PRE-CONFERENCE

THESE ARE AN EXTRA COST AND NOT INCLUDED IN THE FULL CONFERENCE RATE

TUES. 3.5.18, 9:00AM – 4:00PM (6 CEU’s)

P-1. Solve Difficult Problems with Cognitive Behavioral Therapy
  
  Cedar Koons, MSW, LSCW
  
  In this six hour workshop you will learn a step by step process to apply CBT principles and gain results in your work with clients. You will learn the basic solutions of CBT including behavioral assessment, contingency management, cognitive restructuring, exposure and skills training based upon examples of real client problems you see with adolescents, adults and seniors and in outpatient, inpatient, residential and forensic treatment.
  
  See how CBT can be effective with depression, anxiety, PTSD, substance use disorders, suicidal and self-harm behavior, avoidance behavior and more. The workshop will also introduce acceptance strategies such as validation and mindfulness, which are useful during any difficult change process.
  
  Class will include small group exercises and role plays in addition to lecture and discussion. Come prepared to participate and grow your skills in CBT!

TUES. 3.5.18, 9:00AM – 4:00PM (6 CEU’s)

P-2. Social Work Supervision Certification Training
  
  Danielle Cosset, LCSW & Breeann Rocha, LCSW
  
  The class meets the social work supervision requirements in the state of New Mexico. Main concepts covered will include theories of supervision, applied supervision principles, ethics in supervision, as well as what you need to know to provide supervision legally in NM. You will also create your own supervision and leadership style as part of this class.

CONFERENCE

SESSION 1

WED. 3.6.18, 11:15AM - 12:45PM (1.5 CEU’s)

1.1 Staying Ethical and Safe While Using Technology
  
  Stephen Ratcliff, MA, LPCC
  
  Increasingly social workers are being called upon to utilize technology in the social work process. This sensitive data and the risks of data breaches haves raised ethical and legal concerns. This workshop will provide concrete recommendations from security experts, field norms, and relevant laws to keep you and your clients safe.

1.2 Danger Ahead! The Behavioral Health Workforce is in Worse Condition than you Think
  
  (CULTURAL)
  
  Brian Serna, MA, LPCC, LADAC
This session will provide participants with an overview of the data from 2017 Behavioral Health Workforce Mapping effort from CYFD’s Adolescent Substance Use Reduction Taskforce (ASURT) with the expectation that preliminary 2019 data will also be available. The data paint a bleak picture for the consumers of behavioral health services in New Mexico, especially those involved in the Child Welfare and Criminal Justice Systems. The lack of cultural, linguistic and gendered options can be a barrier for many consumers. That being said, the lack of providers in general is perhaps the largest obstacle to accessing services especially in rural and frontier areas. Additionally, a review of efforts underway to address the shortages and lack of diversity in the workforce will also be provided with a call to action for Social Workers to get directly involved in the fight to save our workforce.

1.3 Community Safety Net in Support Structure of Alcohol, Drug and Suicide Prevention Programs
(CULTURAL)
Tonya Louis, LMSW, Autumn Drags, LCSW & Louis J Lafredo, PhD
Prevention, intervention, awareness, and trauma-informed care rely on a coherent and consistent messaging system and supportive environment. Pueblo of Acoma Behavioral Health Services has developed a practice-based policy to address the stress and overwhelming burden on community crisis response teams (CRT) by developing a community “safety-net” in Acoma that shares responsibilities, messaging and support across multiple departments and service provider units. Alcohol, drug, gambling, commercial tobacco use, and suicide prevention messaging, awareness, intervention, and referral to trauma-informed care are available throughout the Acoma community and are consistent throughout the Tribe and available across the lifespan of residents. Support and referrals guide Tribal residents to supportive services and messages. The safety-net helps close service and education gaps in Acoma while relieving the burden of the CRT. Cultural, tradition and native language provide the foundation and build a sense of belonging through the safety-net.

1.4 Leadership and Entrepreneurialism
(CULTURAL)
Jose Eli Fresquez, Ph.D., LISW/LCSW & Veronica Sanchez, DSW, LISW/LCSW
Presentation provides an overview of service needs experienced by New Mexicans. Attention is directed to the integration of practice innovations through leadership and entrepreneurialism. Models of leadership, service opportunities and appreciation for use of methods from cross disciplines are presented as means to enhance social work practices with the aim of securing solutions to address New Mexican’s social, psychological and economic needs.

Highlighted are practice opportunities which arise from integrating social work practices with those from other cross disciplines such as Economics and Business. Attention is dedicated to address advantages and disadvantages of Social Work Entrepreneurialism and Leadership. Practice areas such as critical thinking, business development, long-term strategical planning, and proprietorship will be explored as potential areas of focus in the process of developing social work leaders and entrepreneurs. Professionalism, effective leadership and entrepreneurship are presented as essential components and innovations for delivery of quality services to New Mexicans.

1.5 Childhood Sexual Abuse in New Mexico: Fact, Fiction, & Moving Forward
(CULTURAL)
Sueann G. Kenney-Noziska, MSW, LCSW, RPT-S
Childhood sexual abuse remains one of the biggest social issues in New Mexico. Given that
Social workers play a pivotal role in addressing this seemingly insurmountable trauma, this workshop will explore the current state of affairs of sexual abuse in New Mexico. Social workers will receive current information on sexual abuse trends, facts, and statistics. The impact of childhood sexual abuse in our state will be examined. A discussion of potential areas for social workers to serve as change agents will be conducted.

1.6 Coming Home: Social Work Past and Present: Social Work’s Service Profession Goes For Profit

*Gwen Sperling, LCSW*

Social work has a long history and rich tradition of service guided by values and ethical principles. Social work delivery has evolved from its birth in the “Poor Houses” and the individuals who worked there. It is now a professional organization of individuals providing services to the underserved and oppressed in our local, state, national and international communities. It’s a profession that is funded in part by the government, and to a lesser extend charitable organizations. The profession of Social Work has evolved, grown and been shaped by different government policies.

The assault on the programs developed in the “Great Society” has stripped away many of the humanitarian gains, and has lead to an overall depreciation of social functioning. As professional Social Workers we are directly affected by this radical shift to austerity due to the corporatization of Social Work. A greater awareness our roots can combat these changing tides.

**SESSION 2**

**WED. 3.6.18, 2:00-4:00PM (2 CEU’s)**

**2.1 Become a Layperson First Responder: Opioid Overdose Prevention, Recognition, and Response Training**

*Bernie Lieving, MSW*

This presentation will include information on the history of opioid overdose in New Mexico and the United States. Participants will learn about licit and illicit opioids and their mechanism of action, overdose risks associated with polysubstance use, and health and social factors that increase risk for an opioid overdose. Participants will be taught how to prevent, recognize, and respond to an opioid overdose – this includes harm reduction messaging regarding drug and alcohol use, recognizing the signs of an opioid overdose, calling 911, providing rescue breathing, administering the opioid overdose antidote naloxone, and post-resuscitation guidelines. Participants will be given opportunities to engage and ask questions during the presentation, and each attendee will receive at least one, two-dose Narcan (naloxone hydrochloride) Nasal Spray kit, and a rescue breathing face mask.

**2.2 Working with LGBTQ+ Clients Using Affirmative Therapy**

*(CULTURAL)*

*Jen Panhorst, LCSW*

While most providers recognize conversion therapy with lesbian, gay, bisexual, transgender, and queer (LGBTQ+) people as unethical practice, there is little conversation about best practices with the LGBTQ+ communities. As a result, providers willing to work with LGBTQ+ clients may question their competency with these populations. In this presentation, participants will learn more about the attitudes and knowledge that comprises Affirmative Therapy. This will include exploring attitudes that can interfere with good practice, as well as skills that can help with navigating complex issues, such as intersectional identities and
internalized homophobia/transphobia. Participants will leave the presentation with ideas on how to incorporate Affirmative Therapy into their practice, as well as more resources for themselves and their clients.

2.3 The Role of Social Workers in Addressing Anxiety in Individuals with Autism Spectrum Disorder

Debra Sugar, LCSW

Up to 42 percent of individuals with Autism Spectrum Disorder (ASD) will be diagnosed with a co-occurring anxiety disorder. This means that social workers are highly likely to encounter clients, both individuals and families, that are affected by ASD and anxiety. Due to the broad range of clients and systems that social workers regularly engage with in their practice, we have an opportunity to build our own competency in this area and provide leadership to other behavioral health providers in our communities. This training will discuss symptoms of co-occurring anxiety, barriers to diagnosis, and the cycle of anxiety. Use of cognitive behavioral therapy strategies, adapted for individuals with ASD, will be covered. Participants will learn about evidence-based practices for intervention and support of both the individual and the family. Finally, they will practice applying this knowledge by discussing real world examples and developing intervention plans.

2.4 Building Leaders for Tomorrow: Addressing Suicide Prevention in Tribal Communities

Rachelle Tenorio, MSW, PhD & Beverly Bowman

AIAN communities are disproportionately affected by suicide and often have the highest rates of suicide. Impacts of historical trauma, current trauma, and health disparities adversely contribute to the high rates of suicide. Suicide can be prevented but many people often do not know how to help. To address the high rates of suicide across Indian Country many Tribal communities are addressing suicide by increasing awareness and offering trainings to help prevent suicide. In addition, honoring Tribal sovereignty and providing a cultural safe environment can facilitate community readiness to address suicide. Champions, informal or formal, that challenge barriers and lead efforts are also needed. Often times, champions need to be identified to lead and advocate suicide prevention efforts. Champions are the backbone to any successful suicide prevention program. Building leaders to address future suicide prevention efforts are contingent on the above factors and must be led for and by AIAN communities.

2.5 Developing Cross-Discipline Collaborations to Reduce Child Health Disparities in New Mexico

Larissa N. Niec, PhD & Sarah E. Domoff, PhD

Child health disparities persist unabated in New Mexico, with children from lower socio-economic status households experiencing extensive barriers to healthy development. Indeed, New Mexico is ranked 50th nationally on indicators of child wellbeing based on the recent KIDS COUNT profile. This presentation will provide strategies through which social workers may lead the charge to help reduce the impact of social conditions on children’s well-being. To illustrate such strategies, we will describe a cross-disciplinary collaboration currently in progress in New Mexico that aims to increase access to parent-child interaction therapy (PCIT), an evidence-
based, transdiagnostic intervention that may buffer children from adverse experiences by strengthening the parent-child relationship and building resilience.

2.6 What I Learned About Leadership and Social Work While Dancing in Las Vegas
(CULTURAL)
Gary Gardia, MEd, LCSW
Sometimes we find our teachers in unlikely places. While dancing in Las Vegas for 10 years I learned the critical nature of self-discipline and the importance of nurturing relationships for “the good of the show”. Today “the show” has changed. Turn on the news and it is clear that we need Social Work leadership more than ever. Anger without presenting a clear path for change just becomes self-destructive. Using Gandhi, Martin Luther King and my Las Vegas boss “Fluff” as examples – focusing on the pathway forward, defining clear solutions and building bridges (even with those we disagree with) is essential. Social Workers “meet people where they are”... let’s use this as our strength. In this session we will discuss methods for putting personal feelings and beliefs aside in an effort to move beyond the liberal/conservative war while hanging on tightly to our core values and the NASW Code of Ethics.

SESSION 3
THURS. 3.7.18, 8:30-10:00AM (2 CEU’s)

3.1 Historical Trauma and Symptoms Impacting United Arab Emirates (UAE) Migrant Youth
(CULTURAL)
Susan Smith
This presentation shares the results and implications of a study examining perceptions of historical trauma and cultural loss among migrant students at the American University of Sharjah (AUS) in the United Arab Emirates (UAE). The study adapts historical loss and associated symptoms scales developed by Whitbeck, Adams, Hoyt and Chen (2004). The analysis focuses on 95 students who identified ‘homeland’ as one of the following nations experiencing conflict: Egypt, Syria, Lebanon, Palestine, Jordan, Sudan, Libya, Algeria, Iraq and Tunisia. Our findings indicate that these students, having lived the majority of their lives outside their homelands and with no first-hand experience of violence, struggle with significant and frequent losses, and suffer associated symptoms such as depression, fear and anger.

3.2 Owning Our Own Narrative: The Important of Telling Our Storied and Being Witnessed
(CULTURAL)
Lori Dwinell, MSW & Cindy Chadwick
The presenters will highlight examples of individuals and groups who historically have owned their narrative and have been witnessed: Maya Angelo, Elie Wiesel, Judith Herman's trauma survivors, Victor Frankel, Lola in ISLAND BORN, Sherman Alexie's YOU DON'T HAVE TO SAY YOU LOVE ME, Bryan Stevenson's THE NATIONAL MEMORIAL OF PEACE AND JUSTICE, and the "Me Too" and "Time's Up" Movement. The universality of the need and wish to be recognized and
tell one's story, a large part of what we do as social workers, will be our focus with participants sharing examples from their work and from their lives.

3.3   Women and Incarceration: A Social Work Response
(CULTURAL)

**KC Quirk, MSW & panel (TBD)**

During this workshop we will discuss the common circumstances surrounding women’s entry into the criminal justice system and the challenges and barriers they face both in the system and once they return to community. We will discuss literature and data related to trauma, race, poverty, addiction, mental illness and Adverse Childhood Experience scores of women in the criminal justice system and the implications for successful transition back into community. We will also examine the unique role and responsibility of Social Work under our Code of Ethics in addressing criminal justice reform and response to incarcerated and formerly incarcerated individuals.

3.4   Veteran and Student Veteran Challenges and Opportunities in Social and Professional Environments
(CULTURAL)

**Katy Fugate, LCSW, Heather Shain, LMSW-IPR & Shannon Everett, LMSW**

Most people do not understand a chronic illness in which they must endure treatment daily, weekly, monthly in order to just live. What if your physician said, “Get ready for a life of pain”? Chronic conditions are defeating and it is extremely difficult to understand all the emotions these patients are enduring if you do not suffer with one. This presentation will help social workers utilize specific tools to measure a patient’s quality of life and amount of depression due to the chronic illness.

We will explore a few chronic conditions that many Americans have today including: chronic kidney disease, COPD, Diabetes, and mental health. When almost 60% of American adults suffer from one chronic condition, social workers must lead the way in utilizing compassion, empathy, grace and understanding to help work with such an overwhelmed population. Come explore with us and see how we can lead the way.

3.5   Treat First: Building Leadership Through Collaboration, Learning, and Focus on Client-Centered Care
(CULTURAL)

**Kate Gibbons, LCSW, LISW, Ph.D(c) & Elizabeth A. Downes, Ph.D**

In this presentation we will work through the ethical issues that arise when funding-based mandates and agency processes clash with the Social Work Code of Ethics. The Treat First model eliminates many of the values and ethical situations caused by mis-alignment or conflict in the business and practice models in publicly funded, community-based settings. We will present examples of the solutions designed by direct service providers—along with state, payer, and agency leaders—to ethical, business, practice, and operational through the Treat First Model.

The Treat First initiative employed a learning community model where service providers engaged with state entities to direct and develop a person-responsive model of practice. Treat First work groups were self-organized by areas identified by providers, resulting in policy
changes, an implementation guide for clinical supervision, cross-sector partnering in substance abuse and opioid treatment, and development of a public platform for sharing resources. Participation in Treat First is completely voluntary, with participants traveling from all corners of the state to meet quarterly for learning, accountability, adjusting, and redesigning of practice and policy.

SESSION 4
THURS. 3.7.18, 10:30-12:30AM (2 CEU’s)

4.1 Belonging: The Heart of Refugee Mental Health
(CULTURAL)
Amber E Gray LPCC, BC-DMT, NCC, MPH, MA
The refugee experience is one of displacement, from the persecution that causes one to flee, to often extended and dangerous flight; to resettlement in a new and strange culture. Many refugee communities establish close community ties with others from their homeland; integration and inclusion in US society has always been challenging. This presentation will provide an overview of the Refugee Experience, as well as those seeking asylum, and an introduction to refugee mental health and torture treatment. As somatic and creative arts-based therapies gain credence through neuro-scientific discoveries about the nature of trauma, memory and the body, their place in treatment for clients coming from more sociocentric cultures and context is strengthening. A public/mental health approach to co-creating a group therapy program for members of Albuquerque’s refugee community that integrates these more creative approaches to trauma treatment with cultural tradition promotes connection, empowerment and a restored sense of belonging.

4.2 Teaching Resilience Skills to Staff and Clients Improves Protective Factors in Homeless Veterans
(CULTURAL)
Keith A. Wilson, LCSW DMIN & Pamela Hogwood Wilson, LCSW
The HUD-VASH team of Menlo Park, CA launched a performance improvement project to increase protective factors among homeless/newly-housed veterans. It focuses on teaching a resilience skill, “Hunt the Good Stuff” (HTGS), to increase housing stability and life satisfaction. To mirror this, the clinical staff employs the skill 3 times/week during huddle.

HTGS counters the negativity bias which compels people to see only negative aspects of situations. Such thoughts often lead to increased destructive behaviors and jeopardize success. HTGS enables a change of perspective regarding life challenges. Instead of narrowing response options, it creates more options. This is vital when teaching fragile populations with at-risk behaviors.

Using HTGS among staff strengthens skill-teaching since clinicians use it themselves. It improves collegiality and becomes a positive contagion among staff. HTGS improves energy, creativity, sharpens clinical skills and enhances therapeutic relationships. Finally, HTGS is an effective strategy for containing compassion fatigue among professionals.

4.3 From DV Survivor to Community Leader: Breaking the Cycle of Violence Through E-Therapy
(CULTURAL)
Cynthia V. Catchings, LCSW-S, MSSW, CFTP, CLYL
The workshop aims to present the successful story of a survivor of domestic violence who
became a community leader; partially, thanks to the help of a clinical social worker. The presenter will utilize a holistic approach on domestic violence issues, perpetrator programs, and assistance offered using a digital therapy approach (e-therapy). The workshop will be interactive and PowerPoint based with emphasis on current domestic violence issues, survivor assistance, tools to treat perpetrators, e-therapy benefits, and how to become an online therapist, including training and qualifications, to better assist clients experiencing family violence issues.

4.4 Meeting the Challenges of Dementia in New Mexico
(CULTURAL)
Ellen Teresa Costilla, MSW, MPA, LCSW, Janice Knoefel, MD, MPH, Gary Giron, LPCC, MBA, MDiv, Ed Ackron, LMSW & Tracy Wohl, MS
Are communities ready to respond to a large population of older people with dementia? There is currently an overlooked gap in health care for our rapidly aging population and needed supports for family caregivers. 60% of people with dementia are living in their own community homes. How can we mobilize social work, healthcare and overall community partnerships for leading best practice and creating effective responses and solutions for addressing the challenges of dementia in New Mexico? Learn about latest research findings and ideas on the forefront of partnering for change and involvement.

4.5 Deconstructing the Alphabet Soup: Understanding Lesbian Women, Gay Men, Bisexuals and Transgendered People as Four Distinct Communities
(CULTURAL)
Gary L. Hirshberg, MSW, LCSW
This course is designed for professionals who wish to deepen their understanding about sexual minorities. In learning about these communities the tendency has been to lump them all together as the LGBT community. Each of these four communities has very different challenges and requires very different ways of thinking. In completing this workshop participants will be able to:

- Define and understand the language we use around gender and sexuality.
- Demonstrate the way gender binary and cisgender privilege work and affects our thinking.
- Describe gay boyhoods and lesbian girlhoods.
- Learn what health and mental health data shows related to each of these populations individually and where health and mental health disparities exist compared to the heterosexual population.
- Assess sensitivity and knowledge as it applies to work with the whole spectrum of transgender individuals.

This is a 4-hour workshop; if you register for this session, you MUST stay in it for session 5 as well.

SESSION 5
THURS. 3.7.18, 2:00-4:00PM (2 CEU’s)
5.1 Humility: Learning from Our Leaders to Practice with Cultural Awareness
(CULTURAL)
Sandra Y. Herrera-Spinelli, LCSW
Overall the social work profession is progressive in establishing practice standards that prioritize the necessity of cultural awareness. However, the research demonstrates a gap exists between the standard and the implementation into practice behaviors. Sandra Y. Herrera-Spinelli, LCSW, a local social worker conducted a study to examine the clinical behaviors that demonstrate cultural humility and intersectionality in mental health settings. The study conducted in-depth interviews of clinical social workers across New Mexico. A goal of the presentation is for attendees to walk away with knowledge of the current NASW ethical standards of cultural awareness. Another goal is to share the wisdom of our local social workers. Final goal is for attendees to be empowered with practical tools to practice with cultural humility.

5.2 “Give me the ball!” Building School-Social Work Leadership in New Mexico
(CULTURAL)
Stacy Gherardi PHD, LCSW, Wanda Whittlesey-Jerome, LMSW, PhD & M. Soña Saiz, MSW
School social work represents a vital component of the social service ecology in New Mexico. Yet, school social workers often report feeling marginalized, overlooked and underutilized. This session will explore three major educational movements in which school social work has much to contribute but has been largely overlooked: community schools, trauma-sensitive schools, and restorative justice. Standards for school social work leadership will be shared as a potential solution to the current marginalization of school social work within these movements. The experiences of current educational administrators with a social work background will contribute a practical perspective to dialogue with participants around their own experiences of leadership or marginalization. Ultimately, this session will help participants to formulate their own unique vision of school social work leadership whether through increased engagement at the school level, the district/program level, or educational policy action across the state.

5.3 Man Up: An interactive discussion of Masculinity, Fatherhood, and Intersectionality of Privilege & Oppression
(CULTURAL)
Emet Ma’ayan, LCSW & Robert Gilbert
How are male clients influenced by their female case workers, counselors and administrators? We are a field led by primarily by cis-women. Yet, issues of incarceration, addiction, gang involvement are predominately the experiences of men. The panel discussion is designed to provoke a dialogue on models for promoting responsible fathering and healthy relationships within agencies and relationships that are led either by men, women, or gender nonconforming social workers.

The session will also focus on issues of intersectionality – the experience of how the panelists navigate through their privilege as male presenting while also experiencing the oppression of being men of color, former felons and in the case of one, transgender.

5.4 Trenzaweavers: Culture, Language, and Consciousness in Bilingual-Bicultural Clinical Practice
(CULTURAL)
Brenda Quiñonez, LCSW & Mishelle L. Jurado, Ph Candidate
The changing demographics of our state, and country at large, will demand the provision of specialized services that are culturally and linguistically appropriate. An area that requires special attention is that of bilingual counseling services. This presentation will discuss the need
to implement the Trenzas framework which critically weaves language, culture and consciousness into clinical practice within the mental/behavioral health field. Clinicians will gain and enhance the understanding of Self in relation to consciousness of linguistic and cultural identity to allow clients to better understand themselves and others as individuals within a cultural context. Through nurtured learning experiences and experiential professional development exercises/activities linked to the Trenzas framework clinicians will learn to become conduits of change in the interplay between individuals and their culture-oriented worldview. Through an intercultural approach, Trenzaweavers will challenge and yield foundational change on how clinical work is practiced in the future.

5.5  Deconstructing the Alphabet Soup: Understanding Lesbian Women, Gay Men, Bisexuals and Transgendered People as Four Distinct Communities

(CULTURAL)

Gary L. Hirshberg, MSW, LCSW

This presentation is continued from session 4.

FRIDAY GENERAL SESSION

9:00 – 10:30  The Grand Challenges of Social Work in New Mexico: What do we know and where do we go next?

(CULTURAL)

This panel presentation highlights local leaders from all walks of social work and social justice. This unique opportunity provides a window into our past, present, and future as a profession as well as direct action we can take to make a positive change in our community. Participants will be able to join in this reflective groundbreaking conversation and will have the chance to ask questions and brainstorm next steps at all levels of social work practice.

11:00AM – 12:00PM    Addressing the Behavioral Health Crisis in New Mexico: An examination of One State’s Pathway to Recovery

(CULTURAL)

From self-organized community efforts including interfaith coalitions to Public Schools Advocates and City Government leaders, there is a large movement to reclaim the Behavioral Health system of care in New Mexico and its communities. Mental Wellness initiatives and service coordination efforts are happening across the state and the echoing of community leaders continues to be that New Mexico “deserves better”. Whether efforts involve increasing utilization of technology to address rural landscapes in high needs areas and or city/county measures are leveraging tax revenues to rebuild a devastated behavioral health system, a network of leaders is emerging to take on this challenge. This session will briefly review the status of behavioral health in New Mexico and examine some innovative and responsive approaches to rebuilding systems of care and designing networks of change to move New Mexico toward a path of health and recovery. An examination of how existing and emerging leaders are answering the call to partner, create collaborations and build ecosystems of change for the betterment of New Mexico will be shared.
1:00 – 3:00PM  Cutting-edge Ethical Issues in Social Work: The Importance of Moral Leadership

Today's social workers face a wide range of challenging ethical issues. Some ethical issues -- for example, the limitations of clients' confidentiality rights, boundary issues in small and rural communities, and allocating scarce resources -- have concerned social workers for most of the profession's history. Other contemporary ethical issues are novel and unprecedented. Is it ethical for social workers to use technology to provide services remotely to clients they never meet in person? How should social workers manage boundary issues associated with online communications with current and former clients? How should practitioners respond to "friend" requests they receive from clients on online social networking sites? Is it ethical for social workers to conduct online searches for information about clients without clients' knowledge? In this keynote address, Frederic Reamer will explore cutting-edge ethical issues in social work. He will focus especially on the importance of social work leadership related to the development of ethical, regulatory, and practice standards designed to guide practitioners as they navigate ethical issues in the digital age.