

## **Episode 137 - Eda Kauffman: Clinical Supervision: Integrating a Trauma-Informed Lens**

[00:00:08] Welcome to in social work. The podcast series of the University at Buffalo School of Social Work at [www.insocialwork.org](http://www.insocialwork.org). We're glad you could join us today. The purpose of social work is to engage practitioners and researchers and lifelong learning and to promote research to practice and practice to research. We're in social work. Hello I'm Charles Syms one of your host for social work. When discussions of the trauma informed perspective surface social work organizations and their staffs rightly think about the impact of trauma on the people with whom they work. This understanding has become important as many in the field believe that exposure to traumatic events should be expected in many of the populations that social workers serve. It is understood that the pathways to traumatic exposure vary. Thus it is likely that many people including social workers have had these experiences. Therefore it is critically important that organizations not only be concerned with their clients but also consider the impact of possible exposure to trauma on their own staffs trauma informed policies and practices that reflect that understanding should follow clinical supervision is key to the development and training of professional social workers. As such the supervision process offers an opportunity for the organization to strengthen and broaden the trauma informed approach to include its most valuable resource its staff. Eda Kauffman is a licensed social worker who received her MSW from the University of Pennsylvania's School of Social Policy and Practice her professional background includes over 20 years of administrative and clinical work in the areas of addiction trauma domestic violence and homelessness.

[00:02:15] Her work in agencies includes having supervised therapist hotline staff residential support staff child care staff and case managers. Additionally she has supervised more than 30 MSW students and was a field liaison for over 11 years. Ms Kauffman has supported two agencies in implementing the sanctuary model a trauma informed method of creating sustaining and changing an organizational culture. In 2011 she received the deb Snyder award from the sanctuary institute for her commitment to and knowledge of the institute's mission. Ms Kauffman is currently the Associate Director of Field and education at the University of Pennsylvania's School of Social Policy and Practice in Philadelphia Pennsylvania. In this podcast Ms Kauffman talks about how she came to incorporating a trauma informed lens in her work as a clinical supervisor. She also describes what trauma informed clinical supervision looks like as well as its effect on the supervisor and supervisor. Further she explores its use with social work student interns in the field education process describing how and why it should be integrated into that supervision experience. Eda Kauffman was interviewed for this podcast in January 2014 by Marjorie Quartley field education coordinator with the University at Buffalo School of Social Work. Hello I'm Marjorie Quartley here with me to talk about a model for trauma informed supervision in field education is Eda Kauffman welcome. Eda thank you for joining us today. Hi Marjorie thanks for having me. So I'd like to start out by asking you if you could give us a bit of an overview of trauma informed care and maybe give us a sense of what we mean when we say trauma informed supervision. Sure I think that's a great place to start that will get us grounded in this discussion.

[00:04:26] Let's start with a little bit of a definition of trauma first so that we know why we need that even to have a discussion about trauma informed care so we know. I have a feeling most of the people who are listening to this have a basic definition of trauma. It's defined by extreme stress it overwhelms a person's ability to cope very importantly and that this is going to be important for our discussion. It's a subjective experience. So it means the response to trauma is going to be different from everyone and one person's exposure to one event may be not traumatic at all another persons might be traumatic. It might be an actual individual event. It might be enduring conditions that last

over time. And we know that the effect of the trauma has been significant. When the person who's experienced it is overwhelmed and can't quite integrate the event into their emotional expression they have trouble integrating the event and their emotions appropriately or effectively I think is probably a better word and very specifically we know that trauma occurs when a person experiences again subjectively a threat to their life or their bodily integrity or their sanity. Something has happened that has given them question about their safety in the world. So that's just sort of a really simple definition of trauma then other thing that I want to put out there is that exposure to trauma is universal.

[00:06:02] I'm not going to get into all the studies and all the percentages of what all the studies say but what we know now is exposure to trauma is fairly universal and that we should assume as practitioners or supervisors or just anybody out in public we should assume that most people have been exposed to some kind of traumatic event or serious adversity in their life and that gives us sort of a lens through which to look at this and then we say OK so if this is around everywhere and we know that it's pervasive. How do we respond to it. What's a good way to sort of prepare ourselves for this so we can be effective agents of change. And what I have come to believe and experiences that are trauma informed approach is really effective. So I have become a true fan of trauma informed care and trauma informed approaches to treatment. So let me just give a little quick blurb about what trauma informed care is. I really like SAMHSA definition of trauma informed care. They talk about it very simply as a program and organization a system is trauma informed when they realize that the impact of trauma is widespread and all of that either the program the organization or the system understands that there are effective paths to healing and that they recognize the signs and symptoms of trauma in staff and clients in other systems and then they respond by fully integrating that knowledge into their policies and their procedures and their practices and settings and that sort of gives us a foundation for what a trauma informed care is. An easy way is the three Rs. I really like the three Rs. I always throw that one out because it's everybody can remember the three Rs. You realize the prevalence of trauma. You recognize how trauma affects all individuals involved in terms of organizations program systems or people.

[00:08:09] And then you respond by putting that knowledge into practice. So that's a really sort of simple definition of what trauma informed care is. I really like how you've framed it in that way and I think it is easy for people to really catch on to something like three R's. And it really helps put things into context in perspective for people and as you say it is such a widespread trauma is pretty much everywhere and encountered in pretty much every setting of social workers. One of the things that I really like about the three Rs is that especially with students and we'll talk about this a little bit later is that I can sort of call students on skipping one of the Rs. Students tend to really love to talk about the prevalence of an event how much they read the data they have the research so they love the first R and they love the third R which is responding so learning the techniques using it. But the middle one is the hardest one for all of us and that's recognizing how it affects us all that we can't just keep it in our head by learning the statistics and learning the techniques. We have to sort of let it in emotionally and understand that it really we pay a price for this information and that we really can only be trauma informed when we recognize that it's affecting us it's affecting how we do everything right. So now that you've really done a nice job of setting the stage for us around sort of trauma and trauma informed care can you explain a little bit about trauma informed supervision and why that's important. In our field. Sure.

[00:09:50] So trauma informed supervision really is a pretty basic offshoot of trauma informed care. I first came in contact with the concept of trauma informed supervision when I was in an agency implementing a trauma informed model called the Sanctuary model which has the trauma informed organizational model and in this agency we were implementing it on all levels how we are administration and our direct service our H.R. everything. And Joe Sodaro who's one of the founding members of the sanctuary model you know sort of gave me this outline and said here's a

great way to use the sanctuary concepts for your supervision and everything just clicked. All the sudden I had a dialogue sort of almost a script for how to engage my supervisee. When they walked into my office instead of just saying what do you have on your agenda or what happened with Susie Smith. I now had sort of a lens through which to look at whatever walked through my door both with the person who was sitting down to talk with me and with the cases that they were bringing with them or very often their response to the organization or the just the population in general. And so I started using it. I started talking about it and then I've always done a fair amount of talking to other supervisors just about the concept of supervision. And I started using the idea and the concept just whenever I would talk about supervision and I'd say well you saw trauma informed concepts when I do supervision kind of do trauma informed supervision. And it became in my mind something that I used outside of agencies that were just trying to implement trauma informed models of care.

[00:11:47] And so that's how it came into being. So basically what it says is what we know is that trauma informed care has some basic tenets to it at its very basis provide safety. It offers choice. It embraces collaboration. It's rooted in trust and consistency and transparency and it respects the person. So I said okay we'll if that's what I'm supposed to do for the folks that I'm serving with the people that I'm supervising what would it be like to do that within supervision. And so I basically started creating a trauma informed model of supervision that provided safety provided emotional sort of literacy. We talked a lot about feelings. How are you feeling today. How are you feeling about that case and talked about you feel safe about this. We talked about the different kinds of safety not just physical safety but emotional state the moral safety social safety all the different kinds of safety. We've collaborated. That was a huge part of the model of supervision. And there was a great deal of respect. So I was willing to be challenged I was willing to challenge and there was an acknowledgement that we were in a working relationship. And then on top of that we really really dug down with the three Rs. We talk about trauma a lot. What's the prevalence of it. What do you need to know about what you're going to see. How does it affect you. How does it affect this agency that you're in. How does that affect your ability to get your school work done or your work product.

[00:13:26] How are you responding by putting this into practice. So it's one thing to know a technique or understand a diagnosis. But now that you know a diagnosis but you also understand some of the tenets of or knowledge around trauma how are you going to parlay that into your work with this family or this person or this system and the supervision just became quite rich. I'm just have been using it ever so it really sounds like a great way of using supervision not just tell me about your case getting the facts. You're really engaging in a relationship with your supervisee where you've created safety where you have developed a trusting relationship and create an environment where they can feel free to talk about how a case may make them feel or what they think the next direction or next step as opposed to being directive around that. So it really does sound like a nice way of providing supervision and like you're saying a trauma informed in respective way. Right. It didn't change necessarily the way I did supervision. I was still living up to all of my expectations as a clinical supervisor. I met with people regularly I met with them every week. It was uninterrupted. I ask students or the staff that I supervise to bring agendas. I modeled good work behavior and all those things are good supervisors supposed to do. But on top of that I just woven trauma informed care constantly. I basically created my own group of people to talk to about trauma informed care because we just created this constant dialogue about it no matter where I was.

[00:15:16] I bet they appreciated that about you that you were able to bring a different lens and way of providing supervision. Well you know I've talked to a lot of my peers it's one thing that I can say is that I have not met a clinician yet who hasn't had an aha moment when they've embraced trauma informed care and tried to weave that into their work with clients or as a supervisor. So it's an easy

sell. The other thing I've found is that it really doesn't matter what your style is of supervision. Some people are much as you might tell I'm a little bit and very fluid and I like to talk about whatever comes up then but I do have some basic expectations you need to come with an agenda. You need to be prepared to talk about the effects of trauma on whoever it is that you're bringing or whatever it is that you're bringing into supervision. And I find that no matter what style of supervision you have or what kind of a leader you are or what kind of communication style you have. There is a way to integrate trauma informed models of supervision into your approach which is really great because I'm not asking any supervisor to fundamentally change who they are. I'm just asking that we approach who they are from a different angle which is a little easier.

[00:16:41] Yeah I'd really like to add I think that that really by saying that it really is any style of supervision really opens that up and really allows for people to really put it into practice right and one of the things that I've found is that people often will say to me Well what exactly are you supposed to do to be a trauma informed practitioner. I stumbled over that for a long time and I finally realized I had to come up with something to say to students and also colleagues in the field. And I came up with some really simple things and I said you have to tell people what you're going to do before you do it. You have to recognize a flashback and manage it with words instead of action and you have to see trauma responses as adaptations and at first it seemed a little simple but then I found with those three simple kind of approaches to what it is kind of the nuts and bolts students practitioners could fit something in. So for example if somebody said well I had a student who just lost her temper with the staff and a staff meeting and I said I could say huh would you recognize that as a flashback or would you be able to see that as a trauma response and to be able to have a conversation with your supervisee around what might have been going on or how they were triggered at work and might that be another way you could go with this from a trauma informed perspective instead of a behavioral perspective or a. We don't talk that way at work. Which is true but that's not the end of the story. And to really effect change for that person it really is another way to go. Right. And the telling people what they're going to do before they do it is has always been a really big one especially for students because they want to just jump right into their skills before explaining what they're about to do.

[00:18:41] They're so excited about what they learned or what they know that they forget they have to explain what they're about to do before they do everything. I'm going to talk to you about X Y and Z some that things that might happen while we're talking are or I have a form here I want you to fill out some of the things that I'm going to use this forum for. You might find that this question of the little tough to answer don't worry about it. You know those kinds of things helping students learn how to set the stage. The very simple thing but it's also very trauma informed right. It's a very respectful way to engage someone. And it sounds like when you're talking about trauma informed supervision what you're really doing with your supervisee is really demonstrating the parallel process between how you're interacting and developing the relationship with your supervisee and how you're hoping that you're modeling for them how to interact with their clients. Absolutely. So if I can do it in a micro setting I can see how it's done both from my perspective the student can see how it's done and they can take it out. So it also really enhances the sense of compassion because you identify your own struggles and you put that to work that the ability to parlay it all to use itself is a lot easier with all that modeling that you're talking about. So is trauma informed supervision related to reflective supervision. It is an offshoot Yeah I would say reflective supervision which is an evidence based practice.

[00:20:16] There's plenty of research around it and I believe that it really started in the early childhood field and is still there was probably the first named model of supervision that spoke to some of this it was a regular collaborative reflection between clinician and provider or supervisor as a way to support the staff who are doing incredibly tough work in tough settings and we're having a lot of ab reaction's for lack of a better word to the populations and the work that they were working

in and the reflective supervision was found to be a great tool to support those staff to reflect back on what they had been exposed to what they had seen and plan accordingly or sort of rejuvenate. So they go back out and do more good work with the people that you're working with. And it really builds on the supervisee's use of thoughts and feelings and values within encounters with clients and services. And again just like comment from care it's based on collaboration and trust and choice and control. So I would say that I want to give reflective supervision its due credit. It's a really really great model. I would say anybody who's doing trauma informed care is probably building off of that and enhancing that model and talking about trauma a little bit more that those three are realizing the prevalence and recognizing and responding. Just a little bit more specifically with facts and data things like that and psycho education. So you talked a bit about how you worked in an agency implementing the sanctuary model and that that really piqued your interest. I think in this topic is there anything you would expand on in terms of how you became interested in this area. Sure.

[00:22:15] So I've been working with populations with high level of trauma I guess since about 1991 first with women in drug and alcohol residential treatment who are coming right out of the criminal justice system right out of correction and such like jails right out jails and then moved into community behavioral health and then moved into domestic violence. So my last significant job was in domestic violence and in a shelter where we were dealing with also a hotline. And those looking for safety from intimate partner violence or domestic violence. And we were also at the same time implementing the sanctuary model within our organization. And so I was exposed to both the model and the population. At the same time and I was also the person doing the clinical supervision in the agency and so I needed something to make it possible for me to keep doing the work. I have to say initially it was in part I had to figure out a way to be a supervisor or where I felt like I was getting somewhere and providing the kind of support to the staff who were doing the direct service in such a way that they weren't going to burn out. And I wasn't going to burn out and I had a real commitment to supervision and I love clinical supervision. I loved having social work students. I am a social worker. I loved being a student. I loved my field placement so I always had students in the field there and I just became really really committed to trauma informed models of care just became a really big part of why I did the work.

[00:23:57] And then domestic violence turned out to be really the perfect lens through which to look at this. Because as you can imagine students were coming and even staff especially staff but students and staff were coming to the field of domestic violence with a sense of really wanting to do the right thing. They really believed in this work. They wanted to see their good work resulted people living safer happier lives and what happened was not always that. So domestic violence has a really really high burnout potential for staff because the sense of futility can be pretty great. You think if we provide them with a great place to come in a wonderful shelter and all this great staff and we have great activities for the kids the moms and the adult women will want to leave and they'll see that there is a lot of support and their lives will be changed and that was sometimes the case. But most of the time it had a completely different trajectory. And and so I spent a lot of time doing trainings and talk and sort of formal and informal on vicarious traumatization and secondary trauma passion fatigue which I kind of use interchangeably they are all slightly different but you know kind of the same. And what I saw Sandy Bloom who is the founder of the sanctuary model who works with Joe Herrera who I worked with and Roseanne Ryan those guys really propped me up through the in many ways. But one of the things that Sandy Blume writes about in terms of vicarious traumatization that she talks about this psychological casualty of being exposed in the workplace to trauma she says there is this loss of positive illusions.

[00:25:53] So you start out believing that you can do this great work. And the first thing that happens is that you get hit in the head and you go wow that really happened. It really happened. It was really horrible. And you can kind of bounce back a little bit from that but then pretty soon the second wave comes and it is. Wow. It could happen to me. Maybe they kind of get propped up by

that and they keep going. And then the third wave comes which is very often. Oh my gosh it did happen to me. And so we end up with staff and students who have gone through this phase of I'm going to do great work to how this is horrible. These are horrible stories that happen to these people. Wow. It could happen to me. Oh my gosh it did happen to me. And then we have a lot of work to do as staff to make sure that the quality of work the quality of life and the work life is sustainable for the folks that are working with us. We want them to have good professional and educational experiences so we have to do a lot of work around sort of inoculating against vicarious traumatization. And so what I found that was that trauma informed care was just about the best medicine I could give.

[00:27:13] I started out with educating about what was possibly they were going to be exposed to and what it looked like what to expect what trauma looked like what the symptoms were what their symptoms might look like what people who are exposed to trauma in the workplace look like they educate on that from the time you stepped foot in the door. And as a result it doesn't always mean people stay or have a great experience but they aren't blindsided that sort of goes back to that comment from tenet of tell people where you're going to do before you do it. So that they're not completely Sydes side. Slight white right. You're really letting them know what they should expect or trying to give a sense of what it might look like. That's right. So that when it does you know I'm thinking about one student in particular who incredibly bright incredibly capable. I was really excited about her coming on board as a student. She was very honest with me in the interview process that she had had some trauma in her background which frankly doesn't shock me everyone does. I thank you for telling me I respect your the confidential nature of this information. Have you thought about what it might be like for you to do this work. Who knows what it'll look like in supervision. Do you have a sense of when it won't be going well. She said oh no it'll go well I've done so much work I'm in such a good place. But if it doesn't here's what I would do. But I'm sure I won't need to. Wow. There was an event that triggered her. She had incredible flashbacks during the staff meeting. But we had prepared for it it was almost like the fire drill was there. She was shocked she did not see it coming. It was overwhelming. We knew what to do. We need to call the school.

[00:29:04] We knew the color liaison. I knew to have a meeting. I knew had a supporter I knew to send her home and what to ask her about. And ultimately she decided not to stay in the placement which was very hard for her because she wanted to believe that she wasn't going to be affected by it but she was. And I still talk to her and she has a great profession. But she learned that it wasn't the right spot for me to be and I'm not quite there yet. And the trauma informed language really helped because she wasn't just overwhelmed with shame certainly shame was a part of it. I think it's a human condition. But it wasn't the primary response and I wasn't shocked I as a supervisor was not left to kind of go. I don't know what to do. What do I do. I knew I was not surprised. And so it was this sort of scaffolding of this model that gave us the ability to handle a really tough situation really well. It sounds like it was handled very well and perhaps had you not had some of the experience and training that you've had and the lens that you operate from as a supervisor you may have handled things differently and the outcome may have been different as well. I'm sure and believe you me I have plenty of examples of times when I look back now and I felt Oh my gosh I could have handled that so differently.

[00:30:25] I think back over my career and interactions I've had with people where they were either in tears in my office or angry in my office or angry at a staff meeting. And I handled my work with clients better than I handled my work with the people that I supervised. And I think that's what I feel has either doubt over as a result of really embracing a trauma informed supervision. I'm as effective with the people that I serve as I am with the people that I supervise. And I think that's you know you don't want to have one level of expectations for the people who are going to get the service but the people who are providing the service are expected to sort of be superheroes. And so I do like what I've been able to step up to and work with other supervisors with too. I think it's been

really rewarding for all of us. Yeah and I think what you're doing now is giving supervisors clinicians future you know supervisors some ways to think about their work and some really practical things that they can be implementing and supervision. Absolutely. And it's something that feels normal to most people when they read it they go home. This isn't rocket science. In fact we know a lot about vicarious traumatization agencies spend a lot of money and time sending their staff to vicarious trauma and secondary trauma and compassion fatigue workshops to learn about it. But we haven't quite gotten to the point where we are responsible within our agencies to sort of steal against it before it gets to the point. We kind of want people to go out and go to training and learn about it. So you'll be OK when in fact that's great.

[00:32:14] But if it's not happening on a day to day basis it's going to be really hard to respond in the moment. You need a team approach I guess that's what I'm thinking. Absolutely. And I think it's tough when and I've been there. Going to training or having staff go to a training if they're not implementing that and really revisiting how to handle situations. It really gets lost. It does. And for good reason because it's hard to know exactly what to do with the knowledge if you don't have what I like about vicarious traumatization information getting overlaid on top of trauma informed care systems is that what's I'm learning the vicarious colonization I've already acknowledged that I have my own responses to my trauma history whether the little trauma history big trauma history but I'm already starting there and that helps. It's a lot easier to implement that if you know where you're coming from. So we've talked a bit about sort of using this approach in a domestic violence agency. I'm wondering if there's anything else you want to add about why trauma informed care and systems are so important in a field like domestic violence or similar settings that social workers are in. Well I think it can be transferred to any social service settings. So now I have a new role I'm not an agency setting in the field department of social work school and so I'm supporting supervisors who are having to support students. And so having a training and ability to train field supervisors on this so that they can take it to their agencies whatever it might be.

[00:34:01] Whether they're working with kids whether they're working with homeless folks or whether they're working in community mental health or drug and alcohol or veterans that they can see themselves and their work in this model. And so I've shifted gears a little bit now so that I'm talking about trauma form supervision less as a person who is in the agency providing it and more about supporting supervisors in the field and training them so that they can do it for wherever they are. So that's where I am right now with this right and being in my role as a field education coordinator here as well. It's a big part of our job is to really provide that support and education and training to our supervisors in the field so that ultimately they can really feel equipped and work with our students and provide them with the kind of supervision that's going to be helpful in their education. Absolutely. I mean there's a reason that the field education is the signature Pedagogy of the MSW and that is because without being out there and doing it you're not going to really really learn what social work is. Social work is a doing kind of degree. And if we're going to say that field work is a signature pedagogy we have to support the social work supervisors who are out there who are basically are on the ground teachers. So they are teaching in the field and we are teaching in the classroom and the bridge is a good strong bridge. If it's done well and it's really effective and if we can support supervisors to be good supervisors and give them the skills they need to provide good trauma informed care and good trauma and formed knowledge and skills to the students they're teaching.

[00:36:00] We've got a really exciting profession to look forward to in a couple of generations because I like to think well the more trauma informed social workers that are out there they teach to students and those students teach to students and so on and so forth and pretty soon we really have a lot of people who understand this model and I haven't had a student yet who said I don't really think that's going to be for me. I don't think that trauma informed stuff really makes sense I'm going to focus on X Y and. I just haven't met that student yet who didn't say wow this is really helpful. You

know I've had students who have said you know clinical work isn't really for me. I think I want to go into political advocacy but I'm really really going to remember the trauma informed pro-choice that we used because you know I'm going to be in agencies or I'm going to be in a setting where I'm going to interact with human beings that kind of need it right and how to influence change on a more broader scale. When you're doing political advocacy and keeping the trauma informed systems perspective is critical. Absolutely. Because there's trauma informed treatment approaches which is trauma specific and there's trauma informed care for trauma specific treatment is MDR trem group things that are techniques that you can learn better clinical trauma informed approaches can happen anywhere. You don't have to be doing direct micro clinical work. You could be lobbying in your state capitol and using really understanding the effect of that trauma has on whole systems and it's powerful.

[00:37:39] It's a powerful way to approach social change and be an agent of change in this world as to approach it from that perspective. Absolutely. I have one more question for you and then I want to give you an opportunity to add any points or highlight areas that you want to make sure that are focused on in 2011. Yes we formulated curriculum guidelines for advanced social work practice and trauma. Do you think that these guidelines support trauma informed supervision in the field. Oh absolutely. It's so exciting that they've made that commitment. It says a couple of things. One it says that CFW we understands that if we're going to say fieldwork is the signature pedagogy we need to acknowledge the trauma is prevalent in field work that students are going to be exposed to trauma in the field and it gives us a lens through which to look at social work in a new way. To me it's exciting because it means that students can focus on trauma formed research and trauma informed clinical approaches and trauma informed agencies and models of care and that look macro and micro approaches from trauma informed curriculum. And I just think that having the support of the UAE to really put some muscle behind that really gives the field of social work a lens through which or some guidelines to build their programs on which I think is going to give us some good scaffolding to build on this. Absolutely. Well you really you shared a lot of great content with us about trauma informed care trauma informed supervision and how important of an approach that is to really help our field supervisors supervisors in general in the field of social work.

[00:39:37] Really great practical ways that they can implement this model in the work that they do with their clinicians with students. And I think that this is going to be invaluable for our community of social workers. Before we end I'm wondering is there anything else that you wanted to be sure to mention. Yeah I guess the one thing that I would like to say is that I would really love to see if we could establish this almost as an academic approach to supervision that we might enhance the tenets of social work supervision which is really well established and maybe do some research around this. I'd love to see this established in the literature so that's I hope the next steps but I think that that would be great. And when you move in that direction I hope you'll talk with us again. Oh OK. So you don't really want to thank you for taking the time out of your busy schedule and talking with me today. Really appreciate it. Sure. My pleasure. Thanks for doing this. You have been listening to Eda Kauffman discuss how to incorporate a trauma informed lens into clinical supervision. We hope that you found this podcast instructive. This is Charles Syms. Please join us again in social work. Hi I'm Nancy Smyth professor and dean of the University at Buffalo School of Social Work. Thanks for listening to our podcast. We look forward to your continued support of the series. For more information about who we are as a school our history our programs and what we do we invite you to visit our Web site at [www.socialwork.buffalo.edu](http://www.socialwork.buffalo.edu).