Advocating for Children and Families

For 70 years, we have been committed to improving the lives of vulnerable children and families—specifically by advocating for them. This commitment is reflected in the articles throughout this newsletter. As you page through, you can read about:

- Two of our alums, Adelaide Aime, MSW 2006, and Jenna Kempen, MSW 2013, who have gone on to positively impact children’s lives through advocacy and adoption services, respectively. These two alums represent both the School and the University of Illinois well.

- The insights that Prof. Teresa Ostler has gained from 20 years of research and clinical practice in parental mental illness. Ostler’s contributions have influenced practice not only in Illinois, but around the country, where she is recognized as a leader in this topic.

- A groundbreaking study conducted by our Children and Family Research Center, led by director Tamara Fuller, on Differential Response. This approach represents a major change from the traditional investigative approach taken by child protective service agencies.

- The latest CFRC annual Child Death Review Team report, as well as the B.H. Consent Decree report. CFRC undertakes these reports for the Illinois Department of Children and Family Services, for which the CFRC has been monitoring the safety, permanence, and wellbeing of children under DCFS care for the past 18 years.

- The wisdom, understanding, and experience that Bob Blackwell, MSW 1978, has gained during his career spent advocating for children in his roles with the DCFS.

These articles get at the heartbeat of who we are as we advocate for children and families. And know that for any five or six stories we share, we have to table a few dozen others for later telling. Our excellent faculty and alumni provide us with innumerable shining stories to tell.

We recognize you as a valued friend and member of our team, helping us to achieve our mission. Thank you for supporting us. We couldn’t do it without you.

Kind regards,

Wynne S. Korr, PhD, Dean and Professor
Several times per week, a scared child arrives at my agency’s door. Although accompanied by a parent or relative, you can see the tension in her small shoulders, and the fear in her bright face. After brief introductions, I lead the child from our plain foyer into a brightly-painted playroom filled with games, puzzles, toys, and a well-stocked Reading Corner. The child’s eyes light up, her shoulders relax, and she forgets, for a moment, why she has come to our Center. She can just be a kid again.

Such children are visiting the Children’s Advocacy Center (CAC) of Champaign County, Illinois. The CAC is the first point of contact for children or youths who have been sexually abused. Sadly, in Champaign County alone, we interview over two hundred children per year. We provide a child-friendly place for the interview, supportive services to the child or youth and their non-offending family members, and we work to hold offenders accountable.

When a child or youth discloses sexual abuse, investigators from law enforcement and child protective services, along with a non-offending parent, schedule a time to bring the young person to our home-like Center. There, the child is interviewed by our expert child forensic interviewer, who can bring out the pertinent information in a legally sound but sensitive manner, ensuring that the young person is not re-traumatized. We record the interviews, sparing the child from having to recount his or her abuse multiple times. We do all we can to make the day go as smoothly as possible.

Our case manager works closely with a non-offending parent to help the child and family get back on their feet. As you can imagine, if the alleged perpetrator is a relative or neighbor, the child and parents’ lives may be turned upside down. For instance, if the suspect is the family breadwinner, the child and parent might find themselves without an income. If the suspect owns the house the family lives in, the child and parent may become homeless overnight, now that the abuse has come to light. We’ll work with the family for up to two years, or longer if there is a court case, to help them navigate their life changes. We also provide free crisis counseling for the child and any non-offending family member who wants it.

On my desk is a small cloth bag containing some polished rocks. Not long ago, one of the girls we have helped stopped by the office to give us this gift. She was very grateful for our understanding and support, and wanted to give us what she called “magic rocks,” which would “help us to help other kids that are like her.”

I’m not sure what kind of magic is in these rocks, but I do know they inspire the staff on some dark days.
One of the foremost CAC researchers nationwide is Dr. Theodore Cross, Senior Research Fellow at the School of Social Work’s Children and Family Research Center. Dr. Cross’s work has informed the design and evaluation of many Children’s Advocacy Centers, both in Illinois and across the country. Dr. Cross and colleagues have found that communities with a CAC experience the following:

- Increased caregiver satisfaction with the investigative process
- Increased likelihood that the child will receive crucial mental health services
- Increased likelihood that the child will receive a specialized medical exam to prevent long-term health consequences of the abuse
- Increased cooperation between law enforcement and child protective services investigators

Dean Wynne Korr introduced me to Dr. Cross in the fall of 2014, soon after I assumed my job as executive director of the Children’s Advocacy Center here in Champaign County. I’m hoping that our center may be included as a research site in one of Dr. Cross’s future projects; it would be an honor to participate in expanding the knowledge base about CACs, and social work interventions in general.

One of the grave challenges that our young clients face is the stigma of sexual abuse. Perpetrators often use threats and intimidation to enforce secrecy about the abuse, so the child cannot seek comfort from trusted adults in his or her life. To make matters worse, once the abuse is discovered, and the perpetrator is finally arrested and held accountable, the local publicity often generates negative comments about the child. Because the comments can and do happen anywhere – on the playground, in the neighborhood, at a park or store – the child once again does not feel safe.

At CACs across the country, staff work to combat this stigma through community education – both in-person and through written and electronic media. When I speak to groups about what we do at the CAC, I ask each audience member to become an ambassador for children who have been sexually abused. I challenge them to spread the word:

- It is never the child’s fault that they have been sexually abused.
- We will believe what they tell us.
- We will walk beside the child and family as they begin to heal.
- We will be a refuge for these kids.

For children, on what is often the worst day of their young lives, the CAC provides understanding, a promise to listen and believe, and support as they take their first steps towards healing.
For 20 years, **Professor Teresa Ostler** has been advocating for children and families where a parent is mentally ill. Such advocating, Ostler says, can be “complex and thorny.”

“For one, children of parents with mental illness are vulnerable to begin with,” Ostler says. “Second, parents whose illness is chronic and severe are at high risk of losing custody of their children. We know through research in the attachment field that separations can have a major impact on a young child’s well-being and development, especially when the child or infant has an attachment to the parent.”

Deciding what will lead to the child’s optimal development is not always clear-cut. “In some cases, fostering a child’s well-being can best be achieved by addressing the parent’s mental illness and bolstering their support as a parent,” Ostler says. “While this may be the ‘best’ pathway in some cases, it does not guarantee that the child’s pathway will be optimal. Hopefully, it will be ‘good enough.’”

In cases where the parent cannot change well enough or quickly enough, the child may need to be placed in another home to get his or her attachment, emotional, developmental, and physical needs met, Ostler says.

“But we know through experience that these needs aren’t always met and that many children who have been in foster care remain highly vulnerable,” she adds.

“So child advocacy needs to be put into a long-term perspective, with a constant looking at children’s well-being as they grow older and as they become parents,” she says. “The earlier on we look at this, the more chances we have to help children and their parents – whether biological, foster, or adoptive – onto healthier pathways.”

**Need for Evidence-Based Practice**

Ostler has forged a national reputation as an expert on the effects of parental mental illness on children. She served as lead of the Parenting Assessment Team, a multidisciplinary team funded by the Department of Children and Family Services that evaluated parenting competency in people with mental illness. Her expertise has led to speaking engagements around the country.

Through her work with the Parenting Assessment Team, she says, “It became clear that parenting risk assessments were not based in evidenced-based practice. We can only make a difference for vulnerable children and their parents if our teaching, thinking, assessments and clinical work are based in principles of evidence-based practice.

“I like research that can be translated into action and that can make a difference for individual lives. For many years, then, I have focused on finding valid and evidenced-based measures that can be used to assess parenting competency and risk in parents with mental illness and their children.”

(Continued)
Critical to See the Human Side
In her clinical work and her research, she learned how critical it is to see the human side of mental illness.

“Many individuals are deeply ashamed to admit that family members, or they themselves, have mental illness,” Ostler explains. “Children are often unwilling to talk about the effects on themselves and family functioning. Many children fear they will develop mental illness themselves, and for some, this may be the case. Unless we can reach individuals on a human basis, we lose the opportunity to work with them to make a difference. See the person, don’t forget the illness, but seek to understand and treat it, work together to find ways to tip the balance towards more health.” Ostler notes that many children of parents with mental illness downplay their own needs. “Yet they are a highly vulnerable group,” she says. “Since many present as self-sufficient, their own needs, emotional and others, often go unrecognized.”

The result, she says, is children often develop low self-esteem, poor coping skills, and relationship difficulties.

“Children try to make sense of their parents’ behavior,” Ostler says. “They may feel they caused their mother to feel irritable, depressed, or angry, or to become psychotic.”

The Role of the Social Worker
Early identification of children and parents at risk is key, Ostler says. “Establishing a relationship where there is some trust to discuss and assess problems is important,” she says. “Social workers’ strength-based training helps them to approach mental illness in a way that can often engage families. Yet, it is important to balance this with seeing risks when they are present.”

Ostler has found that all is not necessarily lost when a parent has mental illness.

“Many parents with mental illness are able to care for their children,” she says. “Some are able to do this intermittently with considerable support. Mental illnesses are treatable. While many illnesses are chronic, much can be done to make a difference for individuals, children, and whole families. How families are approached can make a huge difference in getting them on board for treatment. Being respectful and listening without judgment can make a difference. This does not mean forgetting risks.”
Jenna Kempen, MSW ’13, learned a lot about child advocacy in her internship at The Baby Fold in Normal, Illinois.

“Jenna helped shape the transcultural parenting curriculum, developed additional resources and support for families adopting children with special needs, helped in the planning and execution of our annual adoption celebration, and did all this while providing outstanding services to our client base,” says Jeff Doerr, Assistant Director of Family and Community Services.

Learning on the Job
Part of being able to provide those outstanding services came from what she learned from Doerr and Lara Raper, both Illinois grads (Doerr received his MSW in 1998 from the School of Social Work). Raper was Kempen’s direct supervisor during her internship.

“From Jeff, I learned that doing the right thing in social work is the most important thing,” Kempen says. “He always reminded me that no matter what, at the end of the day, the decisions we make have to be based on what’s best for the family and the children.

“And from Lara, I learned to give people the benefit of the doubt and consider what they’re experiencing, and not create assumptions about their lives because of a rash comment. She talked a lot about patience and working through things slowly.”

Advocating as a Therapist
After Kempen graduated last December, she was hired full-time by The Baby Fold, where she is now a family therapist in their Adoptive Preservation program. What she learned as an advocate in her internship has carried over to her new position— including that ability to be patient and work through things slowly.

“I didn’t realize how patient and empathetic and compassionate I could be toward the families,” she says. “In my daily life I don’t know that I necessarily do rate highly in those qualities, but when I’m with a family, I feel like I’m a totally different person. I know I’m there to help them, and my attitude toward them can make all the difference in the relationship I build with them.”

Doing her master’s work at the School of Social Work, Kempen says, helped prepare her for what she would face in the working world. “I was prepared to face a lot of different situations,” she explains. “I knew going in that things would not always go the way I wanted them to, and that all families are different. So you have to be ready to look for a solution even if the problem is different than you expected at the beginning.”

Doerr points to Kempen’s maturity, work ethic, and skill level as keys to her ability to contribute to The Baby Fold during her internship. “Both Lara and I would rate Jenna in the top one percent of the interns we’ve worked with,” he says.

As for Kempen, she continues advocating for children as she undertakes her duties as a family therapist.

“At the heart of what she does, she helps families and children. And that, she says, is what it’s all about.”

Advocating Through Varied Roles

“During her internship, Kempen worked in international adoptions. As part of her work, she helped prepare families, who went through a 12-hour certification program, to adopt international children.”
Most students aren’t thrilled with the specter of a final exam, but the students in Brenda Lindsey’s Child Welfare Issues and Trends course are perhaps more intimidated than usual when their final exam approaches.

That’s because the final doubles as their child welfare licensing exam. “They’re proud of themselves when they pass, and they’re able to be license-ready once they graduate,” Lindsey says.

The license-ready idea is part of what spurred the School to develop the course, which was first offered in the fall of 2012. “Some of our MSW students had placements for internships at DCFS, and they were limited in what they could do, because they didn’t have this course or the training they needed prior to their internship,” Lindsey explains. “And we were beginning to place BSW students with DCFS and other child welfare agencies, and we wanted them to have a broad, robust learning experience.”

**Supplementing the DCFS Course**

So Lindsey – with help from professors Jan Carter-Black, Susan Cole, Judy Havlicek, Mary Maurer and Tara Earls Larrison – developed the course, using DCFS’s Foundation Training course as their own foundation, and supplementing it with “content related around cultural competence and diversity,” she says.

Both MSW and BSW students apply what they learn in the class to real-life case studies, coming up with interventions and evaluation assessments, Lindsey says. The undergrads and grads are mixed in the class, but separate into their own discussion sections, she adds.

“The course examines the theoretical and programmatic aspects of child welfare practice,” Lindsey says. “We put a lot of emphasis on what the roles and functions of the child welfare worker are, and their practical applications and knowledge and skills that they need for an effective child welfare practice.”

Students delve into a variety of issues that they would encounter in child welfare practice, from engaging families to assessing maltreatment to planning interventions and exploring permanency planning issues.

**Course Relevant to All Students**

“Regardless of whether you’re going to work in child welfare or in some other area, these are exactly the types of clients and families you’re going to deal with,” Lindsey notes. “So, knowing about child abuse, knowing how to identify it, but also understanding family dynamics and how to effectively intervene with those families is important for everyone regardless of what kind of social work practice, micro, macro, whatever you want to do.”

“It’s been an ongoing process,” Lindsey acknowledges. “DCFS has updated its materials, I’ve updated our materials. Each year has been an improvement, and that will continue. You have to keep the material fresh and cutting-edge, and adapt as the political landscape changes in child welfare issues.”

As for the students, “they really like the content,” Lindsey says. “They think it’s interesting, and it’s challenging.” And, once they get over their concerns about the final exam being the licensing exam, they’re happy – and better prepared to enter the world of social work.
Child advocacy happens at various levels and in various ways – in working with vulnerable children and families, for example. In advocating at the local, county, state, or national level for children in need.

And in conducting and monitoring research, and recommending policies based on that research.

The Children and Family Research Center (CFRC) was created for such purposes, and to that end the Center regularly produces two reports: a monitoring report of the B.H. Consent Decree and an annual Child Death Review Team Report.

Both reports are prepared for the Illinois Department of Children and Family Services (DCFS). In fact, the CFRC was created in 1996 as a direct result of the B.H. Consent Decree, which came out of a lawsuit against the DCFS alleging that foster children weren’t receiving the mental or physical health services they needed.

“The DCFS had been sued on behalf of a foster child whose initials were B.H.,” explains CFRC Director, Tamara Fuller. “So the CFRC was created to help the DCFS monitor their outcomes in relation to the decree.”

The current B.H. Consent Decree report, available on the CFRC website, evaluates and makes recommendations regarding child safety, well-being, substitute care issues, and legal permanence issues in Illinois.

In addition to monitoring outcomes regarding the B.H. Consent Decree, since 2003 the CFRC has been writing an annual Child Death Review Team report for the DCFS.

The Center takes data compiled by eight regional teams throughout the state and analyzes it for the DCFS, Fuller says.

“The CDRTs have recommended policy changes that the DCFS has implemented throughout the state,” she says. Two examples are public health campaigns, one on water safety and another on sleep safety.

“The reason the Child Death Review Teams are in place is to make recommendations to the Director of the DCFS,” Fuller says. “In terms of broad-based prevention efforts, it’s a really good mechanism for change.”
In 2009, the Illinois Department of Children and Family Services wanted to evaluate the effectiveness of a new approach to engaging and serving families. They turned to the Children and Family Research Center at the University of Illinois to do so.

CFRC Director, Tamara Fuller acted as lead investigator for the four-year study on Differential Response, an approach that represents a major break from the traditional investigative approach typically taken by child protection service agencies.

“The idea behind Differential Response is not all types of maltreatment allegations need an investigative approach,” Fuller explains. “In some instances that we would characterize as neglect and not physical or sexual abuse, we can engage parents rather than investigate them to ensure that children are safely and adequately cared for” she says.

A Massive Evaluation
Fuller led her staff in the statewide evaluation, which included almost 8,000 families, making it one of the largest child welfare studies ever conducted in Illinois.

“It was massive in terms of scope and comprehensive in terms of the types of data we collected,” she says. The CFRC surveyed and interviewed parents, caseworkers, investigators, supervisors, administrators, and stakeholders who were interested in DR. The Center also tracked child welfare outcomes for families over the course of the evaluation. “It was challenging, but very rewarding,” Fuller says.

In addition to Dr. Fuller, Martin Nieto and Saijun Zhang were responsible for analyzing the quantitative survey data and administrative data on outcomes, and Megan Paceley and Jill Schreiber took on the qualitative analysis. The team has published two articles on DR and has several more in preparation; the final report that the CFRC prepared for the DCFS is on the CFRC website.

Promising Findings
“Families who received DR were more engaged,” she says. “They had higher levels of satisfaction and received the experience more positively.” In addition, she says, the amount and type of services DR families received differed from those families who were being investigated, and the connections with caseworkers were stronger.

Finally, child safety for those families who completed DR services (about 22 percent of the families were switched to investigations) was not compromised. “Families that were not switched to an investigation and completed DR services were re-reported to child protective services at the same levels as those who received an investigation,” Fuller says. In addition, there were no differences between DR and investigations in terms of child removals from homes, she says.

Although the State of Illinois decided not to continue the DR program, the CFRC’s work is hardly for naught.

“We have a small but mighty team at the CFRC, so we will be analyzing this data for the next year or so,” Fuller says. “It’s going to make a tremendous contribution to our knowledge about child welfare.”
Bob Blackwell figures he would have made a great architect. He has always loved designing structures, from his earliest days on.

But he went into social work, attaining his MSW from the University of Illinois in 1978, without a shadow of a doubt as to what his career should be.

Now the Racial Equity Practice Liaison for the Illinois Department of Children and Family Services (DCFS), Blackwell says, “It’s no accident I find myself in this senior-level administration position in the child welfare system, with the opportunity and responsibility to deal with this issue of race and racism. It was my destiny.”

Blackwell oversees the DCFS’s efforts to address race-based disparities in the state’s child welfare system. “We address the impact of systemic and institutionalized racism in the practice of child welfare,” Blackwell says. Those efforts are aimed at educating people, transforming policy and practices, engaging major stakeholders, and improving permanency outcomes, especially focused on families of color.

**Racism: A Big Challenge**

“One of the biggest challenges we still face in child welfare and human services is coming to terms with racism,” he notes. “We have a pretty good handle on helping people in general, but racism is the big elephant in the room. We can talk about discrimination, but we can’t talk about racism in any meaningful way. So, as long as you’re talking about discrimination, you’re going to be frittering around the edges of equity. If you’re not doing things equitably, then you’re going to have a tough time seeking out justice in our relationship one to another, in our interventions for the social wellbeing of families.”

In pointing out some of the racial disparities in child welfare, Blackwell says that African American children represent about 16 percent of the population in Illinois – and about 52-54 percent of the child welfare population.

“That’s a huge and disproportionate level of representation,” he says, and adds that issues of poverty cannot explain that disparity. It’s disparities such as this that drew Blackwell to the profession. Racism, he says, is an “unconscious, baked-in socialization that drives much of the existence of our country” – so much so, he says, that even social workers of color are programmed to support the concept of a “lesser being.”

“You kind of go along with this thing to get along,” he says. “Because the minute you start pushing back against issues of race, it’s like having an argument around religion. The whole room is going to blow up. It’s a difficult topic, one in which we’re not very well versed in how to engage each other on.”

“**African American children represent about 16 percent of the population in Illinois – and about 52-54 percent of the child welfare population.**”

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“*Advocating For Children and Racial Equality*”

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(Continued)
Blackwell is committed to trying to help the social welfare system understand the racial inequity that works against people and families of color, and then dismantle that inequity. To that end, he helps provide training for Illinois judges on racial equity and justice.

Coursework at Illinois Prepared Him
His coursework at the School of Social Work helped him gain an understanding of policy issues that still impact his work nearly 40 years later. “At Illinois, I looked at policy issues and the ecology of systems, how and why they operate, who they serve, and how you go about effecting change in these organizations,” he explains. “If you don’t understand how other systems impact your system, you’re going to have a difficult time having an impact on broad-based systems.”

Blackwell believes that the challenges of racism are not well understood in our society, because it’s generally not taught. “It’s basically ignored in all areas of our education system, from kindergarten on,” he says. “There are exceptions to this, but that’s the rule.”

Human Services Needs to Understand Racism Better
It’s not just the general public that needs this education, he says. It’s human services as well. “We have a workforce that does not understand and has no language to discuss issues of racial disparity,” he explains. “We have started doing some training of our own staff, and we’re having to figure this out ourselves, because there are no good models or precedents for educating a staff so that they might be better race-informed.”

Schools of social work, he says, need to embed the study of racial inequality in their curriculums, “so that when graduates get to clients and they get to us, we don’t have to start from scratch, trying to help people understand this issue.”

Institutional racism, Blackwell says, harms families of color and society at large. “There’s not enough people in our human services systems and our society who understand how institutionalized racism impacts our families and our abilities to service families,” he says. “We need more people who understand it to have the impact we need to have.”

Hope for the Future
Blackwell sees lots of work that needs to be done – but he also sees hope for the future.

“I’d say in the next 20 years, you’re going to find this [study of racial inequality] very much embedded into college curriculums, because there is a movement in this country toward this direction,” he says.

“And we are seeing some reductions in the measures of disproportionality,” he adds. “It’s encouraging, though it’s early and not embedded across all systems of human services.”

Blackwell has spent his career working to get those disproportionalities into better proportion. “If we’re going to deal with these inequities, then someone has to focus attention on these children with some intentionality,” he says. “I always felt like if we were going to make these changes, somebody was going to have to lead people to these things. I felt that was part of my anointing, my calling, so this made sense for me in working in public policy.”

A Passion for Child Advocacy
It all boils down to child advocacy.

“The most vulnerable people in our society are children,” he explains. “Children represent the promise of our future. So I have committed myself to a sector of society that’s most vulnerable and speaks most significantly to what our future is going to be. That speaks to my passion.”
“When you combine that with what is fair, what is just, we talk about children being our most precious commodity, and then you see the disparities in economics and poverty, how many children are in poverty… Why would we commit the kind of atrocities that we commit through things like racism and poverty and exploitation if children are so precious to us? It’s a systemic and problematic contradiction to me that motivates me to work on their behalf.”

Advice for Students Going Into Child Advocacy

Bob Blackwell has spent his career as a child advocate, and he has a few words of advice for those entering that arena:

“For those heading into such a career, I would say they need to prepare themselves both educationally and culturally to best serve children,” he says. “They need to examine their own needs and their own dark places – we all have them – and they need to make sure they understand who they are before they run off trying to help someone else. We all have our own issues, our own traumas and fears. This work is too complex for you to not have overcome, understand, or be in constant conflict with yourself. Because it will affect your work with families.

Beyond that I would say be well and do good work.”

Supporting Success

Introducing Meredith Olson, Chief Advancement Officer

Dear Alumni, Friends, and Colleagues

For the past 3 years, I have had the pleasure of working with many of you in my role as the Assistant Director for Advancement. Together, we’ve had the chance to build the School of Social Work Alumni Association, host continuing education courses and networking opportunities for alumni, as well as create programs to support students.

Thanks to your support we’ve seen an increase of over 25% in annual giving over the last 3 years, and the Fund for Field has provided more than 25 students in unpaid internships with a stipend during that time.

The renewed BSW program has seen tremendous growth and has begun admitting freshman for the first time in the School’s history. Students have provided more than 3000 hours of community service through the Community Learning Lab which was formed to create and support relationships between the community and the School. Our faculty and students are conducting ground-breaking research in such diverse areas as substance abuse, child welfare, mental health, maternal health disparities, international social work, and more.

The School is headed in an exciting direction. Now, as the Chief Advancement Officer, I look forward meeting with you to learn about what you are doing, and discussing ways that we can support each other as we work towards further success.

My door is always open!

My best,

Meredith A. Olson
Chief Advancement Officer
23rd Annual Daniel S. Sanders Peace and Social Justice Lecture Recap

On April 7th, 2014, the School of Social Work welcomed guest lecturer, Suzanne Scholte, President of Defense Forum Foundation (DFF) and Chairman of North Korea Freedom Coalition.

Ms. Scholte presented, “Will North Korea Ever Be Free? Reflections from the Front Lines in the Battle for Human Rights in North Korea.” Scholte discussed the human rights situation in North Korea, the dramatic changes that have occurred that give her hope, and what the free world must do to help the people of North Korea.

Mark Your Calendars for Upcoming Events

8th Annual Brieland Visiting Scholar Lecture

OCTOBER 15, 2014  |  Benjamin Wolf, Associate Legal Director Attorney, Director and chief legal counsel of the ACLU of Illinois’ Institutionalized Persons Project will deliver the 8th annual Brieland Visiting Scholar Lecture on October 15, 2014.

The Brieland Visiting Scholar Lecture honors Donald Brieland, leader in child welfare and social work and the law, who served as Dean of the School of Social Work from 1975 - 1981. The Brieland Visiting Scholar is supported by an endowment created by Dean Brieland and his family to advance scholarly discussion in social work and social welfare. Details to come.

Homecoming 2014

OCTOBER 25, 2014  |  Save the Date! Details to come.