



Vol. 3, No. 1
Fall 1999–Winter 2000



ASPN

Adult Services Practice Notes

Produced under contract with
the Adult Services Branch,
Division of Social Services,
NC Department of Health and
Human Services

by

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State Courier: 17-61-04

*The aspen is perhaps the world's
largest organism. Although some
aspen forests cover acres and seem to
be composed of individuals in all
stages of life, they share a common
root system.*

*ASPN: Adult Services
Practice Notes* is
dedicated to providing
information on excellent
family-centered social
work practice with adults
and their families.

Ethics: Values in Action

The Principles for Family-Centered Practice in Adult Services strive to guide county DSS personnel in providing the best and most ethical social work practice possible. Principle 16 refers to the Code of Ethics of the National Association of Social Workers (NASW), the standard for the social work profession as a whole. This is all well and good, but what does it have to do with your everyday work with clients?

Both issues of *ASPN* this fiscal year will address ethics in social work practice. This issue will briefly review the NASW Code of Ethics (1997, read it for yourself on-line or download a copy in MS Word at <http://www.naswdc.org/CODE.HTM>). We will also outline some of the situations that arise in everyday work with clients and families in county agencies, mention briefly some of the current methods and discussions about ethical decision making, and suggest some resources for learning more about the issue.

In particular, we invite you to look at the brief case examples on page 7, discuss them with your colleagues, determine whether they represent ethical problems, suggest how you would resolve them, and send your comments to us. We would also like to hear about problems you have encountered in practice.

In our next issue, we will summarize your responses and present a panel discussion of the issues you raise, with insight from your peers, the state division, and social work educators.

Why Have a Professional Code of Ethics?

The quotation from Susan Manning at the right says it very succinctly. Even though social workers in recent years have consciously moved toward more collaborative relationships with clients and their families, the power differential still remains, at least at the outset of the professional relationship, when clients and families come to the agency seeking help. Much of the literature about ethics in social work practice focuses on counseling relationships, where the client and family's psychological vulnerability makes it vital to avoid abusing power. However, the potential power differential between client/family and social work professional may be even more acute in local public agencies, where caseworkers, supervisors, and administrators act as gatekeepers for limited community resources. One of the most perplexing problems for personnel at all these levels may be balancing the conflicting agendas of the agency for which they work; the members of the community who request services directly; or the community itself, with its expectation of what issues the agency will address and how it will address them.

“People depend on professional services to help them increase their control over their lives during times of trouble and distress. The power to intervene in people’s lives carries with it unique responsibilities to society that are not connected to other kinds of work. The ethics of professional practice, then are directly related to the use and abuse of power.

In addition, a moral function of the professions is their power to shape culture Every decision and action communicates a message to society about what social workers value and, indirectly, what society values.”

—Susan S. Manning, 1997

In medical settings, professional ethics has been discussed since Hippocrates (“First, do no harm.”). Many of the debates have focused on dramatic, life-and-death questions, particularly since technology has increased our ability to prolong life. The same rise in technology also has created debates about the interaction between personal values and professional ethics (How far must physicians go in supporting treatments their clients want but they may personally feel to be immoral—euthanasia, birth control pills?).

What is the situation in social work? The NASW’s Committee on Inquiry investigates alleged violations of the code. Kimberly Strom-Gottfried, PhD, Associate Dean for Student Affairs at the School of Social Work at UNC, who served for several years on that committee, says that most concerned “boundary violations—relationships with clients, whether they are sexual, business, or social, that confuse the helping relationship. There are a lot of other subcategories that are pretty well represented—failing to get consultation and supervision, misusing practice techniques, poor record keeping—what would generally fall into poor practice.”

In many ways, improper relationships with clients—particularly sexual ones—are the dramatic cases. “Everyone” knows that sexual relationships with clients are improper. The more difficult cases may be the more mundane: What do you do when your client is also a member of your church or civic group? How do you maintain confidentiality in a very small community where everyone knows who you are and what you do? How do you insure that your practice skills are sufficient to meet the needs of your clients? When do you need supervision or to make a referral? What do you do when your client’s needs conflict with your agency’s guidelines? What do you do when your client’s choices conflict with what you believe to be moral behavior?

Recent literature focuses on more common, and perhaps more difficult, ethical questions. Kane and Caplan’s title, *Everyday Ethics: Resolving Dilemmas in Nursing Home Life* (1990), gives an indication of one direction the debate is taking. Caplan says,

On a day-to-day basis, the kinds of issues that the residents of nursing homes confront . . . are matters that at first glance appear mundane or banal: Can I eat what I want? Must I have a designated roommate? When can I go out for a walk? Why can’t I wake up and go to sleep when I want to? . . .

It may seem odd at first even to describe such questions as moral or ethical. But ethics concerns not only questions of life and death but how one ought to live with and interact with others on a daily basis. The ethics of the ordinary is just as much a part of health care ethics as the ethics of the extraordinary (p. 38.)

In 1993 Kane and Caplan edited another book that is perhaps even more relevant to personnel in county DSSs:

Ethical Conflicts in the Management of Home Care: The Case Manager’s Dilemma. It presents case examples and commentaries on problems that are likely to be very familiar to personnel in county agencies. Among the principal themes are:

- ♦ working with clients who choose to take risks
- ♦ balancing the conflicting claims of clients and family members
- ♦ protecting confidentiality and privacy appropriately
- ♦ allocating scarce services fairly (p. 5).

Whether clients receive care at home or in an institution, they and their families have a keen interest in negotiating how to balance personal autonomy with responsibility to their families and communities. Because county social workers are committed to helping clients and families gain empowerment, they too are concerned with these questions. Let’s look at the 1997 version of the NASW Code of Ethics to see what issues it covers, and what kind of guidance it gives for resolving them.

What Does the NASW Code Say?

The code is divided into four major sections: the **Preamble**, which outlines the mission and purpose of social work; the **Purpose of the Code**; the **Ethical Principles**, which name the six values and principles that derive from them that form the basis for practice and on which the **Ethical Standards** are founded. The Standards are divided into six sections that cover responsibilities to clients, to colleagues, to the practice setting, as professionals, to the profession, and to society as a whole. The committee that drafted the code took considerable care in the language it chose. Any summary risks distorting the meaning, so it is important to read the whole thing. That said, here is a brief overview.

Preamble and Purpose

It will come as no surprise that “The primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty.” The Preamble defines the scope of social workers’ professional activities in very broad terms: working with “clients” that range in size from the individual to the community, in ways that range from direct practice to policy-making, in order “to end discrimination, oppression, poverty, and other forms of social injustice.” Summarized, the six purposes of the Code are:

1. to identify core values
2. to summarize broad ethical principles that should guide practice
3. to help social workers identify relevant considerations when professional obligations conflict or ethical uncertainties arise

4. to provide a public standard of professional accountability
5. to provide a guide to socialize new practitioners
6. to articulate standards that can be used for peer review of practice.

Values and Principles

The code identifies six values on which the guiding principles and standards are based.

Value: Service

Ethical Principle: Social workers' primary goal is to help people in need and to address social problems.

Value: Social Justice

Ethical Principle: Social workers challenge social injustice.

Value: Dignity and Worth of the Person

Ethical Principle: Social workers respect the inherent dignity and worth of the person.

Value: Importance of Human Relationships

Ethical Principle: Social workers recognize the central importance of human relationships.

Value: Integrity

Ethical Principle: Social workers behave in a trustworthy manner.

Value: Competence

Ethical Principle: Social workers practice within their areas of competence and develop and enhance their professional expertise.

Standards

Responsibilities to clients. These cover a range from positive approaches to serving clients (e.g., support for self-determination, notification of an interruption in service), delivery of practice that is competent in technique and in cultural sensitivity, and unacceptable behaviors (e.g., conflicts of interest and sexual relationships).

Responsibilities to colleagues. These include encouragement of positive behaviors (e.g., respect, collaboration) and guidelines for confronting such problems as sexual harassment, and impairment, incompetence, or unethical behavior on the part of a colleague.

Responsibilities in practice settings. Generally, these cover expectations for the professional's relationship with the workplace and with supervisory and record-keeping activities.

Responsibilities as professionals. In large part, these standards name behaviors that would be considered *unprofessional*—for example, incompetence, discriminatory practice, impairment.

Responsibilities to the profession. These focus primarily on responsibilities of researchers and others who are designing and evaluating interventions and reporting their findings.

Responsibilities to the broader society. "Social workers should advocate for living conditions conducive to the fulfillment of basic human needs and should promote social, economic, political, and cultural values and institutions that are

compatible with the realization of social justice." Additionally, social workers should promote public education about and discussion of issues of social justice and give of themselves in times of emergency.

What Should I Do If the Code Doesn't Help in My Case

In *Ethical Decisions for Social Work Practice*, Loewenberg and Dolgoff (1992, pp. 62–63) suggest a decision-making strategy to use when ethical conflicts arise in a professional situation. First, one should examine the NASW Code of Ethics to see if a standard applies and then to follow it, regardless of personal values. If there is no clear guidance—no standard or conflicting standards—one should then apply the following principles, with the first outranking the second, which outranks the third, and so on.

Principle 1: Protection of life

Principle 2: Equality and inequality ("Equal persons have the right to be treated equally and non-equal persons have the right to be treated differently if the inequality is relevant." They cite child protection cases where the abusing adult's rights to confidentiality is less than the child's right to protection.)

Principle 3: Autonomy and freedom

Principle 4: Least harm

Principle 5: Quality of life

Principle 6: Privacy and confidentiality

Principle 7: Truthfulness and full disclosure

Loewenberg and Dolgoff discuss these principles in considerable detail and provide numerous brief case examples and exercises. They note some of the newer approaches and critiques of ethical decision making (pp. 51–52), some of which have been developed in much greater detail since the publication of their book. For example, see Hallenbeck and Goldstein (1999), for a critique of the notions of beneficence/nonmalificence (doing good, avoiding harm), justice, and autonomy, which are the underpinning for the principles given above. They argue that these may be at odds with non-European ethical systems in some circumstances.

Have you encountered situations in your practice where it might be more appropriate to give a different order to Loewenberg and Dolgoff's principles? When you work with families, do you encounter situations where the principle that might best apply to actions taken on behalf of one member (enhancing autonomy, for example) conflicts with the one that might apply to another member (preserving quality of life, for example)?

Perhaps the most important thing to remember is that you do not have to work alone to resolve difficult ethical dilemmas. Your responsibility is to be aware of your own values and ethics, be able to spot problematic situations, and identify the issues. At that point, getting supervision and/or referring

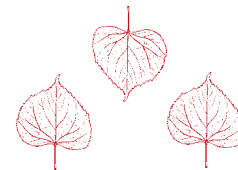
the problem to your agency's ethics committee is the best strategy. (You don't have an ethics committee? See the Fall 1998 issue of *Generations* for Gail McClelland's article, "Case Managers Meet to Discuss Ethics," and David B. McCurdy's article, "Creating an Ethical Organization.")

What should you do you don't feel comfortable referring the issue to someone within your agency? Your adult programs representative or someone at the Adult Services Branch may be able to suggest ways of dealing with conflicts.

Awareness is truly the first step in providing ethical practice—awareness of your own values and then of situations that might produce ethical challenges. Reading and thinking about the Principles for Family-Centered Practice and the NASW Code, talking difficult situations over with your supervi-

sor and colleagues, and getting formal training can help you resolve conflicts while providing the best possible service to your clients.

Please have a look at the brief case examples on page 7 and send us your suggestions on the ones you find most problematic and on other ethical dilemmas you have encountered. In our next issue, in spring 2000, we will compile your answers and ask other experts for their comments, too.



Resources

The NASW Code of Ethics. 1997. Go to <http://www.naswdc.org/Code/CDTOC.HTM> to read it on line or download it as a MS Word file.

Principles for Family-Centered Practice in Adult Services. 1997. Go to <http://www.sowo.unc.edu/cares/fcprinc.htm> to read them on line.

Frederic G. Reamer was chair of the committee that revised the current NASW Code. The following article and book elaborate on what the committee had in mind.

Reamer, Frederic G. 1998a. *Ethical standards in social work*. Washington, D.C.: NASW Press

———. 1998b. The evolution of social work ethics. *Social Work* 43 (6):488–500.

Hallenbeck, James, and Mary K. Goldstein. 1999. Decisions at the end of life: Cultural considerations beyond medical ethics. *Generations* 23 (1, Spring): 24–29.

Holstein, Martha, and Phyllis Mitzen, eds. 1998. Ethics and aging: Bringing the issues home. *Generations*. Vol. 22 (3). This entire issue contains articles concerning ethics and the care of older people. Go to <http://www.asaging.org/generations/gen.html> to read Holstein and Mitzen's introduction on line.

The article, "Florida's Ethics and Aging Initiative," by June L. Noel, mentions a website that has suggestions and guidelines for developing community-based ethics committees for providers of aging services. This site, at <http://grants.cohpa.ucf.edu/age-ethics/>, also provides case examples with commentary.

See also the articles by David B. McCurdy, "Creating an Ethical Organization," and Gail McClelland, "Case Managers Meeting to Discuss Ethics."

Kagle, Jill Doner, and Pam Northrup Geibelhausen. 1994. Dual relationships and professional boundaries. *Social Work* 39 (2):213–20.

Kane, Rosalie, and Arthur L. Caplan, eds. 1993. *Ethical conflicts in the management of home care: The case manager's dilemma*. New York: Springer.

———, eds. 1990. *Everyday ethics: Resolving dilemmas in nursing home life*. New York: Springer.

Loewenberg, Frank M., and Ralph Dolgoff, eds. 1996. *Ethical decisions for social work practice*. 5th ed. Itasca, Ill: F. E. Peacock.

Manning, Susan S. 1997. The social worker as moral citizen: Ethics in action. *Social Work* 42 (3):223–30.

Strom-Gottfried, Kimberly, and Katherine M. Dunlap. 1998–99. These authors have written a series of articles reviewing the NASW Code for *The New Social Worker*. You can see the contents of back issues of this magazine on line at <http://www.socialworker.com/backissu.htm> and order them.

Readers who do not have a major university library close at hand may have some difficulty finding *Generations* or *Social Work*. However, a wonderful resource, funded by the NC Legislature, Duke Endowment, and Cannon Foundation makes full-text versions of the articles available to individuals over the Web through NC Live (<http://www.nclive.org/>). Consult a librarian at your local public library or community college to use this data base or to obtain a your own password for using it on your personal computer.

Ongoing Professional Education

The Code enjoins social work professionals to stay current in the field. Attending training events regularly is one way to do so. The North Carolina Chapter of NASW maintains a training calendar on their web site, <http://members.aol.com/naswnc/ceu.htm>, which lists a few events on ethics.

The School of Social Work at UNC-CH is offering a one-day workshop (Kimberly Strom-Gottfried is the presenter) at the Friday Center in Chapel Hill on November 4; contact Brett Perry, (919) 962-6463, for information.



1999–2000 Ongoing Professional Training from CARES

Sponsored by the Adult Services Branch, NC Division of Social Services

Geriatric Mental Health

Through presentation, case example, and skills practice, this four-day curriculum reviews normal aging, symptoms and treatments of severe and persistent mental illness in older people, methods for working with older clients and their families, legal issues, and resources available. The fee for this event is set by the sponsoring AHEC.

Effective Counseling in Adult Services

This two-day curriculum provides the opportunity to develop skills in counseling adult clients and their families. Participants have the opportunity to practice counseling techniques and learn new skills. The fee for this event is \$35.

Effective Social Work Practice in Adult Services: A Core Curriculum

This six-day training for adult services social workers reviews the family assessment and change process for adult clients and their families. It emphasizes the role of family-centered practice, awareness of and sensitivity to issues of cultural diversity, and skilled counseling and interviewing abilities in excellent practice. The fee for this event is \$50.

Working with Clients with Serious Mental Illness: The DSS Perspective

This two-day curriculum, primarily for DSS social workers, reviews symptoms and treatment of the most common chronic mental illnesses that affect adult services clients and examines the DSS role in working with clients and their families. Mental health consumers and family members themselves offer insight into the challenges of living with severe and persistent mental illness. The fee for this event is \$40.

An Introduction to Aging: Knowledge and Skills for Working with Older Adults and Their Families

This two-day foundation course for health and human services professionals from diverse settings provides basic information and skills needed to work effectively with older people and their families. The training is divided into four modules: Aging Processes, Group and Individual Differences, Changes and Losses, and Practice Challenges. The fee for this event is \$40.

The Adult Services Supervisors' Curriculum

This six-module curriculum is designed to enhance knowledge and skills essential for the administrative, supportive,

and educational functions of an effective adult services manager. Each two-day module provides participants with the opportunity to examine current professional concepts, practice their application, and share ideas and experiences among peers. The fee for this event is \$25 per module.

Module 1, Supporting Excellent Practice

Module 2, Planning and Budgeting

Module 5, Teaching and Motivating

Module 6, Program Evaluation

Applications in Family-Centered Practice with Adults: The Next Steps

This new full-day workshop builds on information taught in last year's Principles of Family-Centered Practice in Adult Services, but it is open to all who work with adults, whether or not they have completed the earlier curriculum. Through case scenarios, discussion, and group exercises, participants will explore real-life applications of the Family-Centered Principles and the corresponding Administrative Principles. The fee for this event is \$20.

About Registration

Contact Delores Darby at (919) 962-0650 for information about registering for these events. Send a completed registration form with your check made out to UNC School of Social Work to her at

CARES, Jordan Institute for Families

School of Social Work, CB# 3550

University of North Carolina,

Chapel Hill, NC 27599-3550

If your agency is paying your registration fee, you may fax the registration form accompanied by a copy of your agency's authorization of payment to Ms. Darby at (919) 962-3653. We will make full refunds for cancellation before the deadlines for registration listed on the form. No refund can be made for cancellations after the deadline, but you may send a substitute. If you register using an agency authorization, do not attend and do not cancel or send a substitute, you or your agency will be billed for the fee. Please call Ms. Darby at (919) 962-0650 to register a substitute.

If you need the aids or services provided under the Americans with Disabilities Act to enable you to attend these events, please contact Ms. Darby at least one month before the event.

Ongoing Professional Training from CARES, 1999–2000

Registration Form (Please photocopy as necessary.)

Please send one registration form per participant. Each participant may register for more than one event using this form. Be sure to mark the dates for which you wish to register. The last day to cancel registration for any event and receive a refund of the fee is the registration deadline date for that event (shown in parentheses). If your agency is paying the registration fee, you may fax this form with a copy of the agency authorization of payment to Delores Darby at (919) 962-3653. Otherwise, please mail this form to her with your check made out to **UNC School of Social Work** or a copy of your agency authorization. The address is: Center for Aging Research and Educational Services, Jordan Institute for Families, School of Social Work, CB#3550, University of North Carolina, Chapel Hill, NC 27599-3550.

Please Print or Type

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First MI Last

Place of Employment _____ Job Title _____

Work Address _____

City _____ State _____ Zip _____ State Courier _____

Work Phone () _____ Fax () _____ E-mail _____ *Home Phone () _____

**SSN _____ Supervisor _____ Supervisor's Phone () _____

**we ask for your home phone in case the training session must be postponed on account of inclement weather*

***used for internal record-keeping and required for those programs that issue CEUs*

Education:

Highest Degree

- HS
- Associate
- Bachelor
- Masters
- Doctorate

Highest Social Work Degree

- BSW
- MSW
- PhD/DSW

Work Type:

- Direct Client Service
- Line Supervisor
- Staff Development
- Program Manager
- Program/Admin. Support
- Director

Employment Type:

- Federal
- State
- County DSS
- County Non-DSS
- Public Univ/College Faculty
- Private Univ/College Faculty
- Private Agency
- Volunteer

The Adult Services Supervisors' Curriculum,

Fee: \$25.00

- Module 2, Jan. 24–25, Charlotte, NC, (Jan. 14)
- Module 6, Mar. 7–8, Winston-Salem, NC, (Feb. 29)
- Module 1, Apr. 11–12, Wilmington, NC, (Apr. 4)
- Module 5, May 16–17, Chapel Hill, NC, (May 9)

Applications in Family-Centered Practice with Adults,

Fee: \$20.00

- Feb. 14, Lee County, (Feb. 7)
- Feb. 16, Wilson, NC, (Feb. 10)
- Mar. 9, Newton, NC, (Mar. 3)
- Apr. 18, Winston-Salem, NC, (Apr. 12)

Effective Counseling in Adult Services, Fee: \$35.00

For Oct. 27–28, Rocky Mount, *contact Area L AHEC at (252) 972–6958 for registration materials.**

- Jan. 11–12, Burlington, NC, (Jan. 4)
- Mar. 1–2, Durham, NC, (Feb. 23)
- May 9–10, Asheville, NC, (May 2)

Effective Practice in Adult Services: A Core Curriculum,

Fee: \$50.00

- Feb. 8–10 and 22–24, Burlington, NC, (Feb. 2)
- March 6–8 and 27–28, Wilmington, NC, (Feb. 28) (*rescheduled due to flooding from Hurricane Floyd from Oct.–Nov.*)
- Apr. 11–13 and May 2–4, Boone, NC, (Apr. 5)

Geriatric Mental Health, Fee: \$50.00

- Oct. 25–26 and Nov. 8–9, Asheville, NC, (Oct. 18)
For Jan. 13–14 and 20–21, Fayetteville, NC, *contact Southern Regional AHEC at (910) 678-7226 for registration materials.**
- Mar. 14–15 and Apr. 4–5, Winston-Salem, NC, (for Long-term Care Providers) (Mar. 8)

An Introduction to Aging, Fee: \$40.00

Dec. 2–3, Rocky Mount, *contact Area L AHEC at (252) 972–6958 for registration materials.**

- May 22–23, Charlotte, (May 15)
- May 31–June 1, Durham, NC, (May 24)

Working with Clients Who Have Serious Mental Illness:

The DSS Perspective, Fee: \$35.00

- Jan. 31–Feb. 1, Charlotte, (Jan. 24)
- Mar. 22–23, Durham, NC, (Mar. 16)
- May 16–17, Wilmington, NC, (May 10)

**Fees charged by AHECs may vary from those shown here.*

Number of Events for Which You Are Registering

Total amount of fees \$ _____

Payment Options:

- Check Enclosed
- Agency Authorization of Payment (check pending)

Please note: Registration forms must be accompanied by a check or an authorization to be accepted.

Is There a Problem Here?

Your client, Mrs. Smith, has died after a long illness. You attend her funeral.

Sally White, the daughter-in-law of your client Mr. Jones, says that she can no longer care for him in her home. She wants you to persuade him to go to an adult care home. He is often abusive when he talks to her, and you wonder how she has put up with him this long.

One of your coworkers seems to be going out with the son of one of her clients. You live in a very small community, and you often see them together at a local restaurant.

New regulations on eligibility for services mean that some of your clients may no longer qualify. In one or two cases, you believe the client may be hospitalized or die without those services.

At a workshop you've attended recently, you learned about a new treatment intervention, and you are eager to try it with one of your clients.

You are discussing a case with a colleague as you walk through the lobby. Even though you are not naming names, you see one of the client's family members look up when he overhears you.

Mrs. Parker tells you in confidence that she has been cashing her deceased husband's social security checks for a year now. Without the money, she can't afford some of her medications.

One of your long-term clients has recently been diagnosed with a terminal illness. Your client's son asks you not to discuss the diagnosis and its implications with her, explaining that it is not customary in their culture to tell people this sort of bad news.

What's the Most Difficult Problem You Have Faced? How Did You Resolve It?

Return your answers to CARES and look for comments on these cases in the next issue. Detach this page (add pages if you need to) and send it to us at the address on the mailing panel, fax it to us at (919) 962-3653, or send your comments by e-mail to Margaret Morse, mmorse@email.unc.edu. If you would like your comments to be anonymous, photocopy this sheet and send the copy (your address appears on the mailing panel).

Are You a Deontologist? A Teleologist?

One of the first steps in ethical decision making is to identify your own values and determine whether you believe there is or is not a set of unchanging rules of ethical behavior. If you believe there is a set of rules that apply in all cases, you're an ethical absolutist—a *deontologist*.

A *teleologist* is someone who believes that there are no fixed rules, and further, that the way to judge an action is to examine the "goodness" or "badness" of its consequences.

In considering how your personal values interact with your professional values, it is useful to know which of these viewpoints you hold. Loewenberg and Dolgoff (1992, chap. 3) provide a more complete discussion of the issues, as well as a case example that demonstrates how you might handle a case differently, depending on which of these positions you hold.

Have you signed up for this year's Social Services Institute?

The 78th Annual Social Services Institute

New Century: New Faces

Adam's Mark Hotel

Winston-Salem, NC

November 17–19, 1999

\$50 for all three days or \$25 for one day only

For registration information, contact Sharon Hirsch

by telephone at (919) 833-8020;

by fax, (919) 833-9050; or by e-mail,

sharonhirsch@mindspring.com.

Visit the CARES web site at <http://ssw.unc.edu/cares/cares.htm>
for on-line copies of this newsletter, updated calendar of workshops, links to background
materials for events, and much more.

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Eleven hundred copies printed at a cost of \$1,015.59 or \$0.92 per copy.



Next time:
Ethics Roundtable
Send Us Your Comments,
Please!

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