A MATTER OF LIFE OR DEATH
Social workers in capital cases

INTO THE ARCHIVE
Preserving the records of the Central Lunatic Asylum for Colored Insane

HEALING LULLABIES
Music and maternal health

THE UNIVERSITY OF TEXAS AT AUSTIN | STEVE HICKS SCHOOL OF SOCIAL WORK
FALL 2019
At a recent American Psychiatric Association meeting, I had a chance to hear King Davis speaking about the Central State Hospital Archives Project. Founded in 1870 as the Central Lunatic Asylum for Colored Insane, this hospital was the first psychiatric institution in the country exclusively for newly freed slaves. Davis’ side notes on how the interdisciplinary team that he leads managed to save the hospital’s invaluable historical documents, which were headed for the shredder, are stories unto themselves. He shared with the audience partial findings of his analysis of the hospital’s admission records, which show how racism factored into the diagnoses and hospitalization rates of African American patients. He also talked about a few heroic and dedicated physicians, psychiatrists, and other professionals who did their best to help the patients.

We are fortunate that Davis is preserving this history so that we and future generations can learn from it and avoid repeating the same mistakes. We are also fortunate to have so many other dedicated faculty, staff, students, alumni and friends who, as this issue of The Utopian shows, are making this world a better place, one day at a time. Enjoy!

Luis H. Zayas
Dean and Robert Lee Sutherland Chair
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Send comments, news items, suggestions and address changes to:
The Utopian Editor
Steve Hicks School of Social Work
The University of Texas at Austin
1925 San Jacinto Blvd., Stop D3500
Austin, TX 78712-1405
Email: utopian@utlists.utexas.edu
Phone: (512)471-1458

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A ward in the Central State Hospital. The Archives Project started in 2009 at the Steve Hicks School of Social Work and College of Liberal Arts at The University of Texas at Austin, with seed funding from the university’s President and the National Association of State Mental Health Program Directors. In 2015 the project moved to the School of Information and received generous funding from the Andrew W. Mellon Foundation. Learn more at coloredinsaneasylums.org

King Davis’ quest to preserve the records of the Central Lunatic Asylum for Colored Insane in the digital age

BY ANDREA CAMPETELLA. PHOTOS PROVIDED BY KING DAVIS.
In January 1990, as the new commissioner of mental health, substance abuse, and developmental services for Virginia, King Davis had to defend his proposed budget before the state’s senate and house finance committees. The one question he was not prepared to answer was why the budget requested funds to store thousands of psychiatric records, some dating back many decades. One senator suggested saving money by simply destroying the records; he argued that they had no utility or value and that destruction would also guarantee patients’ privacy.

Fast-forward to 2019, which marks the 10th anniversary of the Central State Hospital Digital Library and Archives Project. Led by Davis and a team of 17 scholars, this project located, restored, cataloged, and digitized hundreds of thousands of records (photographs, admission records, annual reports, board minutes, and more) from Virginia’s Central Lunatic Asylum for Colored Insane. The asylum, later re-named Central State Hospital, was founded in 1870 as the first psychiatric institution in the United States exclusively for people newly freed from slavery.

The Archives Project fully justifies that 1990 budget line. The resulting collection constitutes the most complete records of public mental health admissions of black populations in American history. Thanks to this labor of love, African American families are finding information about relatives lost to psychiatric institutionalization; scholars from all over the world are mining the records to shed light on how race-based assumptions informed mental health theories, practices, and policies; and the interdisciplinary team led by Davis has accumulated an unparalleled level of expertise on the ethical, legal, and technical issues around privacy, preservation, digitization, and access to sensitive health records.

The Utopian spoke with Davis about this project and its significance for the present. The interview has been edited for clarity and conciseness.

How did this project start?

About ten years ago, I received a call from the director of the Central State Hospital, which is located in Petersburg, Virginia. He wanted my advice because he’d discovered that the hospital had lots of records going back to the 19th century, and that they were in jeopardy on two fronts. They were in a non-archival environment, that is, places in the hospital where summer temperatures would exceed 112 degrees, and where many different people handled or had access to them. And he’d been advised that Virginia law required the hospital to destroy all records older than ten years. The director asked if I was aware of the Virginia Retention Act and if I could help them preserve the records.

I was very concerned because this was one of the 17 hospitals that I managed when I was commissioner, back in the 1990s. And I knew about this hospital’s history. It was the only mental institution for African Americans in the state until integration was federally forced in 1968. What I didn’t know was that they had preserved practically every piece of paper since about 1868.
What are the goals of the project?

In the first six years, we focused on locating, restoring, cataloging and digitizing 800,000 paper documents and 36,000 photographs, slides, and negatives maintained in the hospital.

As the project advanced, in addition to preserving and increasing electronic access to these documents, we analyzed state and federal laws on access, privacy, and confidentiality of mental health records; we developed a model for storing and making digital mental health records accessible in ways that are ethical and maintain privacy as required by federal and state laws; and we created a dark archive and digital library (coloredinsaneasylums.org) that serves as proof that this model is viable.

But we didn’t anticipate how significant the content of the records would become.

Tell us about the records’ significance.

The hospital had thousands of their original documents and photographs from 100 years of segregated admissions and treatment. The first thing that struck me was the admission records. For every person that was admitted to the hospital, there was an index file that shows the name, city of residence, occupation, age, diagnosis, when the symptoms started, and the cause of their condition. I had never seen records like these in my years in mental health, where every person had an identified cause of their illness.

And what struck me the most was that in many instances the cause of their mental illness was freedom; the inability of black people to manage freedom. I was confounded. That is what really got me going: looking at the reasons why people were committed to the hospital and understanding more about the history of segregated mental health in Virginia.

Our content analysis of the documents also suggests a relationship to the long-term disparities that the black population in this country has experienced when it comes to mental health access, diagnosis, and treatment.

What are these disparities and how does this project help us understand them?

Contemporary meta-analyses show that African Americans, particularly male, are over-represented in diagnoses of severe mental illnesses such as schizophrenia. These studies raise important questions about how psychiatrists are trained, about the implicit biases that may affect the accuracy of diagnoses.

And now our project brings a sobering historical perspective to this issue. We are in the process of collecting and analyzing data on admissions of African Americans to Virginia’s mental health hospitals from 1840, when free blacks were given permission to access the one mental health institution in the state, to 1940, when federal and Virginia privacy laws allow us to access these health records for research purposes.

We have approximately 30,000 individuals in the database. We found that about 75% of the diagnoses are severe mental illnesses like psychosis.

And what struck me the most was that in many instances the cause of their mental illness was freedom; the inability of black people to manage freedom.
and schizophrenia. 75%! Proportionally, this is larger by far than any population in the world.

So the over-proportion of African Americans diagnosed with severe mental illness in the historical data, 1840 to 1940, is replicated in the contemporary meta-analyses, which is frightening.

Given this over-proportion, the chances are very good that many of these diagnoses are invalid. And we have a way to find out, because the Central State Hospital kept about 5 million pages of treatment records all the way back to 1858. Going forward, we would like to select a sample of maybe 3,000 individuals and have a team of ten psychiatrists do a blind review and re-diagnosis.

What has been your most rewarding experience over these ten years of the project?

Connecting people to family members who were in the hospital has been most rewarding for me. I get calls, emails, and letters asking if I know of a person who was hospitalized there. Not long ago, a woman who was born in the hospital—her mother had gotten pregnant sometime after she was hospitalized—called me because she was trying to find her twin brother. She had been adopted by her mother’s aunt and uncle, but nobody seemed to know what happened to her twin brother. I do genealogical workshops all over Virginia, trying to help individuals trace their family members to the hospital and learn what happened to them.

I can’t do much with digitization and the technological aspects of our project; I don’t know Fedora or Zooniverse or the other systems our team is using. But I can definitely get into the data on the 30,000 admissions. I can pay attention to the persons, to where people come from, their diagnosis, and the reconnection to families. In addition, I want to use our data to change policy, practice, and education. That’s what I love to do.

What do you hope this project accomplishes?

The records we have helped to preserve and make accessible tell us so much about the past. We hope they also help us understand the nature of the future we want. We must learn from these materials to avoid repeating the same errors—inappropriate diagnoses, the pulling of people away from their communities and into an institution, perhaps for the rest of their lives.

We must recognize how important this information is, and make it a part of the curricula in programs of social work, psychology, nursing, psychiatry, and medicine. In all the helping professions, we need to be much better at recognizing our biases, and recognizing the social determinants of health so that hospitalization occurs only when necessary and appropriate.
Healing through lullabies

A social work alum and her impact on maternal mental health through music and healing

PHOTOS AND STORY BY MONTINIQUE MONROE

Lauren Bruno kisses her daughter Ryland on the cheek during their first lullaby session on May 21, 2019.
Lauren Bruno always wanted to be a mother. Her entry into motherhood, however, was not what she thought it would be. Bruno has ulcerative colitis, a stomach disease that has kept her in and out of the hospital and on bedrest throughout her pregnancy.

As a soon-to-be mother with no income making extensive hospital visits, Bruno felt overwhelmed. She began to look for resources and found Any Baby Can, a nonprofit in Austin supporting children and families through access to healthcare programs and services.

At Any Baby Can, Dyann Avila (MSSW ’97), is directly involved with helping mothers like Bruno. Avila is the maternal-mental-health lead for No Estás Solo (You’re Not Alone), a program that helps families seeking parental support or facing medical needs and developmental delays.

“I knew early on I wanted to be involved in community mental health, and social work seemed like a really good avenue,” Avila said. “In my social work career I’ve had many roles. This is a really good fit.”

Through Any Baby Can’s partnership with Austin Classical Guitar, Avila introduced Bruno to the Lullaby Project—Carnegie Hall’s national arts initiative for new and expecting mothers facing challenging circumstances. The project was designed to give mothers an opportunity to write and record personal songs for their children.

“Every mom has a different story of how she came to be a mother, about her own mother, and going generations back,” Avila said. “There’s narrative in the lullaby and that’s therapeutic. Music is considered healing and so is the act of singing. The lullaby is a tool for co-regulation, a tool for narrative.”

As Bruno holds her baby Ryland, she begins her first lullaby session as every mother does—working her way through the lullaby workbook. The first session serves as a time for mothers to become familiar with their lullaby specialists through workbook prompts. Mothers

“MUSIC IS CONSIDERED HEALING AND SO IS THE ACT OF SINGING. THE LULLABY IS A TOOL FOR CO-REGULATION, A TOOL FOR NARRATIVE.”
answer questions about the desired tone and style for their lullaby and write a letter to their babies, which will later be used to create poetry and musical phrases. Bruno is a natural-born singer, so it was no surprise that by the end of her session she was ready to find the perfect melody for her lullaby.

The Lullaby Project intends to serve mothers, but it’s proven to benefit the artists as well. Travis Marcum, ACG’s Lullaby Project director, said it’s been powerful to witness mothers regaining their individuality and identity while making art for their children.

“The Lullaby Project really transforms the lives and perspectives of the artists,” Marcum said. “We meet people from our community that we would’ve never met and hear stories about people living in our city that we wouldn’t have had access to if there wasn’t a guitar and a song there.”

Avila said her hope is for more families to continue to experience the healing and strength offered through the Lullaby Project. She said Any Baby Can in partnership with the Lullaby Project can make a deep, lasting and multigenerational impact on families.

“Any Baby Can walks alongside a lot of mothers and they’ll share their dreams and their hopes for their babies and out of that will come a lullaby,” she said. “The lullaby is healing and it’s a beautiful way for moms to connect with their babies.”

To learn more about the Lullaby Project and to view a full archive of lullabies, visit https://soundcloud.com/carnegiehalllullaby.

Trailblazers for perinatal mental health
Two Steve Hicks School professors tackle maternal health in Central Texas

Elaine Cavazos
As a mother who experienced postpartum depression and mood disorders first-hand, professor Elaine Cavazos has dedicated her life’s work to reproductive mental health. Cavazos is passionate about serving all parents and is concerned about the barriers that keep marginalized populations from receiving quality mental health services during this time in their lives.

In addition to keeping her private practice and teaching at the Steve Hicks School, Cavazos is the president of the Pregnancy and Postpartum Health Alliance of Texas. The organization provides financial resources for pregnant and postpartum women who need access to healthcare treatment and services such as psychotherapy, psychiatric evaluations, and postpartum doula care. The alliance also sponsors the biennial Texas Perinatal Mental Health and Wellness Conference with the Steve Hicks School of Social Work.

“It’s gratifying to intervene in the lives of women who struggle and see their work to adjust to their new identity after having a child,” Cavazos said. “I want other social workers to have that experience. I want them to feel equipped to continue this work so we can change outcomes for women and their families.”

Michele Rountree
Black women in Texas are 2.3 times more likely to die while giving birth compared to white women, regardless of income, education, marital status or health factors. Researchers have identified institutional racism as the biggest determinant of negative outcomes for black women.

Professor Michele Rountree is facing this disparity head on. She founded the Black Mamas Community Collective to improve outcomes for black mothers in Travis County through education, awareness and policy solutions.

“What’s been so powerful about this movement is the opportunity to highlight that there is nothing wrong with black women,” Rountree said. “It’s important that institutions serving black women are responsive, that they turn a mirror on their own structures to see which ones may be contributing to these disparities instead of blaming black women for their outcomes.”

Comprised of black mothers, activists and leaders, Black Mamas ATX hosts sister-circle support meetings, where sister doulas and a behavioral health provider share advice with mothers. Black Mamas ATX also advocates for diversity within the Texas healthcare system and provides training to healthcare professionals to recognize and address institutional racism.
In March 2019, Rose Lewis and Nayeli Moreno sat in a Corpus Christi courtroom, witnessing the sentencing trial of Arturo Garza. Garza pleaded guilty to severely beating and strangling his pregnant girlfriend, Susanna Eguia, to death. Nueces County prosecutors pushed for Garza to receive the death penalty. During trial, the prosecution argued that Garza was still a threat to society and showed pictures of Eguia’s battered body in hopes the jury would understand the heinous nature of the crime.

Lewis (MSSW ’19) and Moreno (MSSW ’19) were in the courtroom as social work interns with the Texas Defender Service, which was assisting Garza’s defense team. Since starting their internship a few months earlier, Lewis and Moreno had received a crash course in the only strategy that could save Garza’s life: mitigation.

Mitigation and social work
Texas Defender Service is an Austin nonprofit dedicated to improving the quality of representation afforded to individuals in capital crime cases. TDS was founded by death penalty attorneys but one of its key divisions, the mitigation unit, is almost fully staffed by social workers.
“Mitigation is about telling your client’s story with the intent to prevent the person from getting a death sentence or being executed,” TDS director of mitigation Randi Chavez (MSSW ’03) said. “It’s an in-depth bio-psycho-social assessment, where we try to figure out how this person went from being born to being accused of murder.”

Mitigation arose from the Supreme Court ruling in 1976—when capital punishment was restored in the United States after a four-year hiatus—that those who sentence people to death must be able to consider “compassionate or mitigating factors stemming from the diverse frailties of humankind.” Mitigating factors can be anything from mental illness and childhood abuse to remorse and absence of prior criminal records.

Mitigation evidence can be presented during sentencing trials. Because of the high stakes involved in capital crime cases, the Supreme Court mandates a two-trial structure: a first trial where juries weigh the evidence to determine guilt or innocence and, if the verdict is guilty, a second, sentencing trial where the same jurors are asked to weigh aggravating factors presented by the prosecution against mitigating factors presented by the defense. Usually, but depending on the state, at this second trial juries choose between two sentencing options: life in prison without the possibility of parole, or death.

Chavez said that for a few years after the 1976 ruling, defense lawyers mostly ignored mitigation and concentrated on the first trial, because their training didn’t prepare them to collect or present mitigation evidence.

“At law school, you don’t learn how to interview and establish rapport with clients so they trust you with sensitive information, how to screen for mental health conditions, or how to assess the impact of past trauma on someone’s behavior,” she said.

In the 1980s, anti-death-penalty activists from a variety of backgrounds—most notably anthropologist Scharlette Holdman, who is considered the mother of mitigation—started to systematize the process of collecting, collating, and presenting mitigating evidence. Finally, in 2003, the role of the mitigation specialist was enshrined in the American Bar Association guidelines for capital cases.

Mitigation investigation, Chavez explained, involves building a relationship and establishing trust with the client, tracking down and interviewing “everybody and anybody who has ever known them” (family members, teachers, coaches, friends, clergy, etc.), and conducting a “scorched-earth record collection” (anything from school to medical to criminal records) about the client and, if possible, family members.

“Ideally, we like to go three generations back and two or more out, because you cannot talk about inter-generational trauma if you are only able to document what is going on with your client. In a capital case, when someone may be sentenced to death, they deserve that we do as much to present their case as the law entitles them to,” Chavez said.

Throughout the investigation process, TDS mitigation unit holds brainstorming sessions to try to make sense of the client’s story and tell it in a way that juries may find compelling. For instance, Chavez said, a member of the jury may not care that the client was abused as a child but may find a brain injury or a psychiatric condition to be a compelling mitigating factor. The unit also helps choose expert witnesses who can testify and collaborate with the defense team during trial.

Chavez started as an intern at TDS when she was in the master of social work program at UT Austin—just as Lewis and Moreno, whom she now supervises. She said that she immediately fell in love with the work.

“I had a general interest in criminal justice but I really didn’t know that mitigation existed. Looking back, I see that what hooked me is that mitigation allows us to do direct social work practice but also promote social justice and impact policy in very concrete ways. It’s a career option that encompasses all what social work is about.”

Learning mitigation hands-on
District attorney’s offices have discretion to decide whether or not to pursue death sentences in capital cases. Oftentimes, defense teams provide mitigation evidence before this decision is made, in order to secure a life-without-parole sentence, and thus avoid trial and a possible death sentence by the jury.
The TDS mitigation team. Clockwise from top left: Jamie Newsome (MSSW ’18), Caitlin Purcell (MSSW ’11), Nayeli Moreno (MSSW ’19), Annie Hamdani, Miranda Nolen (MSSW ’17), Randi Chavez (MSSW ’03), Lauren Langston (MSSW ’16).
In Garza’s case, despite his willingness to plead to life without parole, the Nueces County district attorney’s office kept death on the table as a possible punishment. The TDS defense team, thus, prepared for trial.

For Lewis and Moreno, trial preparation meant diving right into mitigation investigation. They drove to Corpus Christi to request Nueces County jail records for Garza and his family and to interview jail guards who could talk about Garza’s behavior during his incarceration; they read hundreds of memo pages from existing interviews to find evidence for more than one hundred mitigating factors that the team leader, Miranda Nolen (MSSW ’17), defined; and they tracked the social media buzz on the case to better understand public perceptions about Garza.

The most impactful experience, however, was to observe and assist during trial. “It was eye-opening to see Miranda interact with the defense attorneys; it made me realize that social workers can have a lot of power,” Moreno said. “My perception was that attorneys are high on a pedestal compared to social workers, but they were asking Miranda for help because she had expertise that they didn’t have. During the sentencing trial the case could only be won on mitigation, and Miranda was the key to that.”

The power of the social work profession also came through during the testimony of Laura Sovine (MSSW ’01), whom the mitigation team selected as the trauma expert. “Laura was phenomenal,” Lewis said. “Prosecutors tried to poke holes in her argument and she was so composed and knowledgeable. She explained ACEs [Adverse Childhood Experiences] to the jury, talked about the scientific evidence behind it, and presented results on the ACEs questionnaire for Garza and his sisters; all of them scored high. You could see the jury wake up when she spoke, they were clearly interested in what she was saying.”

Finally, the trial also made tangible that mitigation is, literally, a matter of life or death. The jury found that there was enough mitigating evidence, and the judge sentenced Garza to life without parole.

Both Lewis and Moreno said that, when they explain what they do as part of the TDS mitigation team, family and friends often ask if they are not bothered by the fact that their team is defending individuals who have committed horrible crimes. “This is something that I myself still struggle with,” Lewis said. “Throughout the master program we work with many vulnerable individuals who have been victims. But when understanding our clients’ stories, you see how they fell through the cracks as they were growing up. So the question for me is, how do you recognize that the perpetrators are also victims of systems that failed them?”

Moreno added that she knows it takes a certain kind of person to do this work. “I can definitely understand how some people would find it difficult to defend someone who’s guilty. I know there are victims, and that our clients did horrible things,” Moreno said. “But we are willing to look deeper into their lives, and understand how they were shaped to potentially lead them to the place they are today. For me, it all comes to the idea that we are all human beings, and the willingness to see the humanness in every situation.”

Learn more about TDS:
texasdefender.org

“WHEN UNDERSTANDING OUR CLIENT’S STORIES, YOU SEE HOW THEY FELL THROUGH THE CRACKS... SO THE QUESTION FOR ME IS, HOW DO YOU RECOGNIZE THAT THE PERPETRATORS ARE ALSO VICTIMS OF SYSTEMS THAT FAILED THEM?”

–ROSE LEWIS

Rose Lewis (left) and Nayeli Moreno (right) stand outside the TDS office. Since graduating, Lewis has joined Austin’s Design Institute for Health, and Moreno started a full-time position with TDS.
LinkedIn can help social workers discover connections to people and organizations, search for jobs, find resources for clients, extend networks of trusted contact, and engage with professionals from other disciplines. Jennifer Luna, director of the DiNitto Career Center, shares tips for strategically using LinkedIn to help your career and your clients.

**PROFILE**
Your LinkedIn profile provides a snapshot of your career, achievements, skills, and knowledge areas. It gives you a platform to enhance your visibility, manage your reputation, and give a digital elevator speech through a professional summary. One of the most valuable assets of your LinkedIn profile is the ability to document your career through keywords, posts, recommendations, and groups.

**PHOTO**
Your photo is the first element that other users will notice. It is worth the investment to get a professional headshot that looks like you, fills the frame with your face, and has a non-distracting background.

**PROFESSIONAL HEADLINE**
The professional headline appears immediately below your name, at the top of your profile. If you do not create one, LinkedIn will default to your current position and organization. As this information will already appear in the experience section, you don’t want to repeat it. Be strategic and choose a headline with keywords that describe your skills, areas of practice, geographical location, and titles. For example: LMSW/Older Adults/Loss and Grief/Austin, TX. Remember to use these same keywords throughout your profile.

**PROFESSIONAL SUMMARY**
The summary can be written in first or third person. Tailor it to your audience by looking at the language of the industry that you are interested in, and matching that language. Be sure to include your skills, knowledge areas, and the geographical area where you want to work. Don’t be afraid to list accomplishments such as awards or “work victories” such as programs developed. Make sure to include the transferable skills you have gained such as foreign language, communication or research skills, and leadership experience. Everyone has transferable skills, and if you aren’t sure what yours are, ask your peers and mentors what makes you different from others. You will be surprised about how often others can see skills that you may have overlooked.

**JOB SEARCH**
Once your profile is ready, LinkedIn can be a powerful job-search tool. You can search jobs by name, field of practice, function, or task; you can create job alerts, save and review jobs you have applied for, and automatically view jobs that are similar to the ones you have reviewed.

If you are not sure what to search, look at the language used by your connections, mentors, or people who hold positions like the ones you are seeking, and use those keywords or titles.

LinkedIn also gives you the ability to view mutual connections within the organization/s you may be interested in. Find out what they do for the organization and reach out to them for an “informational interview” before applying that can help you gain insight to tailor your materials.

**CONNECT AND ENGAGE WITH GROUPS**
LinkedIn groups are informal communities of like-minded individuals, formed around areas of practice, academic institutions, or themes. There are millions of groups to join, and any LinkedIn member can create one. Look at groups that your connections have joined, and the chances are that one or two will match your interests. When you join the right groups, it’s easy to keep up with trends in the field, ask and answer questions, meet new connections, and find resources for your clients.

For more career resources, visit socialwork.utexas.edu/dccs
During Deborah Cohen’s first job, as a case manager for adults with a serious mental illness, an older, experienced psychiatrist told her that she would be working with many African American clients, because schizophrenia was more prevalent in this population.

“This was presented to me as a fact, with no explanation needed,” Cohen said. “These myths, false beliefs, and biases can become a sort of self-fulfilling prophecy.”

Cohen went on to obtain her doctorate, and is now a research assistant professor at the Steve Hicks School of Social Work and Dell Medical School Department of Psychiatry focusing on community mental health services and policy. For one of her projects, Cohen is working with a community mental health provider to fine-tune the clinical intake process in ways that promise to reduce excessive rates of schizophrenia diagnosis in African American psychiatric patients.

THE CONTEXT

Historically, rates of clinical diagnoses of schizophrenia in African American individuals, particularly male, are elevated compared with rates for other ethnic groups in U.S. clinical settings. This contradicts expectations from epidemiological surveys, which find similar prevalence rates across different ethnic groups.

There is consensus among researchers that much of the disparity can be attributed to clinicians’ bias when diagnosing. There are multiple hypotheses for these biases such as the disconnect between clinician and patient around the language used to describe religious beliefs, a misunderstanding of a person’s past trauma, and unconscious bias.

Schizophrenia is a complex condition that presents with an extensive range of symptoms and signs that also occur in other serious mood disorders such as major depression. Distinguishing schizophrenia from these other conditions can be difficult, although by definition these conditions must be ruled out before diagnosing schizophrenia.

Studies have shown that clinicians may be taking factors that are ambiguous (such as idioms of distress, cultural differences in expressing illness, and healthy paranoia resulting from previous discriminatory or trauma experiences) as evidence of psychosis during their evaluation of African American clients, and thus minimizing the possibility of mood-disorder diagnoses.

THE CHALLENGE

A 2012 study across six U.S. university medical centers found that African Americans and white patients did not differ significantly in blinded expert ratings of affective symptoms, although African Americans had been given higher rates of un-blinded schizophrenia diagnosis.

* For a historical perspective on diagnostic bias, see the article about the Central Lunatic Asylum for Colored Insane on this issue
“In diagnosis, we are always balancing the art and the science of it. What this study shows is that, when trying to reduce disparities, we have to give more weight to the science. Clinicians bring all sorts of beliefs into the room when they are making the diagnosis, which may lead to misinterpretations,” Cohen said.

In the 2012 study, clinicians used long, standardized and semi-standardized rating scales to collect information to determine the diagnosis. This solution to address the racial disparity in schizophrenia diagnosis, Cohen said, may be hard to implement in community mental health settings.

“Academic medical centers have access to the latest technologies, to clinicians with higher levels training, and to resources such as regular training that make standardization easier. This is not the case for community mental health clinics, where clinicians may have different types and levels of training, and resources are usually scarce.”

**A POSSIBLE SOLUTION: POP-UP WINDOWS!**

Taking advantage of the widespread use of electronic health records, Cohen’s team is adjusting the diagnosis workflow that clinicians currently use in community mental health clinics.

“We developed an online form that pops up on the clinician’s screen when they give a diagnosis of schizophrenia,” Cohen explained. “The form asks them to confirm that they have checked for and ruled out several other conditions with similar symptoms.”

Implementation of the online form does not bring major changes to the clinics’ current intake process and neither does require special training of staff members or large investment of resources.

“Essentially, the form slow clinicians down and asks them to reconsider before they give a diagnosis of schizophrenia,” Cohen said.

Cohen and her team have analyzed racial and diagnosis distribution data for the past three years and found that adult African Americans are 20% of the population in the clinic but approximately 40% of the clients diagnosed with schizophrenia.

The hope is that the implementation of the online form will make a dent in this disparity.

“We are only six months in, so it is too early to tell if this is working,” Cohen said. “We will keep going for a year and evaluate. If nothing else, we’ll find that the online form is not enough, and that we have to find a feasible way of bringing more consistency and standardization to the overall diagnosis process in community-mental-health settings.”
INTRODUCING THE SUE FAIRBANKS PSYCHOANALYTIC ACADEMY

While the word psychoanalysis may bring vague recollections from a Psychology 101 class or the image of Sigmund Freud smoking his cigar, psychoanalytic theory has in fact influenced the social sciences, including social work, to this day.

The Sue Fairbanks Psychoanalytic Academy is a new initiative that weaves together psychoanalytic theory, social work values, and clinical practice. Made possible by a generous endowment from alumna Sue Fairbanks (MSSW ’81), the academy is housed within the Texas Institute for Child & Family Wellbeing and directed by professor Tina Adkins.

The academy will offer educational outreach based on psychoanalytic theory as seen through a social work lens, with a focus on the health and wellbeing of children and families. Another goal of the Academy is to become a hub of support for community members and professional social workers who want to incorporate psychoanalytic theory and techniques into their practice.

You are worthy of self-care

Clinical professor Sarah Sloan wants your self-care to be a the top of your to-do list.

“Most of us would never dream of NOT taking care of our clients, and yet we are often disconnected from the need for our own care,” Sloan said. “Self-care is talked about often, yet is probably one of the least followed-through acts in our profession.”

Read Sloan’s tips to start taking care of yourself in The New Social Worker: tiny.cc/Sarah-Sloan

Presidential Award

Namkee Choi was one of five UT Austin researchers to receive a Presidential Early Career Award. This award is the highest honor given by the United States government to scientists and engineers beginning their careers. Choi was nominated by the National Institutes of Health in 2015, for her project on older adults and telehealth. NIH’s criterion for “early career” nominations is that the investigator must be in the first year of a major NIH grant, even if they may have established careers with funding from other sources, as is in Choi’s case.

From Austin to New Zealand

When applying for the master’s program, Madison Bridges (MSSW ’19) knew she was drawn to clinical social work and was intrigued about the opportunity to complete her final field internship in New Zealand.

Bridges loved everything about her internship: the opportunity to be immersed in a new country, the student population, and most of all, the support and camaraderie among team members at Counseling and Health Services of Victoria University, in Wellington.

When a permanent counselor position opened, she didn’t hesitate to apply. In her new position, Bridges is looking forward to further developing her identity as a clinician, learning more about New Zealand’s Māori culture, and continuing her work with students at Counselling and Health Services.
Peers for recovery

Hannah Milne, BSW ’18, wasn’t always comfortable sharing her story.

“My drug use started off with me being 16 and addicted to crystal meth,” Milne said. “That led me down a pretty dark path.”

Today Milne helps adolescents who struggle with substance use and addiction through Keystone Austin, a nonprofit she founded in 2018, while she was still an undergraduate on the Forty Acres. The nonprofit offers peer-led support groups to adolescents and their parents, with the goal of showing that sobriety can be fun through activities such as holiday campouts and retreats.

“We want to show these kids what support is like while collaborating with the parents on boundary-setting and creating a positive relationship with their teenagers,” Milne said.

GRACE Program acknowledged

The American Society on Aging recognized the GRACE Program during the 2019 Aging in America conference in Atlanta. Over the past five years, thanks to the financial support from the St. David’s Foundation, the GRACE program has brought 50 master’s students to the annual conference.

“This is such a great opportunity for our students to learn about aging issues from experts in the field, network with professionals from all areas of aging services, and envision themselves contributing to the field of geriatric social work in the future,” GRACE Program Director Sarah Swords said.

Historic ties

HERS

Social work major Kate Taylor was one of the eight members of HERS (Hygiene, Empowerment, and Research for Social Impact), an interdisciplinary team of students and faculty that worked with partners to develop an easily replicable, low cost, and compact machine that produces customizable menstrual pads on site, to meet immediate needs during humanitarian crises.

The HERS team started the project in May 2018, and spent this summer in Beirut, where they partnered with the Lebanese Red Cross. Team members sourced local materials to create a machine left in Lebanon for further testing, and developed a local procurement model for the menstrual pads materials. To test the project viability, the team conducted surveys and focus groups to customize the menstrual pads for Syrians who have been displaced and are living in an informal tent settlement.

sites.utexas.edu/hers/

National stage

This past July professor Sandy Magaña was invited to speak on a panel for the Interagency Autism Coordinating Committee in Washington, D.C. This committee coordinates federal efforts and provides advice to the Secretary of Health and Human Services on issues related to autism spectrum disorders.

Researcher spotlight

Yessenia Castro was featured by the Society for Research on Nicotine and Tobacco. Castro researches determinants of smoking and smoking cessation among Latinos, including culturally relevant factors that may be unique to this population.

tiny.cc/Castro

Podcast

Clinical professor Shane Whalley was featured on an episode of “Into the Fold,” the Hogg Foundation for Mental Health podcast. Whalley spoke about transgender identity and well-being through the lens of hir personal story and professional practice as a social worker and educator who facilitates workshops on LGBTQIA issues using a social justice approach.

Listen to the podcast:

tiny.cc/Shane
Training experts

In 2019, the Institute on Domestic Violence & Sexual Assault (IDVSA) offered five expert witness trainings across the state. These trainings continue IDVSA’s efforts to educate attorneys, law enforcement officers, and potential expert witnesses such as social workers, advocates, and medical professionals on the role and use of expert testimony in cases involving domestic violence, sexual assault, stalking, and non-fatal strangulation.

“We are building capacity throughout our state that results in increased victim safety, offender accountability, and justice,” Expert Witness Training director Margaret Bassett said. “Each training is specific to the community in which it is delivered and improves the effectiveness of the court systems’ knowledge about and responses to these crimes in Texas.”

Learn more: sites.utexas.edu/idvsa/

Health Social Work Department

The Steve Hicks School and the Dell Medical School are advancing the role of social work as an agent of health care transformation through the creation of the Department of Health Social Work, the first of its kind in the nation to be embedded in a medical school.

The department provides an academic home for clinical and non-clinical social workers at the Dell Medical School as well as a bridge to the Steve Hicks School, through which to receive support for professional development, research and educational opportunities.

“We are taking an important step toward including every voice and valuing everyone’s expertise within the fields of health care. This is a real boon for our profession,” said Barbara Jones, the department’s inaugural chair and the associate dean for health affairs at the Steve Hicks School.

Most influential

Dean Luis Zayas and professors Cynthia Franklin and Catherine Cubbin are among the 100 most influential contemporary social work faculty, according to an article published in the Journal of Social Service Research. tiny.cc/most-influential

Creating conversations about mental health

Since 2012, the school’s Texas Institute for Excellence in Mental Health has helped sponsor a Mental Health Awareness Creative Arts Contest to fight mental health stigma. Each year, children and adults of all ages can submit original artwork, writing, or photography for the opportunity to win prizes and have their work showcased at the Texas Capitol during the month of May, which is observed as Mental Health Awareness Month.

“We believe this contest starts a conversation about mental health in homes, schools, and communities,” institute director Molly Lopez said. “We hope that participants talk about their work with parents, teachers, and others, and recognize that they have valuable contributions to this public conversation about mental health.”

See the contest winners: gallery.txsystemofcare.org
Looking for CEUs?

SEPTEMBER 27
Sue Fairbanks Lecture with William S. Meyer

OCTOBER 18
Trauma treatment for the entire family

NOVEMBER 7-8
2019 Central Texas Clinical Supervision Conference

ONLINE 24/7
Self-paced seminars available anytime

More opportunities at socialwork.utexas.edu/ceu or call 512-471-2886

Depression and the heart

One third of individuals suffering from depression do not achieve remission after multiple treatment attempts. Professor Fiona Conway and colleagues are exploring whether paying attention to certain biological processes can help make depression treatments more effective. Their study, published in the International Journal of Psychophysiology, examines how individual variations in heart rate were related to depressive symptoms in a sample of 152 young adults. Results show that cardiovascular processes and cardiorespiratory fitness are linked to depression symptomatology. Treatment approaches that aim to enhance cardiovascular functioning may be able to bolster effects of other depression therapies while simultaneously decreasing risk for future cardiovascular problems.

Sparking success

In Texas, only 1 - 2 % of students who have been in foster care graduate with a bachelor’s degree. Spark is a new program from the school’s Texas Institute for Child & Family Wellbeing that seeks to improve college graduation rates of students who’ve experience foster and kinship care, including those who have been adopted.

Spark offers a college transition support program, collaborates with other organizations on the Forty Acres to connect students to needed services year-round and hosts a student organization for foster alumni on campus.

Learn more and get involved: spark.socialwork.utexas.edu

Partnering to prevent evictions

In an effort to bring social workers to the forefront of solving housing instability, the Steve Hicks School of Social Work has partnered with Main Street Renewal, a for-profit property management company, to create a pilot eviction-prevention program.

The program consists of CARES, a team of social work students who communicates with MSR’s evictions and collections team to advocate for residents who are delinquent in rent or anticipate having difficulty paying for it. By conducting phone-based needs assessments, the CARES team is able to gather and organize resources to aid MSR residents.

“We look at every case comprehensively. We engage and try to figure out what is in the best interest of the resident, what resources are best for them and what the barriers are,” program director and clinical professor Joan Asseff said.
What’s new? Share your personal or professional news with us: utopian@utlists.utexas.edu

Adolfo Reyes, MSSW ’73, continues to be active in social work by serving clients from hospice and home health agencies in the Rio Grande Valley.

Ellen Rubenstein Fisher, MSSW ’74, and her husband Dan recently moved back to Austin to enjoy their retirement.

Steven Cadwell, MSSW ’80, is one of three recipients of the 2019 Lifetime Achievement Award from the NorthEast Society for Group Psychotherapy Foundation, Inc. This award recognizes “outstanding contributions to the work of psychotherapy.” Steve is also the creator of “Wild and Precious,” a coming-of-age story that spans from when love dared not speak its name, to gay pride, to the AIDS crisis, to civil rights, freedom to marry and raise children.

Mary Mulvaney, MSSW ’80, retired from the Steve Hicks School of Social Work this past August. She has loved every minute of her work as clinical professor and looks forward to staying in touch with the school community.

Samuel McCallum, MSSW ’87, is a social worker at BirdHouse Services, a grass-roots organization that provides emergency and shelter services in Southern Cooke County, Texas.

Dorothy Zamora Garza, MSSW ’91, has accepted a new position with Texas Health and Human Services Commission.

Karen Umminger, MSSW ’93, has been practicing psychotherapy and counseling since she graduated in 1993. In 1996, after becoming an LCSW, she completed a three-year training and supervision in the Hakomi Method of Body-Centered Psychotherapy and became a Certified Hakomi Therapist. She has her own practice in Austin: karennummiger.com

Molly Adams, MSSW ’99, is an instructional coach and teacher trainer at Ennis ISD in Texas. Although she is not practicing as a social worker, she wrote that social work is part of what she does everyday, and that her social work education has made her an excellent teacher, community worker, and leader.

Andrea Galiesta Skoglund, MSSW ’02, authored “Profession has work to do to improve issues around mental health,” published in the August-September issue of Social Work Advocate (NASW magazine).

Sarah McElvain, MSSW ’05, is the doula coordinator for the Pregnancy and Postpartum Health Alliance of Texas. She also works independently, combining her social work skills and certifications as a teacher, doula, women’s health coach, and infant sleep educator, to help parents prepare for and thrive through the addition of a new baby. Find more about her: sarahmcclvain.com

Jennifer Delaine Taylor, MSSW ’05, is a physical education teacher and sports performance coach with the San Antonio Independent School District.

Lisa Brown, MSSW ’09, is the director of University Access Programs at Abilene Christian University.

Charnese Yvette Evans, MSSW ’10, is director of special initiatives at Jonathan’s Place, an organization that provides a safe place, loving homes and promising futures for abused and neglected children, teens, and young adults in the Dallas-Fort Worth area.

Will Francis, MSSW ’10, is the new executive director for the National Association of Social Workers, Texas chapter. He previously served as the chapter’s government relations director, and has a background in early childhood, child welfare, and education.

Manuel Garcia, MSSW ’06, BSW ’05, got his LMSW and is working at Anthem Blue Cross and Blue Shield in El Paso.

Brenda Bible, MSSW ’07, is a LCSW providing mental health services with the Cowlitz Indian Tribe Health Clinic in Longview, Washington. The clinic provides a holistic approach to health care that promotes disease prevention, treatment, and education.

Carly Bassett, MSSW ’08, was featured on a Hogg Foundation podcast episode about mental health and older adults. Carly is a counselor at Family Eldercare and a GRACE program field instructor. Listen to the podcast: http://tiny.cc/carlybassett.

Elizabeth Johnston (Thibodeaux), MSSW ’08, is a medical social worker at the Lafayette VA Outpatient Clinic in Lafayette, Louisiana. She also provides psychotherapy part-time with Kairos Counseling. Elizabeht has been clinically licensed for five years.

Roxane Cantu, MSSW ’09, BSW 07, is a physical education teacher and sports performance coach with the San Antonio Independent School District.

Carly Bassett, MSSW ’08, was featured on a Hogg Foundation podcast episode about mental health and older adults. Carly is a counselor at Family Eldercare and a GRACE program field instructor. Listen to the podcast: http://tiny.cc/carlybassett.

IN MEMORIAM

Joe Jenkins, MSSW ’52
Ruth Lee Williams, MSSW ’69
Margaret L. Thomas, MSSW ’79
Jenna Marie Luzzo, MSSW ’14, BSW ’13

The University of Texas at Austin
Ramón Gómez, MSSW ‘01

2019 Charles I. Wright Distinguished Alum

Current position: Director of student and community affairs, Steve Hicks School of Social Work

A memory from field: I vividly remember meeting my practice professor, Keva Miller, at orientation. When they were doing the faculty introductions, she stood up, said her name, answered a few questions and finished up with “Hook’em horns!” And I knew I was in the right place. I loved that she was going to be my practice professor.

Most influential professor: Keva Miller, because she was my practice professor and also my field instructor. And Bob Ambrosino, who encouraged me to look at things from different perspectives, and also hired me when I was fresh out of graduate school. He was my boss at Family Forward, and he pushed me to follow my ideas and vision.

Advice for social work students: No matter how much experience you bring, and all that comes from listening. Most influential professor: Keva Miller, because she was my practice professor and also my field instructor. And Bob Ambrosino, who encouraged me to look at things from different perspectives, and also hired me when I was fresh out of graduate school. He was my boss at Family Forward, and he pushed me to follow my ideas and vision.

Three things you can’t live without: Burnt orange, family, and faith.
“Are you learning anything in school that could help me?”

This was a question my father asked me one weekend in November 2013 during my first semester of college. He was experiencing depression and suicidality and I had no idea how to support him, nor did I understand what it meant to be depressed or suicidal. My major was kinesiology at the time, but in the psychology class I was taking as part of a core curriculum requirement, my professor was about to start the unit on mental illness.

“Not yet, Dad. I’m sorry. I’ll let you know if anything I learn in psychology could help you.”

“It’s okay, m’ija. Thank you anyway.”

It was difficult for me to conceptualize being a helper for someone I had looked up to my whole life. My father fled Cuba as a teenager in the 1970s and moved on his own to rural southwest Texas, reluctantly leaving behind his mother and 15 siblings. After decades of struggle, he eventually became a successful, self-employed life-insurance salesman, which suited his independent, self-motivated nature and strong work ethic. He was known to be a do-it-yourself kind of person; he disliked asking anyone for help. Doing so was not, and still is not, customary within my Latino culture, especially for a topic as stigmatized as mental health.

When my father told me he was suicidal that weekend in November 2013, I was so visibly frightened that he immediately retracted his statement. I stayed quiet, bewildered and unsure of what to say next. My father died by suicide a few days later.

After my father’s death I switched my major to psychology and made it my life’s mission to learn something that could have helped him – something that could help others like him. I became an undergraduate research assistant and helped develop questionnaires designed to measure concepts related to suicide risk. I also founded the UT San Antonio chapter of Active Minds, a student organization that promotes mental health awareness and suicide prevention efforts on college campuses across the country.

My initial intent after college was to apply for doctoral programs in clinical psychology, but my work with Active Minds introduced me to the field of social work. I learned that, as a social worker, I could engage in advocacy, psycho-education, and programming related to mental health and suicide prevention. I had found my calling.

During the master’s program at the Steve Hicks School of Social Work, I experienced immense personal growth through my coursework and internships, and was able to process my loss by immersing myself in initiatives that were deeply meaningful to me. Social work practice calls for constant self-reflection and self-awareness. My instructors helped me to confront my biases, explore my values, and understand my triggers in order to best serve my clients.

At a personal level, since my father’s death I have become a mental health resource amongst my family and friends. Several of them, most of whom are Latino, have opened up to me about their mental health struggles and have asked about services and resources, often for the first time ever. It has been very fulfilling to watch stigma around mental health dissipate and help-seeking behaviors increase among my loved ones—many times in spite of deep-set cultural beliefs.

The loss of my father motivates me in my professional and personal life. My passion is to mobilize resources so that no one has to experience the tragedy that I have, and so that people who are struggling can get the help they need. My hope is to fulfill the promise I made to my father by doing something to help people like him.

Melina Acosta received her MSSW degree in 2019.
GIFTS AT WORK

Gifts to the Steve Hicks School of Social Work produce powerful, lasting returns. They help create knowledge, advance research, strengthen communities, and enrich student experiences. Most importantly, they help educate social workers who will go on to make a positive impact in the lives of countless individuals, families and communities.

These are three examples of recent initiatives that have enhanced the Forty Acres experience of many future social workers.

Accessible furniture
In Fall 2018, a group of undergraduate students in professor Diane Rhodes’ social justice course assessed classroom accessibility in the Steve Hicks School building for their final project. They presented the results to Dean Zayas, who encouraged them to write a proposal to raise funds for accessible furniture that facilitates movement to fit different learning methods—from role-playing to discussion to collaborative tasks.

This past Spring semester, students successfully fundraised through the university-wide Forty Hours for the Forty Acres campaign and made an effective presentation before the school’s Advisory Council.

As a result of these student-led efforts, five classrooms have now accessible, movable chairs and new whiteboards.

Philanthropy Education Program (PEP)
The PEP program was launched in 2017 with the goal of training social work students in development skills such as fundraising, donor cultivation, event planning, and gift stewardship. It is a year-long learning experience, during which participants attend development workshops, participate in Philanthropy Week, volunteer in development events, and take leadership in one PEP activity. Admission is competitive and participants receive a stipend.

“I think I am a more desirable candidate for employment because of my familiarity with development. Thanks to the PEP program, I’ve had the opportunity to meet and learn from donors and high-ranking university officials. I’ve also had the opportunity to explore development as a potential career option for myself.”

–Katie Ray, MSSW student

Washington Calling
Washington Calling is a career-development seminar for undergraduate and master’s level social work students that takes place during Spring Break in Washington, D.C. During an intensive week, students meet with alumni living and working in the area, explore federal internship opportunities, and learn about job prospects in policy, advocacy, clinical work, and professional organizations.

Since its launch in 2017, 21 social work students have participated in this program.

“Washington Calling allowed me to learn about social work on a broader scale: not just in Austin, not just in Texas, but at the national level. I learned that social workers can be leaders both in programs that they are running and at the Capitol; and I learned about the importance of serving people beyond political party lines.”

–Alissa Sughrue, MSSW student
Steve Hicks Matching Gift Challenge

Steve Hicks likes to say that the real secret of being a philanthropist is that you receive much more than what you give. Because he wants others to share in the joy of giving to social work, he has issued a $5 million matching challenge to create endowed scholarships. The rules are as follows:

• Give or pledge $50,000 or more (to be completed within 5 years).
• Steve Hicks will match the amount.
• Your name — or that of a family member, friend or organization — will be linked forever to scholarly excellence at The University of Texas at Austin.

To participate in the challenge, visit sites.utexas.edu/steve-hicks-challenge or call 512-475-6840.

We mourn the loss of Dean Emeritus Barbara W. White

Barbara W. White, dean emeritus, passed away July 19 in her Austin home surrounded by her family. She was born Feb. 26, 1943, in Jacksonville, Florida. She received a Master of Social Work and a doctorate in political science from Florida State University.

White was the first African American dean in The University of Texas at Austin’s history. She led the School of Social Work’s successful efforts to meet new accreditation standards, achieve a national ranking among the top 10 schools of social work in the country, and enhance research and evidence-based practice.

She was the recipient of the university’s Presidential Citation in 2012 for her work catapulting the school into a nationally recognized position of leadership. The school’s Advisory Council honored her achievements with the creation of the Dean Barbara W. White Excellence Fund in Social Work Education and Leadership.

White was an accomplished scholar in the areas of cultural diversity, women, and domestic violence. She was actively engaged in social work education and was the only person in her profession to hold the presidencies of both NASW and CSWE.

Upon her retirement in 2011, White was named dean emeritus in honor of her outstanding 18 years of leadership and distinguished career. She oversaw the education and training of thousands of social workers, contributed to the knowledge of many more through her scholarship, and was always glad to help those who needed her leadership, compassion and integrity. Her legacy lives in the work of all these individuals, who every day are making a positive impact in the lives of individuals, families and communities.

Why I give

Hannah Powers, BSW ’15, MSSW ’18

Hannah Powers didn’t wait to graduate to start giving back. While she was still in the master’s program, she donated to the SWAN scholarship fund during the university-wide annual campaign 40 Hours for the Forty Acres.

“I saw that the funds were going to initiatives that really made it possible for me and my peers to succeed. Even though I wasn’t able to contribute much, I wanted to help make sure that someone else could have those same experiences,” Powers said. She has made a yearly tradition of donating to the school during the annual campaign.

Powers is now a social worker with the Professional Recovery Network, a peer-assistance monitoring program for healthcare professionals who are experiencing mental health and substance use issues that impede their ability to practice safely in their respective fields.

“I never imagined myself working in the field of addictions,” Powers said. “While in the program, I tailored my education to geriatric and medical social work. But my knowledge on these two fields has been such an advantage in supporting my clients with an individualized, successful recovery program.”
The Utopia Society

Recognizing gifts made in FY 2019

The Utopia Society is comprised of alumni and friends who provided monetary contributions to the Steve Hicks School of Social Work to assist in providing excellent educational programs for our students. Listed herein are those who made personal contributions of $100 or more between September 1, 2018, and August 31, 2019. Many others contributed their valuable time and talents to enhance the educational experiences of our students. We deeply appreciate the generosity of all of our supporters!

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- Cynthia & John Atkins
- Robert & Rosalie Ambrosino, PhD ’85
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- Amanda Castro
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- Gwendolyn D. Cubit, BSW ’13, MSSW ’14
- Barbara J. Davis, PhD ’88 Δ
- Tiffany A. Davis, MSSW ’95
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- Jane L. Derrick, MSSW ’76 & W. Paul Derrick, MSSW 56, PhD ’97
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STEVE HICKS SCHOOL OF SOCIAL WORK

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Brooke Bernard

Emily and Don Jackson Endowment for Excellence in Juvenile Justice, 2019 and 2020 recipient

Brooke Bernard is a senior social work major from Port Arthur, Texas. She grew up in a loving home with her mother and two sisters, but experienced the loss of an older sister and the effects of living in an area with few resources. These adversities have not only ignited her passion for social work but have been a driving force for her success on the Forty Acres.

Bernard is an Honors student finishing a senior thesis on juvenile justice. She was elected to serve as the 2019-2020 BSW representative for the NASW Texas Board, co-facilitates writing workshops with incarcerated youth at Giddings State School, and attended a Maymester in London.

She plans to use her social work degree to make a difference in the educational system, help prevent the school-to-prison pipeline, and influence social policy on juvenile justice.

Bernard is grateful for the Emily and Don Jackson scholarship, which has alleviated her financial concerns and allowed her to continue her education and study abroad.

“I have invested so much in obtaining a college degree; giving up was not an option,” Bernard said. “Thank you so much for having a heart to give.”