealing about cancer in the family’s history.

Kindred is funded through the National Cancer Institute as a mentored career development award. “TIDR folks supported me during the application process,” Ellis says. “Joe Himle and Addie Weaver reviewed my grant just as a review panel would. I combined their wonderful feedback with that of my other mentors/collaborators and in the end it got a perfect score. I have also talked to TIDR about how to carry out different project components. They have been really helpful!”



ADDIE WEAVER
ASSOCIATE PROFESSOR

Weaver’s team has finished its randomized controlled trial in rural Michigan churches. “Preliminary work shows that folks benefited from the treatment,” Weaver says. The team is now building more partnerships. One ROST pastor recently moved to a church in New Jersey and wants to offer ROST there. A pastor in rural Iowa read the ROST pilot paper and reached out.

Spreading the intervention overall is a challenge, however. “This is an issue in mental health,” Weaver says. “How do we get treatments to people?” Churches are

well networked and some have regional or denominational conventions. This helps Weaver’s team reach more potential ROST leaders and to study ROST’s functionality and consider its potential. Weaver wants to add interactive components, so users can engage more with the electronic platform on their own. She would also like to embed symptom scales, to assess frequency and severity of users’ mental health symptoms, thus helping the team better measure and assess ROST’s impact and allowing users to see how they are doing over time.

Weaver is also working on a version of EMW for those in pregnancy or the postpartum period. “More Americans are experiencing maternal mortality,” Weaver says. “We are working with the Special Supplemental Nutrition Program for Women, Infants, and Children and with Head Start. They serve folks who are at risk for postpartum depression and suicide. We can get treatment to them during pregnancy and the postpartum period. It’s impactful and powerful for us to be able to offer free cognitive behavioral therapy, through Entertain Me Well, to folks who might not get it otherwise. We have an opportunity to make a huge difference.”

Associate Professor **Addie Weaver** remembers when she first came to the School of Social Work as a postdoc in 2011. “I was excited to join TIDR,” she says. “Few schools of social work focused on intervention research. Now, our School has become a hub for this work.

“In TIDR, we help each other build community connections,” Weaver continues. “No intervention succeeds without input and buy-in from the community that will use it.”

This kind of mutual support saves time and gets interventions out faster to those who may have few, if any, other options. Mental health needs in this country are urgent now, especially since COVID, but our system does not have, and probably never will have, enough professionals to address these needs in person, one client at a time.

Weaver’s current project began with Entertain Me Well (EMW), a platform she co-created with Himle, which uses electronic media and character-driven storylines to deliver technology-assisted interventions that can be led by mental health professionals or paraprofessionals or completed independently. Seeking to close the treatment gap in rural areas, Weaver used EMW to create Raising Our Spirits Together (ROST), an in-person group intervention facilitated by clergy, that uses cognitive behavioral therapy techniques, with conversations sparked by EMW content. This includes animated videos in which characters face challenges — depression, social anxiety, etc. — like those faced by congregants in ROST.



XIAOLING XIANG
ASSOCIATE PROFESSOR

Jackie looks at her wilted plants and sighs. “I’ve let so many things go.” She stares at a photo of her late husband and muses, “Larry would be 78 this year.”

Jackie is an animated character, but her loneliness and depression are common feelings among homebound seniors, who may have difficulty getting to traditional therapy appointments. Even if they can travel, they may find that the only available appointments are months away, a situation that has only worsened since COVID. What might seniors do at home to bring themselves out of depression and anxiety?

“I wasn’t an interventionist when I joined U-M,” says Associate Professor **Xiaoling Xiang**. “Joe Himle introduced me to personalized tech interventions through his project Entertain Me Well.”

In 2021, seeking to help low-income, homebound seniors with disabilities, Xiang obtained a planning grant from the Michigan Health Endowment Fund. With it, she created Empower@Home, a nine-session, in-home media intervention, based in cognitive behavioral therapy (CBT). Lessons on using CBT to relieve depression and anxiety are delivered to seniors through a simple website. A trained coach — a lay provider, such as an MSW student — calls in each week to coach participants through exercises and homework.

To date, the program has recruited 250 participants. A Facebook campaign drew 4,000 responses in a couple of months. “We can’t accommodate that at this time,” Xiang says, “but it speaks to need.”

“We don’t require people to know how to use a computer,” Xiang says, adding that “a lot of studies do.” The team instead purchased tablets, gave participants free internet, and taught participants how to navigate the extremely simple website. Progressing through each lesson, one has just two choices: “Back” and “Next,” and the graphics are simple and the fonts easily readable. Participants also receive hard-copy workbooks, so they don’t have to enter answers to homework online. (For those with dexterity issues, Empower has fillable PDFs.) “We want to reduce tech barriers,” says Xiang.

Each lesson starts with a recap. “Welcome back. In the last session, we talked about how negative thoughts affect behaviors and feelings. We also learned about taking action....” The website asks if the participant did the last assignment, and if so, it’s acknowledged with “Job well done!” The lesson may also include psychoeducation, such as explaining just what depression is and how it affects physical health.

The coaches call weekly. They might go through the lesson with the participant right then, on the phone. Or, if the participant has completed lessons independently, the coach will call to discuss how the week’s lesson connects to the participant’s life.

Outcomes for Empower@Home have been encouraging, with 90 percent of participants completing the program and up to 83 percent seeing depressive symptoms abate. Anxiety and loneliness were down, and socialization was up. Participants called Empower@Home “powerful” and “life-changing.” Said one participant, “It gave me a lot of tools to combat my ways of thinking.”

And just in case you were wondering, Jackie gets better, too.

Assistant Professor **Anao Zhang** started his work in adolescent and young adult (AYA) cancer while earning a degree in social work at Fudan University in Shanghai, and continued through a master’s from the University of Pennsylvania and doctorate from the University of Texas at Austin.

He developed a tech innovation for AYA with cancer after coming to U-M and connecting with TIDR. “I knew of researchers here doing technological interventions for mental health,” Zhang says, “and there was Brad Zebrack’s work with AYA oncology. So Michigan was the place for me!”

AYA cancer patients are at higher risk for depression than older adults. Some 25 to 39 percent of AYA cancer patients experience depressive symptoms. Seeking to help these young people at a time when there is a shortage of mental health providers, especially in cancer, Zhang contacted San Francisco-based Ellipsis Health, which markets an electronic platform for generating AI-enabled voice. The platform collects human speech data, both semantic (word choice) and acoustic (vocal mannerisms and inflections), and uses that data to train a machine-learning algorithm.

When presented with human speech — say, the words of a cancer patient — the algorithm can then make a clinical grade assessment of that patient’s depression and anxiety. The patient’s human clinicians use the algorithm’s assessment to diagnose and, if necessary, intervene with the young patient. “This is translational science,” Zhang says. “From bench to bedside.”

For the young patient, it is presented as a simple cell phone app called Rising Higher. “Young people spend a lot of time on devices anyway,” Zhang says, “and they may not want to go to family or friends with mental health issues. Their cancer is already a big thing; they don’t want to burden their caregivers any further.” In addition, caregivers



ANAO ZHANG
ASSOCIATE PROFESSOR

are sometimes not even available. And because cancer patients may have trouble sleeping due to pain and nausea from their treatments, many of Zhang’s participants communicate with the app between 1–5 AM, when caregivers are asleep.

When the participant opens Rising Higher, a humanoid bot greets them, then asks questions about their life and what is stressing them. The app records the answers for 90 seconds (participants may speak for another 90 and may skip questions, if they wish). The algorithm finds connections between the participant’s words and tone and the results of a depression screening and Generalized Anxiety Disorder Seven (GAD-7) questionnaire they have already filled out. Later, a human clinician reviews the app’s assessment.

TIDR has helped Zhang, he says, “because of the infrastructure and support available when I am writing grants or need someone to bounce ideas off. And the affiliation helps when I’m reaching out to the technological world. They already know TIDR people, so I’m not ‘cold calling.’”

Zhang’s young participants can also know they are not cold calling.

“Sometimes,” says Zhang, “after sharing their feelings, they say, ‘I know you’re just a machine. You’re not human. But I wanted to let you know.’”



“I fundamentally believe that people need time to listen to each other and to be present with each other.”

SHANI HORN: EMPOWERED TO EXPERIMENT

Q ■ What do you get when you combine a lifetime of training in classical and world music, parenting skills and decades of exposure to social work practices?

A: An MSW student who is taking new approaches to social work that center around self-empowerment and experimentation.

Shani Horn is enrolled part time in the online Master of Social Work degree program at the School of Social Work. Her concentration is in Interpersonal Practice in Integrated Health, Mental Health, and Substance Abuse.

Like the art she creates through music, Horn weaves new and existing approaches in social work to discover innovative ways of helping people. “I have been inspired by my peers and my experiences at the School of Social Work to commit to a philosophy of experimentation. Rather than worrying about errors or seeing them as mere mistakes, I work to welcome new perspectives and ideas, and to consciously observe outcomes.”

Born into a family that emigrated from South Africa, Horn “appreciates the supportive and brave learning community at the School of Social Work. The program I’m in is part time. It allows me to work. I can continue being a parent. Most incredibly, I can reflect on my life experience and expand my social work skills in a culture of growth and experimentation.”

Horn is a second-generation student at the School of Social Work. Her father immigrated to the United States in the 1970s to escape the political oppression of apartheid South Africa. Horn credits her early years in Ann Arbor, seeing social workers committed to social exploration and social justice, as a key catalyst for her continuing commitment to social change. “The MSW program helped bring my family to Ann Arbor. My dad studied here and we stayed here. During my early years, I was a part of the academic community. As a baby, I was surrounded by social workers and health care workers.”

Horn is guided by her unique skills and experiences along with a profound passion for respecting the human experience. “I am a musician. I was a music educator and a live events director. I sing and play a variety of instruments. Music has taken me all around the world.” Horn’s background in music and education gives her a deep appreciation for group work and interpersonal relations. “I want things to be inclusive and accessible for everyone,” she reflected. “I fundamentally believe that people need time to listen to each other and to be present with each other.”

JAY KAYSER: PROVIDING FOR WELL-BEING AND INVOLVEMENT ACROSS THE ENTIRE LIFESPAN

Jay Kayser studies older adults with chronic health concerns, including mental health, and puts together interventions to meet their needs and circumstances. As an undergraduate at the University of Iowa studying psychology and social work, he knew immediately that “social work was for me. I had found my professional home.”

Kayser saw the value of working with older adults long before starting in social work. His father was an audiologist, testing those with hearing difficulties and fitting them with hearing aids. “I saw how rewarding and impactful that was,” he says.

An MSW at Washington University adjusted Kayser’s course toward research: “I wanted to impact policy and create programs,” he says. He took a job as a social worker in the emergency department of Barnes-Jewish Hospital in St. Louis. He saw how older adults were overrepresented as patients in the ER, and how their concerns extended beyond just medical issues. “I was interested in how social workers could meet the psychosocial needs of older folks,” he says, “because their concerns are often not taken seriously, nor their ability to participate.”

As Kayser sought to advance his research skills, Michigan stood out to him. “I saw the great scholarship of those who had come through U-M’s Joint PhD Program. I saw the number of faculty with expertise in gerontology. I have been fortunate to have excellent mentors in social work and that’s certainly been the case at Michigan, too.”

Kayser joined the program in 2020, and is working toward a joint degree in social work and developmental psychology. He recently received the School’s John F. Longres Award in

Psychology or Sociology. With his interest in gerontology, he soon met associate professor Xiaoling Xiang. “She has been tremendously supportive,” Kayser says. “Working with her has been a great experience, and I’ve been able to explore my interest in social isolation in older adults. Research shows that loneliness and social isolation impact heart health, cognition, depression and anxiety. I am interested in using longitudinal datasets to characterize trends and creating targeted interventions.”

Over the last three years, Xiang has been developing and testing a program called Empower@Home [see story on page 20], a nine-week, remotely delivered therapeutic intervention for seniors that uses an interactive website and hard-copy workbook to provide psychoeducation and encourage the practice of cognitive behavioral therapy techniques such as cognitive reframing (identifying and challenging negative thoughts) and behavioral activation (taking action, literally, to improve mood). Paraprofessional coaches check in with participants weekly by phone to offer support.

“Given the shortage of mental health providers for older adults right now,” Kayser says, “Empower@Home is a great way to provide them services. I am currently testing a reformatted version of the program in groups, so folks who may be socially isolated or lonely can have the opportunity to socialize with others in similar circumstances and see how their peers have overcome challenges.”

“You hear, ‘It’s not the years in your life that count; it’s the life in those years.’ I think [that’s true] across the entire lifespan. How can an inclusive society provide for well-being and involvement for all ages?”

In March, Kayser wrote about the overreliance of medication in the treatment of depression in *The Conversation* (sww.umich.edu/r/when-medication-falls-short), noting: “The U.S. health care system relies heavily on medication and other biomedical treatments for depression. But in fact there are numerous non-drug-based solutions for prevention and treatment of depression.” He also discussed his research with Michigan Public Radio (sww.umich.edu/r/Kayser).



IRENE ROUTTE: “I WANT TO BE KNOWN FOR BREAKING DOWN THE SEPARATION BETWEEN THE ACADEMY AND THE COMMUNITY.”

“It’s a long story!” says **Irene Routté** of her journey to a joint doctoral degree in social work and anthropology at the School of Social Work. Routté earned her bachelor’s degree at Princeton, combining religion and African American studies. She had planned to go into policy, but opted for “a more human experience. I wanted to know how people created spaces of belonging,” she says. She began working in youth development, case management and arts programming in Seattle and New York City. The youth she saw were mostly migrants and refugees.

After five years of this work, Routté headed to Harvard Divinity School for a master’s degree focused on ritual theory and trauma theory, seeking practical ways to connect clinical mental health frameworks to religious rituals. Routté then returned to work with refugee youth, but found that she still had a drive to do research.

“I chose the University of Michigan because I had a strong social science side and a background in religion and anthropology. It felt comforting to know that here my training would be valued.” Routté’s dissertation project is connected to Assistant Professor Odessa Gonzalez Benson’s work with Congolese refugees in Grand Rapids, Michigan. Routté has started a refugee youth leadership council there.

One might say Routté spent her life preparing for this work. Her father was a pastor and her mother an ESL teacher. “Our home was like a community center,” she says, “my mom’s students and people from my dad’s congregation dropping in. Refugee youth need those same expansive social connections and social spaces that I experienced.”

Routté looks at the development and trajectories of the lives of these youth: displaced to refugee camps in Rwanda, then resettled in Michigan, just at the time when they are individuating from their parents. How will they construct their own sense of belonging? How, for example, do Black individuals from abroad experience racialization in the U.S.? “Social work may fail to address racialization,” Routté says, “from everyday microaggressions to the historical and political influence of race on access and equity. We need to teach MSW students to think about race as a construct and racialization as a process, a negotiation for every immigrant and refugee.”

Routté also studies place attachment. “Refugee youth won’t establish interpersonal relationships here right away,” she observes. “They will connect instead to places and spaces that provide the safety and comfort that those relationships would provide but cannot yet. Integrating place and space into how we think about social relationships will also impact practice for MSW students.” In the next few decades, for example, social workers will meet clients forced to move both to and within the U.S. because of climate change. What power dynamics and inequalities come with this forced movement? “Social work must account for people’s profound connections to places and to communities,” Routté says. “I want to be known for breaking down the separation between the academy and the community.”

It sounds as though Routté might one day have a home of her own that will also be a community center. “Yes,” she says, with a big smile. “That would be ideal.”



DISSERTATIONS DEFENDED

**Finn Bell**

PhD Social Work and Sociology
 “Marginalized Food Growers in a Changing Environment: Tracing Collective Survival Strategies”

**Nicolaus Espitia**

PhD Social Work and Sociology
 “Our Existence is a Political Issue: Examining the Political Participation of Undocumented Latinx Immigrants in the Midwest”

**Nina Jackson Levin**

PhD Social Work and Anthropology
 “Meta/Static Ethnography of Adolescent and Young Adult Oncofertility Research and Practice at a United States Hospital: Implications for Sexual and Gender Minorities”

**Lolita Moss**

PhD Social Work and Psychology
 “The Medium and the Message: an Investigation of Mainstream Media Use, Relationship Scripts, and Intimate Partner Violence among Black Adolescents”

**Garrett Pace**

PhD Social Work and Sociology
 “Corporal Punishment Bans in Global Perspective: Conceptualization and Child- and Caregiver-Reported”

DISSERTATIONS DEFENDED CONTINUED



Ramona Perry

PhD Social Work and Psychology

“Black During COVID-19: Exploring Adoption of COVID-19 Risk Reduction Behaviors”



Briana Starks

PhD Social Work and Psychology

“Diapers, Debt, and Degrees: The Practical and Theoretical Implications of Maternal Postnatal Educational Attainment”



Sakura Takahashi

PhD Social Work and Psychology

“Emotion Regulation and Culture: The Case of Substance Use”



Kaitlin Ward

PhD Social Work and Psychology

“Ecological Influences of Parental Discipline Behaviors and Child Outcomes among Families in Low-and Middle-Income Countries”



Lauren Whitmer

PhD Social Work and Anthropology

“Ay Amiga, ¿Qué Puedo Hacer? Oh Friend, What Can I Do?: An Ethnographic Analysis of How Socio-Cultural and Structural Factors Shape Help-Seeking Relationships for Intimate Partner Violence in Lambayeque, Peru”

BURAQ ORAL: “AS AN UNDERGRAD, I HAVE FOUR YEARS TO BECOME AN ENGAGED CITIZEN.”

The CASC undergraduate minor made **Buraq Oral** rethink everything. And that was precisely the sort of experience Oral had hoped to find at Michigan.

Oral grew up in Canton, Michigan, in a U-M family: his father and three of his older sisters are Wolverines, so coming to Michigan was comfortable and familiar — it really did feel like coming home. But, like college students everywhere, Oral was also eager to branch out, expand his community and take on new challenges.

“In high school, I was a soccer player and that was my identity: a student-athlete. I would go to school, I’d help my mom with the family business and then I’d go to soccer practice; I’d do my homework and I’d go to sleep. Coming to U-M, I didn’t want to pursue soccer anymore, so I had a clean slate and free time. I wanted to find a community on campus. I grew up Turkish and culturally Muslim, and so I really wanted to explore that part of my identity.”

Academically, Oral was focused on pre-med and STEM (science, technology, engineering and math) courses. In his first year, he declared his major in Molecular, Cellular, and Developmental Biology, became an EMT and took a job as a research assistant in a U-M worm lab (*Caenorhabditis elegans* — roundworms — are ideal organisms to learn about human diseases and animal behaviors).

Oral discovered the CASC minor through a flyer at the Michigan League. “It looked like a good way to supplement the sciences and to better inform myself. I was thinking: As an undergrad, I have four years to become an engaged citizen.”

Oral’s first CASC class, Theories and Practices for Community Action and Social Change, was his favorite class at Michigan. The way CASC classes engaged in the reading and discussions was completely different than in his STEM classes. “It was world-changing to see how biases are introduced and to recognize agendas and power structures. During that class, I started to shift my entire perspective on what really matters and who I want to be as a person.”

The lessons Oral learned in the CASC program were immediately applicable to his career path. As an EMT, Oral could see how burnout contributes to a lack of empathy for patients and how biases affect care. And he could see how the lack of support for health care professions, especially during the pandemic, fuels burnout.

“This is when I had a change of perspective on my own life: I want to be a physician. I want to work to address these

The **Community Action and Social Change (CASC)** program is a multidisciplinary 16-credit minor, which allows undergraduates to choose courses from a wide range of elective clusters and provides a framework for understanding and promoting community action and social change. Since its founding in 2010, over 900 students from schools and colleges across U-M have completed the program, making it the second most popular minor on campus.



inequities and make better, strong communities for people who are vulnerable. And I want to make sure that the people on the care team don’t get burned out. Our cups need to be full.”

One way Oral keeps discouragement at bay is by looking to his colleagues and teachers. “Sometimes, it seems like optimism and hope are not even on the agenda, but in my day-to-day life, I see how incredible people are, and how these dedicated professionals are to making change, and how dedicated my classmates are to being leaders. To care about people and engage in your work — that gives me hope.”

His scientific studies also gave him context for measuring change. During his sophomore year, Oral began tutoring elementary school kids for America Reads. “Right before this, I was working in the worm lab where I would come in every day and count how many worms were still alive. I learned that anything worth having, well, you’re going to have to have a lot of patience. So watching a fourth grader improve his reading level, and knowing I played a tiny role in that ... my goodness! It gave me hope that change is possible.”

At the end of his junior year, Oral began an internship with DREAM of Detroit, where he gathered oral histories of Black Muslim pioneers for the Dream Storytelling Project. The internship allowed him to explore the rich and important history of local pioneers, develop beneficial relationships and establish his own identity within the Detroit Muslim Community.

Oral graduated in May and is taking a gap year in Turkey before deciding on his next steps. His future includes medical school, and possibly enrolling in a global health program while in Turkey. “I’d like to perfect my Turkish, and to help those displaced by the earthquake.” Right now, he’s attracted to the variety and immediacy of being an emergency room doctor.

“CASC made me ask: How do I want to approach my work? As a physician, I want to give people the care they need and allow them access to the resources and opportunities to be self-sufficient and to thrive. That’s what leadership looks like, and that’s how I want to approach this work and engage with communities to create a better future.”

Many Ways to Give:

THE IMPACT OF PHILANTHROPY AT MICHIGAN SOCIAL WORK

Social workers recognize how seemingly small efforts can drive social change. We know that each individual and each interaction can make a difference, and we understand how those individual efforts can work together to create a collective impact.

Social work philanthropy is the same: we value the difference one person can make. Every gift matters and is meaningful, and together, these gifts add up to create a significant impact in the lives of others.

The collective power of giving allows us to continue our mission to recruit and support exceptional students who will use their Michigan Social Work education to make a difference in the lives of individuals, families and communities, and take on the most pressing problems of our time to create a more just society.

Our donors give for a variety of reasons, but one of the simplest and most straightforward is to support the next generation of social workers in their pursuit of a Michigan education. In this issue of *Ongoing*, we celebrate our dedicated donors while shining a light on the many ways donors can make an impact on the lives of our students.



ANNUAL GIVING

Annual gifts are the most common way that alumni and friends support Michigan Social Work. Annual gifts are typically contributions that people give on an annual basis that support current needs. These gifts provide critical funds that are immediately available to help meet current pressing needs toward student aid, field support, visionary initiatives and much more.

“ I commit to giving annually to U-M’s School of Social Work because I personally know what a difference it can make. Without the offer of a scholarship, I could not have afforded the education and experiences I obtained at U-M. I hope my gift, when combined with others, will enable future social work practitioners to hone the skills they will need to improve our communities.” – **Kristen Mangold**, MSW ’01

“ The MSW degree changed my life and opened so many doors professionally. I am indebted.” – **Sherry Bingaman**, MSW ’75

“ The University of Michigan School of Social Work is a shining star in the U-M constellation. It is training the selfless ‘Leaders and Best’ society so desperately needs to become fair and just, particularly in these difficult times. That’s why I contribute to and support the U-M SSW.” – **Jim Hughes**, BS ’82, MBA ’89

“ I enthusiastically support the School of Social Work because of the superb education that my daughter received in the SSW and because of the SSW’s relentless commitment to social justice.” – **Rick Parks**, LSA ’71

MONTHLY GIFTS

Monthly gifts deliver continuous, automated funds to the School through payroll deduction or monthly credit card payments. Monthly gifts provide steadfast support for Michigan’s unique array of curricular pathways or one of the School’s specialized funds listed below. Giving monthly is a simple, adaptable approach to creating a substantial impact. Monthly gifts can be made in any size — there is no amount too small.

“ What I have accomplished professionally in my 44 years in school social work is a reflection of the great training I had in Ann Arbor. I am glad to be able to do a little something by contributing to this fund monthly, as I know students today do not have the incredible financial support that we had when I was attending. I enjoy getting the School’s updates and am glad to see that the School of Social Work continues to show leadership in social work practice.” – **Dick Marx**, MSW ’69



LEGACY GIFTS

Giving through a bequest or through your retirement account is an excellent way to make a lasting impact on the School you love. You can give through your retirement account through your required minimum distributions during your lifetime or include Michigan Social Work as a designated or contingent beneficiary of your retirement account. Numerous alumni have chosen to expand their support beyond annual contributions by giving through a legacy gift.

Jo Yaffe, MSW '76 and PhD '88, has documented a planned a gift in recognition and gratitude for the excellent education that launched her on a long and fulfilling career trajectory. Yaffe has designated 50 percent of her gift to the **Joanne Yaffe Doctoral Fellowship Fund**, which will be used to provide support for PhD students working on translational research to improve the quality of social work interventions, with a preference granted to students focusing on interventions designed for traditionally underserved populations.

The other 50 percent will be used to establish the **Joanne Yaffe MSW Field Fund**. This fund will be used to provide financial support to MSW students with financial need who are in their field placement, with preference granted to students pursuing field placements in nonprofit agencies that serve populations located in areas with high rates of poverty.

Through these two endowed scholarship funds, Yaffe's bequest will support future students as they pursue their passions in the social work profession.



\$800K
IS AWARDED TO
STUDENTS ANNUALLY
BECAUSE OF
DONOR GIFTS

MAJOR GIFTS

Major gifts are large donations from one source. **William (Bill) Cabin**, MSW '04, and **Susan Havens-Lang** have established four funds at the U-M School of Social Work, including two endowed scholarship funds and two expendable student support funds.

The **Bill Cabin '04 MSW Fieldwork Support Fund** is an expendable fund intended to support Master of Social Work students in their field placements, with a preference for students with the greatest financial need. Meanwhile, the **Bill Cabin Donor Match Fund** will support matching initiatives to help the School raise additional funds for field-related initiatives.

When asked why they chose to support the School in this way, Cabin said, "I am passionate about teaching and social justice, and our motivation in establishing these funds is to assist students who have the greatest financial need with the costs of the required fieldwork and to show appreciation to the School of Social Work for my experience there."

Havens-Lang explained, "I have always had a soft spot for the University of Michigan. When we were discussing the impact we wanted to have through our philanthropy, I wanted to make sure we named this gift in Bill's honor. He gets excited about supporting students at U-M School of Social Work. It felt like the right thing at the right time. The School has impacted his life and this was a wonderful way for us to give back."

The couple's previous giving includes two named, endowed funds. The **Cabin-Havens Grant Fund** provides field stipends to support MSW students with significant financial need and field placements in southeast Michigan, while the **Havens-Cabin Student JCLP Centennial Support Fund** provides support to MSW students who have significant financial need and are enrolled in the Jewish Communal Leadership Program. Both funds are named in honor of Bill's father, Saul Cabin, and Susan's father, Vern Havens, both of whom were born poor but believed in the importance of a strong work ethic and treating people fairly.

YOU CAN MAKE A

Difference

Gifts of any size can be made to these funds that offer support to our students:

- The **SSW Field Fund** extends stipends to students experiencing financial strain during their field placements, enabling them to fully dedicate themselves to their education.
- The **SSW Student Emergency Fund** provides crucial aid for unforeseen expenses such as medical or mental health services, housing, nourishment and transportation.
- The **Raise Hope Scholarship Fund** extends need-based scholarships, empowering students to realize their aspirations of attaining an MSW.

A Named Scholarship Fund allows you to make a difference in your name or in honor or memory of someone you love.

Named Expendable MSW or PhD Scholarship Fund

You can create a named scholarship with a minimum gift of \$10,000, which can be pledged over a span of four years. Named expendable scholarships are utilized in their entirety upon receiving the gift. Once the available resources are depleted, expendable funds are closed.

Named Endowed MSW or PhD Scholarship Fund

You can establish an endowed scholarship with a minimum gift of \$50,000, which can be pledged over a period of five years. Endowed scholarships provide perpetual financial support and perpetual recognition of the donor for whom the fund is named. These contributions are invested in the University of Michigan's endowment, and each year a portion of the investment income is awarded as scholarships. The remaining portion is reinvested into the fund, ensuring continuous growth of your endowed fund over time.

If you have questions about ways you might consider supporting the School of Social Work through an annual, monthly, major, or legacy gift, please reach out to a member of the SSW Development team at **734.763.6886** or **ssw.development@umich.edu**

JOHN PAUL ABENOJAR, MSW '05, attended the Society for Social Work Leadership in Healthcare's 57th Annual Meeting and Conference in Nashville, Tennessee. Abenojar presented a poster titled "Directors of Social Services: Overlooked Leadership Needs at Skilled Nursing Facilities," and was recognized for presenting the best poster that demonstrates social work excellence in leadership.

ANDI BLAYLOCK (formerly Yakovitz), MSW '95, joined Emerson, a St. Louis-based company, in the newly created position of Director of Wellbeing. In this global role, Blaylock will be responsible for creating strategies and programs to support employee well-being across four pillars of health: physical, mental, financial and social.

TAYLOR BONNER, MSW '19, studied Management of Human Services and Community and Social Systems while at the School of Social Work. Her field placement was at the State Appellate Defender's Office in their Juvenile Lifer Unit, where she supported resentencing work. Currently, Bonner works in Atlanta, Georgia, with the Southern Center for Human Rights, as a Civil and Human Rights Investigator on their Impact Litigation Unit, where she successfully challenges the conditions of confinement across the Deep South through prison and jail investigations, parole advocacy, resentencing work and promoting policies that advance decarceration and racial justice.

WILLIAM CABIN, MSW '04, was awarded the 2023 Joseph Gittler Award by the Society for the Study of Social Problems (SSSP), which is given to an SSSP member in recognition of significant scholarly achievements on the ethical resolution of social problems. Cabin was recently appointed to the editorial board of *PLOS ONE*, a multidisciplinary peer-reviewed journal and has been reappointed to a two-year term as a member of the editorial board of the *Journal of Evidence-based Social Work*. His many recent publications include a study in the peer-reviewed journal *Home Health Care Management and Practice*, about a new version of a nationally mandated assessment tool used in all Medicare-certified home health agencies.

STEPHANIE CHANG, MSW/MPP '14, has received the Ford School's Neil Staebler Distinguished Service Award for her dedication to excellence in public service and was honored during a Policy Talks @ the Ford School event in which she discussed environmental justice with U.S. Congresswoman Rashida Tlaib and newly appointed Director of the Wayne County Health, Human & Veterans Services Department Abdul El-Sayed. Chang is a Michigan state senator.

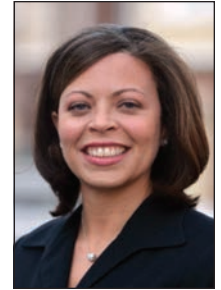
BRITTANY DAVIS (formerly Byers), MSW '08, recently completed her PhD in social work at the University of South Carolina. Her dissertation examined longstanding Black residents' meanings of place identity and gentrification-induced social and cultural displacement, and their actions against such displacement. Davis utilized a secondary analysis and innovative examination methods, including the integration of Photovoice data into a GIS StoryMap, which can be utilized by the community to support the maintenance of the neighborhood's historic identity. In recognition of her innovative work, Davis received the 2023 Society for Social Work and Research Outstanding Social Work Doctoral Dissertation Award. Davis's new adventure will be serving as an online assistant social work professor and a senior analyst.

NGOZI EKE, MSW '15, received board certification in clinical social work from the American Board of Clinical Social Work and also published a children's book titled *The Adventures of Ikemba: Ikemba's Secret*. Additionally, Eke received supervisor designation (social work) in both Michigan and Texas, received childcare director certification, and is working on her PhD. Eke really appreciated all of the support and education she received at the School of Social Work.

JENNIFER FLOYD, MSW '06, received her undergraduate degree from U-M, as well as her MSW and MPH. She continued her education, obtaining her Doctorate in Health Administration from Central Michigan University. She is currently the Deputy Health Director for Wayne County's Public Health Department. She has always had a passion for teaching and has been an active mentor to the next wave of health care professionals. She looks forward to continuing to teach and recruit professionals into the



John Paul Abenojar



Andi Blaylock



William Cabin



Stephanie Chang



Brittany Davis



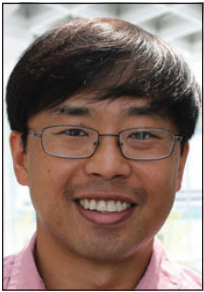
Jennifer Floyd



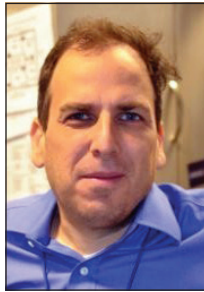
Karen Faith Gordon



Richard Hoefler



Jun Sung Hong



Morrie O'Neil

human services field in the face of a loss of wisdom due to resignations and retirements. "We have a lot of work to do and need good people to do it."

MAEDA GALINSKY (1934–2019), MSW '61 and PhD '63, was named an NASW Social Work Pioneer by the National Association of Social Workers Foundation in October 2022 in recognition of her many achievements in the field of social work during her lifetime.

MEGAN GILSTER, MSW '03, was promoted to associate professor in 2020. In 2022, she began serving as the director of the PhD program in Social Work at the University of Iowa.

KAREN FAITH GORDON, MSW '92, is the founder and owner of Karen Faith, LLC, a mental health practice focused on the journey of aging. Her practice centers around counseling individuals, couples and families as they navigate the myriad changes that accompany the aging process. To further address these issues in a collective space, Gordon created Elements Every Day to create community engagement. Offerings include affinity/support groups, educational opportunities, gentle and adaptive yoga, mindfulness practices, culinary workshops and art therapy. Gordon earned a Specialist in Aging certificate with her MSW, and her passion for working within this demographic has continued to deepen throughout her personal and professional life.

RICHARD HOEFER, PhD '89, was named an NASW Social Work Pioneer by the National Association of Social Workers Foundation in October 2022 in recognition of his many achievements in the field of social work.

JUN SUNG HONG, MSW '06, was named one of the top 100 contributors in an article entitled, "Who are the Top 100 Contributors to Social Work Journal Scholarship? A Global Study on Career Impact in the Profession," which was featured in *Research on Social Practice*.

HARRY HUNTER, MSW '77, has been promoted from clinical assistant professor to associate teaching professor at the University of Southern California Suzanne Dworak-Peck School of Social Work.

KAREN LINCOLN, MSW '96 and PhD '02, has been awarded the 2022 James Jackson Memorial Award, which honors outstanding researchers who have demonstrated exceptional achievement and leadership in mental health disparities research and excellence in mentorship, influence and support of trainees. The award is named after James S. Jackson, who was the Daniel Katz Distinguished Professor of Psychology at U-M. Lincoln is an associate professor in the Suzanne Dworak-Peck School of Social Work. She is also a social worker and sociologist with expertise in social determinants of health and well-being among Black Americans.

MEREDITH MASON-RAMLER, MSW '11, has been recently promoted to associate professor of human services and social work at Gateway College. In addition to serving as the program coordinator of these subjects, Mason-Ramler has been promoted to assistant dean of the Allied Health Professions Division at Gateway College. Furthermore, Mason-Ramler has received a renewal of her Ohio social work license (LISW) in clinical mental health practice.

DIANE ALEXIS NAFRANOWICZ, MSW '76, recently retired from U-M. Nafranowicz provided student services support to Michigan Law students, serving over four decades as director of the Lawyers Club.

MORRIE O'NEIL, MSW '89, is a senior technical writer for the Federal Aviation Administration in Washington, D.C. He lives in Arlington, Virginia.

KRISTA POWERS, MSW '03, writes, "I quit my job. I was a single, 42-year-old woman and I quit my job. It was an awesome job." These are the opening sentences of her book, *Midlife Calm: An Alternative to Midlife Crisis*, published in June 2022, in which she describes "the moment that cast me forth into my midlife calm and my current vocation of coaching — both centered around creating freedom, abundance, and generosity. My intention for *Midlife Calm* is to create curiosity in individuals, sparking conversations, cultivating new paradigms, shifting cultural norms and healing our world. All of which happens one human at a time."

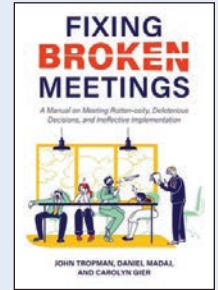
BARBARA RACHELSON, MSW '79, won her sixth term as a state representative in the Vermont House. Rachelson represents part of Burlington. She is also a lecturer at the University of Vermont and a consultant at three different businesses: Simple Grants, Boules Consulting and GrantExec. Rachelson currently serves on the Vermont Judicial Nominating Committee and is a board member of the national organization, HRK (Human Rights for Kids: humanrightsforkids.org).

MEGGIE ROYER, MSW '22, won third place for her poem "Impostor Syndrome" in the 2023 University of Iowa School of Social Work Annual National Poetry Contest for Social Workers. The annual, nationwide poetry contest affirms and encourages the creative talent of social workers and draws attention to social work as a profession.

FRANCINE SCHWARTZ, MSW '69, moved to California after graduation, where she worked for the state mental health department, taught continuing education classes, designed curriculum and served as a fieldwork instructor. After earning her MBA, she taught organizational behavior and human resource management at several Cal State undergraduate schools of business. She relocated to Maryland, where she worked in mental health and private practice. Currently, she is putting together a workshop in financial literacy and will be leading groups at the Washington School of Psychiatry. She writes: "I have also tried my hand in a variety of volunteer roles, among which was a stint as a theater reviewer at DC Metro Theater Arts."

ELIZABETH TEBO, MSW '01, completed and published her first children's book, *The Elephant on Aaron's Chest*, which she's been reading to elementary school students throughout California and Michigan. "It's the story of a boy who is struggling with the weight of his emotions," she says. "His emotions take on the form of a cumbersome elephant. With little success, Aaron tries to get the elephant to leave. When Aaron decides to befriend the elephant, things start to change for the better."

JOHN TROPMAN, PhD '67, is the author of *Fixing Broken Meetings: A Manual on Meeting Rotten-osity, Deleterious Decisions, and Ineffective Implementation*, which examines the myriad ways in which meetings regularly fail and looks at how individuals and organizations can produce efficient meetings that lead to effective decision making. The book serves as a resource for courses and programs in business and organizational behavior, as well as for anyone interested in improving the functionality of meetings within their organizations. Tropman is the Henry J. Meyer Collegiate Professor Emeritus of Social Work.



MAUREEN TYRA, MSW '82 is the director of social support services at VyncaCare, a palliative care organization providing care via telehealth for patients in California, Oregon and Washington. She is also a Respecting Choices® certified Advance Care Planning instructor and facilitator. She educates her staff in the nuanced skills around engaging patients in end-of-life planning conversations, and won't rest until all adults everywhere have their Advance Health Care Directive completed.

LYNNE WALTER, MSW '05, was named the 2022 NASW-NC Myrna Miller Wellons Advocate of the Year, and was recognized in the North Carolina General Assembly in June for this honor and had the courtesies of the North Carolina House Gallery extended to her.

LACEA ZAVALA, MSW '07, made a career switch to instructional design after working for 20 years in the field of child welfare. She is now back at the School of Social Work as a learning experience designer in the Online MSW Program. In addition, in January of 2023, Zavala launched the non-profit Rising Sage with the mission of helping single mothers in southeast Michigan to overcome barriers to access in wellness practices such as yoga, mindfulness and mental health support.



Barbara Rachelson



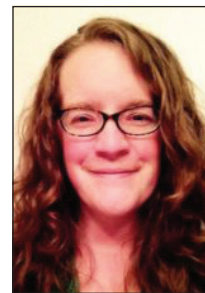
Meggie Royer



Elizabeth Tebo



Maureen Tyra



Lynne Walter



Lacey Zavala

Faculty

Professor Emerita Rosemary Sarri | PhD '62, July 25, 2022

Associate Professor Cristina Bares | May 28, 2023

Professor Emeritus Arnaud Laufer | July 28, 2023

Alumni

Allen E. Hood | MSW '70, June 10, 2022

Caroline M. Laubenheimer | MSW '55, June 11, 2022

Carol P. Cataldo | MSW '79, June 19, 2022

Nehemiah Pitts | MSW '90, June 23, 2022

Patrick M. Finerty | MSW '76, June 29, 2022

Mary J. Terrill | MSW '90, June 29, 2022

Jennifer A. Martin | MSW '08, July 3, 2022

Thomas P. West | MSW '73, July 4, 2022

Earl Shiroy | MSW '70, July 7, 2022

Nancy J. Trupiano | MSW '88, July 9, 2022

Leatrice E. Fischer | MSW '83, July 18, 2022

Maribel V. Beyler | MSW '68, August 1, 2022

Anton S. Trubiroha | MSW '71, August 1, 2022

Carmen J. Dominguez | MSW '98, August 4, 2022

Lloyd W. McClelland | MSW '90, August 16, 2022

John A. Soto | MSW '72, August 24, 2022

Gladys J. Verhulst | MSW '77, August 26, 2022

R. Anthony Marcson | MSW '75, August 29, 2022

Margery R. Vanderploeg | MSW '55, August 30, 2022

Robert S. Keller | PhD '72, September 10, 2022

John G. McCoy | MSW '65, September 25, 2022

Willie J. Murray | MSW '85, September 26, 2022

Sandra E. Loyer | MSW '79, October 5, 2022

Susan R. Gamber | MSW '82, October 12, 2022

Shani K. McLoyd | MSW '03, October 14, 2022

William H. Carah | MSW '73, October 23, 2022

Shu-Yuan Wang | MSW '99, November 2, 2022

Judith R. Alexander | MSW '75, November 6, 2022

Dolores J. Oliver | MSW '89, November 7, 2022

Linnea M. Werner | MSW '65, November 16, 2022

Donna J. Shokeir | MSW '68, November 19, 2022

Karen R. Brown | MSW '70, November 22, 2022

Richard L. Peterson | MSW '68, November 23, 2022

Kenneth J. Schwartzenberger | MSW '75, November 25, 2022

Tina M. Kahn | MSW '69, December 2, 2022

Patricia D. Hesseltine | MSW '85, December 8, 2022

Denise M. Donnelly | MSW '82, December 11, 2022

John A. Porter | MSW '77, December 12, 2022

Jeannette S. Harter | MSW '78, December 13, 2022

Barbara B. Brockett-Fenner | MSW '71, December 29, 2022

Elizabeth E. Chapleski | MSW '83, January 8, 2023

Joseph E. Roche | MSW '79, January 10, 2023

Annemarie C. Johnson | MSW '96, January 11, 2023

Nancy L. DuVall | MSW '69, January 12, 2023

Sheryl A. Bautch | MSW '81, January 14, 2023

Pamela L. Redden | MSW '74, February 15, 2023

John Leegwater | MSW '65, February 19, 2023

Thomas T. Kobza | MSW '73, February 20, 2023

Melissa E. Cole | MSW '89, February 21, 2023

Paul J. Johnson | MSW '76, February 21, 2023

Lillie M. Tabor | MSW '61, February 22, 2023

Ereck B. Wheeler | MSW '16, February 23, 2023

Sima R. Stanley | MSW '71, February 26, 2023

Norma J. Simpson | MSW '81, March 19, 2023

Gail L. Kutner | MSW '79, March 22, 2023

Martha K. Burnstein | MSW '77, March 25, 2023

Walter G. Schaefer | MSW '67, March 25, 2023

Janet B. Tewell | MSW '66, March 25, 2023

Betty B. Jones | PhD '81, March 28, 2023

Paul R. Brooks | MSW '64, March 30, 2023

Sybil L. O'Brien | MSW '90, March 30, 2023

Teresa E. Moore | MSW '78, April 1, 2023

Janet H. Burton | MSW '63, April 15, 2023

Carl A. Gundersen | MSW '74, April 17, 2023

Stanley Mann | MSW '64, April 26, 2023

Brian J. Langdon | MSW '66, May 5, 2023

Vivian B. Shapiro | MSW '69, May 29, 2023

Marilyn A. Cavara | MSW '74, June 1, 2023

Barbara L. Bergman | MSW '82, June 2, 2023

Harry R. Mitcham | MSW '69, June 11, 2023

Carol A. Potter | MSW '74, June 13, 2023

Adam P. Whiteley | MSW '19, June 23, 2023

Rachelle D. Muniga | MSW '69, June 25, 2023

Clyde Scott | MSW '65, June 27, 2023

Deborah A. Roraback | MSW '89, June 29, 2023

Phyllis J. Day | MSW '69, July 6, 2023

Mary E. Garzelloni | MSW '70, July 11, 2023

Linda S. Scheiblich | MSW '73, July 25, 2023

Iva J. Grasso | MSW '04, July 28, 2023

Notices of deaths received before July 31, 2023

WELCOMING PRESIDENT SANTA J. ONO

The School welcomed U-M President Santa J. Ono earlier last winter for a quick introductory visit to the School. “This is the beginning of what I believe will be a fruitful relationship for our School, as President Ono shares many values and priorities with our profession, including a profound and personal commitment to supporting mental health services,” said Dean Beth Angell. “We look forward to future visits that will give the community more opportunities to interact and engage, and I’m grateful for his leadership and humanity.”



“HOPE IS THE OXYGEN”

In September of 2022, Darren Walker, president of the Ford Foundation, delivered the School’s second annual Social Justice Changemaker Lecture. The program, “Social Change in Action: How to be a change agent in a world that feels out of control,” drew both an in-person and livestreamed audience from Michigan Union’s Rogel Ballroom. In conversation with Dean Beth Angell, Walker explored ways to be a change agent during challenging times and how to use philanthropy as a force for social change.

Born in a charity hospital in Louisiana, Walker was raised by his single mother in East Texas and, in 1965, was part of the first preschool class of Head Start. He received his bachelor’s and law degrees from the University of Texas. He began his career as an investment banker on Wall Street before becoming chief operating officer of the Abyssinian Development Corporation, which led the efforts to revitalize Harlem in the 1990s. He brought all of this experience to philanthropy, first at the Rockefeller Foundation, then at Ford, where he’s been president since 2013.

“In philanthropy, we’re in the business of hope,” Walker said. “Hope is the oxygen in society. We should be builders of hope. We should be investing in the things that help create more hope. And one pathway to more hope is more justice. They are inextricably linked.

“The discipline of social work is essential,” he said. “So much of the pain and grief and anguish over the state of the world and of people’s lives rests on the shoulders of social workers. They know you can’t get to justice without empathy.”

The Social Justice Changemaker Lecture series focuses on important global social justice issues and was established by a generous gift from Neil and Annmarie Hawkins.



GLOBAL ACTIVITIES IN NEW YORK

In fall 2022, the School of Social Work’s Office of Global Activities and the Global Social Work Practice Pathway co-sponsored an experiential, one-week course in that most global of cities — New York City! Assistant Professor **Ashley Cureton** and Global Activities Coordinator **Greta Kaempf** led thirteen students for a life-changing exploration of human rights issues.

The group visited the Children’s Law Center (giving children a voice in legal proceedings that impact their lives), the International Refugee Assistance Project (helping refugees and others seeking safety), the International Rescue

Committee (helping those affected by humanitarian crises), HER Justice (offering free legal help to women living in poverty), the Center for Reproductive Rights (a global organization of lawyers and advocates ensuring the protection of such rights), and UPROSE (a women-of-color-led organization promoting sustainability and resiliency).

Cureton states, “We explored themes of reproductive rights, environmental justice and climate change, children’s rights, refugee and immigrant rights, and human rights advocacy. From visiting Ellis Island and the Statue of Liberty to a guided tour of the United Nations, a boat

cruise and visiting seven organizations in Manhattan and Brooklyn, students unpacked how themes associated with human rights are addressed within an urban context. We were thankful to connect with community leaders and experts with social work backgrounds. We look forward to developing more domestic and global courses to support social workers’ academic and professional growth.”



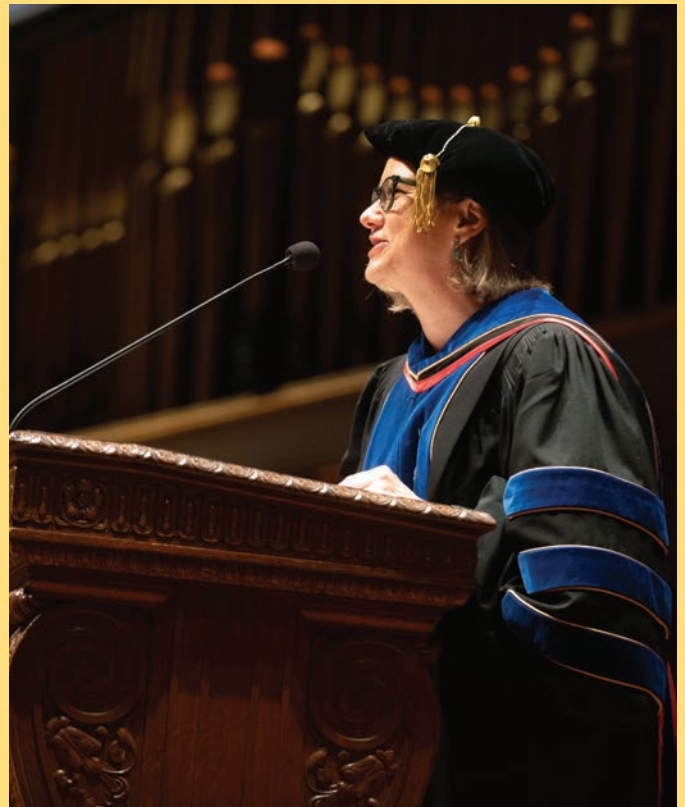
DEAN BETH ANGELL'S FIRST YEAR

Dean Beth Angell began her tenure on July 2, 2022. During her first year, she hosted events on campus and traveled throughout the state and nation in order to meet alumni and represent the Michigan Social Work community. "I'm grateful for the warm welcome and so thankful to be part of this vibrant and thriving community," she said.

Since arriving in Ann Arbor, she has learned:

- To love cherries
- All the words to "Mr. Brightside"
- How to work maize and blue scarves into her outfits
- How to use her hand as a map of Michigan







JOYFUL JEWISH JAMS

In March of 2023, the Jewish Communal Leadership Program presented its annual Communal Conversation in the form of a concert. Joyful Jewish Jams was planned by the graduating class of the School's Jewish Communal Leadership Program as a way to celebrate Judaism's vibrant culture and tradition

through music and song, especially after the isolation of the pandemic. Held at local venue The Ark, the free concert was open to the public, and featured Batya Levine and Ann Arbor native Aly Halpert.

TREVOR BECHTEL spoke with Michigan Radio's Stateside about how the prevalence of guns in our society affect police interactions.

WILLIAM ELLIOTT III told Stateline, an initiative of The Pew Charitable Trusts, that children's savings accounts not only help families save for college, they can also instill them with hope and ambition.

TERRI FRIEDLINE shared her thoughts on President Biden's student debt relief program in *Fast Company*. The story originated in The Conversation and has been included in numerous publications including the *Atlantic Journal-Constitution* and HeraldNet.

- **TERRI FRIEDLINE** spoke with "Marketplace" about the benefits of public banking, especially given the recent turmoil in the banking sector.
- **TERRI FRIEDLINE** spoke with MarketWatch about the stress many Americans are facing in light of both rising costs and the threat of a predicted recession.

ANDY GROGAN-KAYLOR'S review of 50 years of research on corporal punishment was cited in a *Chicago Tribune* article about the return of corporal punishment to a Missouri school district. The review was also cited in an editorial in the *Washington Post*.

- **ANDY GROGAN-KAYLOR** was quoted in a feature in *The Lancet Child & Adolescent Health* titled "The strange endurance of corporal punishment."

SHANNA KATTARI was quoted in *USA Today* on the recent negative attention and laws in the U.S. targeting transgender people.

FATIMA SALMAN spoke with Michigan Radio about a report she authored that explores Detroit residents' workforce development ideas.

- **FATIMA SALMAN** spoke with WDET about both the critical role social workers play in supporting individuals and communities and how the designation of Social Work Month supports the profession.

LAURA SANDERS' work with animal-assisted therapy (AAT) at her farm was featured in *The Crazy Wisdom Biweekly*.



Trevor Bechtel



William Elliott III



Terri Friedline



Andy Grogan-Kaylor



Shanna Kattari



Fatima Salman



Laura Sanders



Luke Shaefer



Matthew Smith



Rich Tolman



Roland Zullo

LUKE SHAEFER spoke with the *New York Times* about the ongoing effort to bring back the Expanded Child Tax Credit. He also wrote an op-ed in *The Hill* urging Congress to reinstate the credit.

- **LUKE SHAEFER** explained in Vox how federal government support during the COVID-19 pandemic prompted child poverty to fall sharply.
- **LUKE SHAEFER** spoke with Michigan Advance about Rx Kids, a new program in Flint, Michigan, which will work to improve residents' health by alleviating poverty in the state's poorest city.
- **LUKE SHAEFER** spoke with Marketplace about the recent report showing that only 25 percent of those who were out of work in 2022 applied for unemployment benefits.
- **LUKE SHAEFER** spoke with the Michigan Advance about the "dark times" Michigan is facing given the recent cuts in Supplemental Nutrition Assistance Program (SNAP) benefits.
- **LUKE SHAEFER** spoke with Michigan Radio about a new report from U-M's Poverty Solutions, which shows that U.S. police officers kill more people in days than police in other countries kill in years.

MATTHEW SMITH'S research is cited in a *Chicago Tribune* story exploring the ways to support people with autism to enter the workforce.

- **MATTHEW SMITH** spoke with *Psychiatric News* about how virtual reality can support job seekers with serious mental illness.
- **MATTHEW SMITH'S** findings on his development of a virtual reality interview training program, informally known as Molly, was both a cover story of *Psychiatric Services* and selected as an Editor's Choice.
- **MATTHEW SMITH'S** research was cited in the MIT Technology Review on the potential of using virtual reality as a therapeutic tool, specifically for incarcerated individuals.

RICH TOLMAN was interviewed by DPTV's "One Detroit" as part of their story on Detroit Bass Day. Tolman spearheaded the Papa Was project, which was inspired by the Motown hit "Papa Was a Rollin' Stone."

ROLAND ZULLO discussed Michigan's right-to-work law with WEMU.



Beth Angell

BETH ANGELL was appointed the Phillip Fellin Collegiate Professor of Social Work.

LINDSAY BORNHEIMER received a 2023 Undergraduate Research Opportunity Program (UROP) Outstanding Research Mentor Award.

AYESHA GHAZI EDWIN was elected to Ann Arbor City Council Ward 3.

LISA FEDINA, SHANNA KATTARI, and **CAMILLE QUINN** were named Fellows of the Society for Social Work and Research.

DAN FISCHER was honored by Michigan Medicine with the grand round series being named in his honor: The Daniel J. Fischer Social Justice Grand Rounds.

TERRI FRIEDLINE received the 2022 Doctoral Student Organization Faculty Award.

ANDY GROGAN-KAYLOR'S team won a Breakthrough Award at the inaugural Psych Tank Funding Competition for their project "Mental health care for ALL kids! What are we waiting for?"

JUSTIN HODGE was named the 2023 Student Union Teacher of the Year.

- **JUSTIN HODGE** was selected as chair of the Washtenaw County Board of Commissioners.

KATIE MAGUIRE-JACK received the 2023 Doctoral Student Organization Faculty Award.

ROGÉRIO M. PINTO was named a University Diversity and Social Transformation Professor.

- **ROGÉRIO M. PINTO** was named a Fellow of the American Academy of Social Work and Social Welfare.

CAMILLE QUINN received the 2023 Milestone Achievement Award from the University of Chicago's Crown Family School of Social Work, Policy, and Practice.

YATESHA ROBINSON received the 2023 Distinguished Lecturer Award.

- **YATESHA ROBINSON** was selected as a 2023 Michigan Road Scholar.

TRINA SHANKS received the 2023 Distinguished Faculty Award.

- **TRINA SHANKS** was appointed board president of the Black Administrators, Researchers, and Scholars group.

REBECCA SOKOL was named a 2023 U-M Public Engagement Faculty Fellow.



Rogério M. Pinto



Yatesha Robinson



Trina Shanks

REGENTS OF THE UNIVERSITY

Jordan B. Acker, Michael J. Behm, Mark J. Bernstein, Paul W. Brown, Sarah Hubbard, Denise Ilitch, Ron Weiser, Katherine E. White, Santa J. Ono *(ex officio)*

UNIVERSITY OF MICHIGAN NONDISCRIMINATION POLICY

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THE SCHOOL OF SOCIAL WORK'S **OFFICE OF CONTINUING EDUCATION**

offers professional development and lifelong learning opportunities that prepare social workers and other professionals for inclusive, evidence-informed practice.

Our programs allow social workers to stay current with emerging knowledge and needs in the field, maintain professional licensure, and advance and transition in their careers. Continuing education hours are offered through the Association of Social Work Board's Approved Continuing Education (ASWB ACE) program.

**VIEW THE CATALOG OF
COURSES OFFERED
AND FIND OUT MORE**



[https://ssw.umich.edu/
offices/continuing-education](https://ssw.umich.edu/offices/continuing-education)

