Welcome, Dr. Angelo McClain

The Maryland Chapter had two opportunities in recent months to welcome Angelo McClain, the new national CEO of NASW. Dr. McClain accepted the reigns of our organization in May and hit the ground running. Though Dr. McClain has been a longtime member of NASW, he was not particularly active in its day-to-day operations at either the state or national level. Therefore, he set himself the goal of visiting with national and chapter leaders around the country.

We were fortunate to have Dr. McClain spend a day in July visiting the Maryland Chapter office. He was met by a contingent of board members, committee representatives and staff who helped him become acquainted with our chapter and our activities.

On Sunday, October 20, Dorothy Harris, a chapter member and a former national president, hosted a soiree at her lovely home in Columbia in Dr. McClain’s honor. The honoree was met by various NASW pioneers as well as current and former deans and social work program directors from several universities. In addition to Dorothy Harris, another former national president, Ruth Mayden, was also present.

The fall weather was wonderful, the food was scrumptious and the home was right out of HGTV. Maryland certainly made a great impression on our new chief executive. Thank you, Dorothy!

Dr. McClain is interested in hearing from any NASW member who has a suggestion or question. He can be reached at naswceo@naswdc.org.

Diagnosis Formulation Using DSM-5 Criteria

By Carlton E. Munson, PhD, LCSW-C

Dr. Munson is Professor of Social Work at the University of Maryland School of Social Work. He is author of the Mental Health Diagnostic Desk Reference that is a guide to using the DSM-IV-TR and he participate in the American Psychiatric Association field trials for the DSM-5. He has 30 years experience teaching psychopathology and providing DSM training. Dr. Munson is currently working on a new edition of his book on use of the DSM-5. This article is part of a series of articles to assist social workers in transitioning to the use of DSM-5.

The opinions expressed in this article are not associated with the policies or positions of the American Psychiatric Association or the National Association of Social Workers.

Introduction

The latest edition of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) was released on May 18, 2013. This article is the second in a series of information articles about use of the DSM-5. The DSM-5 includes major and minor changes. One major change is the elimination of the multiaxial system and conversion to a “nonaxial documentation of diagnosis” (APA, 2013, pp. 16-17). This article illustrates a model for creating a diagnostic formulation based on guidelines explained in the “Introduction” and “Use of the Manual” sections of DSM-5.
Greetings to Our Members

Give a Little, Get a Lot

I would like to open by thanking each and every one of you for your membership in NASW. I know that during difficult economic times it is easy to look at one’s obligations and choose to let go of some magazine subscriptions, some charities you have been supporting, or some organizational dues. I have done it myself, so I appreciate the fact that you choose to maintain your membership in NASW. Thank you!

Here at the Maryland Chapter office we continue to work hard to meet the needs of you, our members, and to live up to our mission as an organization. Every time you receive the Maryland Social Worker, our mission statement is printed right on the masthead: “NASW-MD, through advocacy, education and collaboration with diverse stakeholders and guided by its Code of Ethics will: Promote social justice, promote the social work profession, support professional development of social workers and advance professional social work standards.” We take this mission very seriously and each year your board of directors matches its annual goals and objectives to the mission of the organization.

Everything we do: legislative advocacy, practice committees, collaborating with BSWE and schools of social work, continuing education, chapter publications and alerts advances one or another part of our mission. It is a big job and we depend on our membership to do it well.

Give some thought to the part of our mission which speaks most directly to you! Then call the chapter office and volunteer to serve on a committee, teach a class, serve on our board of directors, testify before the legislature, write an article for the newspaper, etc. We need you and we want your input!

Right now our most urgent needs are for board members and members of PACE (our political action committee). We currently have board vacancies in Western Maryland and Southern Maryland; these two positions can be filled immediately by an appointment by the chapter president. Also within this paper you will find a call for nominations for the elections which will be held in the spring. Each branch will need a new branch rep at that time. Could you serve and represent your branch? If so, please send an email to nasw.md@verizon.net and we will send you a nomination form.

Next year, 2014, is a big election year in Maryland. All seats in the General Assembly will be voted on. PACE, which stands for Political Action for Candidate Election is the organization which represents you and the social work profession at the state electoral level. This group is chaired by Dr. Jim Kunz from McDaniel College.

We cannot make good decisions about which candidates to support if PACE does not have representatives from all areas of the state. If you are interested in electoral politics, please consider serving on PACE. Call Daphne at (410) 788-1066 ext. 16. Become an active member of your professional organization. As your grandmother always said, “you only get out of something what you put into it!”
O
tce again, and not surprisingly, this year’s Fall Clinical Confer-
tance was highly praised and well
attended by nearly 300 social workers, LCPCs, psychologists, counselors, and so-
cial work students. Special thanks go out
to all of our presenters, vendors, advertis-
ers, board and committee members, and
the NASW-MD staff. Everyone involved
continues to work hard to make the con-
ference one with workshops that are time-
ly, interesting, and applicable to the prac-
tice of the attendees.

The conference was held on September
26th and 27th at the Maritime Institute of
Technology in Linthicum Heights. This
venue gets so many praises for the con-
venient location, wonderful food choices,
and beautiful campus, that in 2013 we be-
gan holding our Annual Conference there
(and will do so again this year March 20-
21, 2014).

Our keynote speaker this year was Dr.
Siddharth Shah, and his address, “Resilien-
cy for Everyone: A Neuro-scientific and Com-
nunity-Based Approach to Adversity” was
hailed as being inspirational and thought-
provoking, and Dr. Shah was described as
“warm and welcoming” and “incred-
ibly knowledgeable.” He also presented
two additional workshops over the two-
day conference which were very popular
among attendees.

This year, NASW-MD teamed up with
the Red Cross to offer certification to be-
come a Disaster Mental Health First Re-
sponder, and Friday’s all-day training
which consisted of two classes, “Founda-
tions of Disaster Mental Health” and “Psy-
chological First Aid” were two of the best
attended workshops in our lineup.

The highest attendance for any work-
shop at the conference was for Dr. Carlton
Munson’s “DSM-5 Diagnostic Criteria and
Diagnostic Formulation Strategies (Parts I
and II)”, an all day workshop on Thursday,
that brought to light the detailed changes
in the new DSM-5, which was released in
May of 2013.

Other workshop topics included two full
days of supervision training; four work-
shops on addictions; additional disaster
mental health workshops, juvenile issues,
forensics, trauma, private practice, and four
ethics workshops.

Next year’s conference will be held on
September 18-19, 2014, so make sure you
mark your calendar now. You won’t want
to miss it. Thank you to everyone who
helped make this year’s conference such a
great success!

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Nominate Now for the 2014 NASW-MD ANNUAL AWARDS!
Recognize Your Fellow Social Workers and a Local Citizen

It’s time again to recognize and hon-
or your fellow Maryland Chapter mem-
ers, student members, and a local citizen
who have made outstanding contribu-
tions to the profession or the communi-
ty. The awards, which will be present-
et at NASW-MD’s Annual Social Work
Month conference to be held on March 21,
2014, include Social Worker of the Year,
MSW and BS Social Work Students of
the Year, Social Work Educator of the
Year, the Social Work Lifetime Achieve-
ment Award, Public Citizen Award, and
Social Work Field Instructor of the Year.
Please note that, with the exception of
the Public Citizen Award, nominees must be
a current member in good standing with
NASW-Maryland Chapter (it is okay if
they join now). Don’t miss this opportu-

ty to say thanks and lift up colleagues
who have done so much for the profession
and their communities!

Criteria for these awards include:
• Nominees for the 2014 Social Work
  Educator of the Year and Social Work
  Field Instructor of the Year must edu-
cate the public about the unique quali-
fications and diverse professional activ-
ities of social workers and must support
high standards for training in social
work education. The Educator of the
Year must advance the body of social
work knowledge through research and
publication. Additionally, nominees for
Social Work Field Instructor of the Year
should be individuals who have demo-
nstrated an outstanding adeptness
at providing the professional support,
mentorship and knowledge neces-
sary to ensure field experiences which
contribute to the de-
velopment of able,
efficient and well-
versed future social
work professionals,
and who have made
the field experience
meaningful one.
• Nominees for the
  2014 Maryland Citi-
  zen of the Year cannot be members of
  the social work profession. Individu-
  als nominated must have made specific
  outstanding contributions to the human
  services field and have personally repre-
  sented ethics compatible with those de-
  fined in the NASW Code of Ethics.

Visit our website, www.nasw-
md.org, for the nomination form or
contact Daphne McClellan, at 410-788-
1066, ext. 16 (or nasw.md@verizon.net),
to request a nomination form or further
information. Please include a statement
of 350 words or less telling us why you
believe your nominee deserves the award
and those contributions the individual
has made that makes him or her unique;
attach additional sheets to the form, if
necessary. Please also be sure to include
a current resume for your nominee.

Deadline for submission of nominations
is Friday, February 14, 2014!

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Editor:
Because I live in West Virginia
but work full-time in Maryland, I
have maintained my social work li-
cense in both states. Several years
ago, I was reading through the West
Virginia social work regulations and
noticed a status called “emeritus”. It
was explained as applicable to “those
persons who hold a valid West Vir-
ginia social work license and who
are in good standing with the Board of
Social Work Examiners, who can
document at least 20 years of em-
ployment as a social worker, AND have
reached retirement age.”

I immediately reviewed the MD statu-
ses to see if MD has an emeritus
status. There is no such designation.
I then emailed the MD Board seek-
ing guidance on how to get such a
designation added to our regula-
tions. I was told an emeritus
status had been considered in the past,
but the Board was not interested in
adopting an emeritus status.

Part of my interest in this issue
comes from observing my mother,
who was also a licensed social work-
er and worked several hours a week
until her passing at the age of 73.
She had retired from her state social
work job after 35 years and loved her
little part time job. However, ac-
counting the required 40 hours of contin-
uing education credits every
two years to maintain her license
was very financially and physical-
ly draining for her. Wouldn’t it
have been wonderful if she could
have utilized this emeritus status?

Many of us who are younger
and working full time have difficulty
amassing the 40 hours of continu-
ing education. As we toward
our retirement, I am sure many of
us plan to continue working in the
field part time. Having this emer-
tus status would take such a burden
off of those of us who just want to
keep a foot in the door and maintain
our licenses upon retirement. Please
join me as I work with NASW to
add an emeritus status to our social
work regulations in Maryland. I
will need the support of all of our
members to make this happen.

Sincerely,
Anita Rezas, ACSW, LCSW-C
Western MD Board Representative
Cumberland, MD
Race and Social Progress
Then and Now

By Harris Chaiklin

One of the unanswered questions about the struggle for racial equality is why important events have been forgotten (Chandler 1995). Who remembers Booker T. Washington’s 1901 dinner with Theodore Roosevelt at the White House? Here he pushed his program for blacks to be provided resources so they could handle their own social and economic development. This was a realistic idea, because until the 1890s most skilled jobs such as plumber or tinsmith had been performed by blacks who learned these trades as slaves. The rise of segregation took these positions away. The issue was discrimination, not lack of ability. The visit caused a dreadful uproar in the country among both blacks and whites. Roosevelt was not bothered by this. As a politician he wanted to shore up the black vote in the South. In those days almost all blacks were Republicans. Washington, the president of Tuskegee University, was the most influential black man in the country. He was to be feared by those who opposed his segregationist view of progress. The visit established the principle that any white man and any black man could meet as equals. This marked a major change in the movement of blacks toward equality.

Initially the visit was a setback. It is said to have played a role in making the film The Birth of a Nation. This biased and inaccurate cinematographic masterpiece played an important role in the resurgence of the KKK. There continues to be conflict over whether showing the film preserves an important part of cinematic development or is a racist tract that should be locked in film archives.

Another forgotten event concerns YMCA executive John Mott who took the initiative in WWI to create canteens for black soldiers. The YMCA was segregated by race and gender. Mott’s effort led to an important event. Early in the war the YMCA hired three female black members to be branch organizers. She was exceeding-

Johnson had an equally strong activist background. She started out as a school teacher and joined the NAACP when it was formed. She soon left teaching to become a sales representative for the NAACP magazine Crisis. In a few years she became a branch organizer. She was exceedingly successful, but also began criticizing the preponderance of white NAACP leadership. For unknown reasons she was let go in 1916.

With their hiring the women began an adventure in divergent racial experience. A French group offered to pay their passage and booked them on a French liner. For a week they experienced total racial equality. People wanted to meet them and they were invited to dinner where they dined at first-class tables. What awaited them later was quite different. The rigidly segregated army did not like having women working with men. The black troops in Europe were not organized as combat troops but as service troops. They unloaded ships, collected garbage, buried the dead, and did all the "dirty" tasks needed to maintain a camp. Their officers were mainly white southerners who acted toward them more like overseers than military leaders. It was not until almost the end of the war that the army formed two segregated infantry divisions. They were not allowed to fight with white troops but were assigned to the French, who valued them greatly as exemplary fighters.

While Hunton and Johnson were on their journey, a highly successful unit of field secretaries in Bordeaux was suddenly ordered back to Paris because complaints (unspecified) had been made about them. This left the largest concentration of black troops without service. Once they arrived, Johnson was assigned to Brest (the second largest concentration of black troops). She was told that it was too dangerous for her to be there. The American command told her the troops were so rough they did not want to assign female secretaries there. This area received no service during the war. The story was purely fiction.

Neither the women nor the other field secretaries bowed to the falsehoods laid on them. They protested in appropriate places when supplies and assignments were denied them. Their strongest reply was to do good work and not bend to the pressures placed on them. One of the field secretaries heard a white officer ranting that black soldiers were cowards and afraid to fight. He quickly borrowed a horse and rode to the trenches at the farthest reach of the front and discovered their tradition at Western Reserve, but for the most part social work left the program skill development in group workers to Springfield College. The separation between program skill, group work, and social work is well illustrated at Springfield, which trains a lot of the US YMCA secretaries. It also has a school of social work.

Racial advancement in the United States has been difficult to track because it has not progressed forward in a straightforward line. Rather, it has been marked both organizationally and in policy terms by twists and turns. Some of these were steps backward. In addition, advancement was often held up by conflict between black groups. The beginning of the twentieth century
Our society is under a great strain. No important idea can be neglected no matter what its source because losing sight of important ideas will further hold back the march toward equality.
Recognizing the critical need for geriatric social work manpower, the NASW-MD Chapter Committee on Aging (COA) has initiated undergraduate and graduate educational outreach programs to interest students in aging social work careers. The goal of these efforts is to inform and mentor students regarding the diverse social work roles and exciting careers with elders at a time of an aging expansion based on the baby-boomers reaching age 65 and unprecedented increases in federal and state of Maryland funding to expand community aging services and to reduce institutional and fragmented care. To combat the barriers of ageism, the poor media portrayal of aging, and the elderly and limited aging role models, the COA has developed a two-fold social work educational outreach approach.

We are partnering with junior college human services and bachelors in social work faculties to target undergraduates. The picture above shows the September 30, 2013 presentation at Frederick Community College (FCC) by Committee members David LaMason, MSW; Laura Atkinson, BSW; and Bob Connolly, MSW; Hood College Social Work Program Director Dr. Joy Ernst; and FCC instructor Natalie Bowers, MSW. Several students joined us for the picture. The pizza luncheon sponsored by our Chapter attracted 45 FCC college students. After sharing personal and professional aging experiences, a case study, a video, and NASW brochures, students listened to an overview of career opportunities and potential job satisfactions regarding working with older adults. Joy Ernst then spoke of the requirements and benefits of obtaining a bachelors in social work (BSW) with expanded opportunities for a masters in social work (MSW). Since we are aware that many students never go beyond the BSW either by choice or economic circumstance, Laura underscored the importance and viability of the BSW role by sharing her professional path and providing a complex nursing home social work case example for a resident with advanced care planning, family communication, legal, dementia and end of life issues. The students asked excellent questions and there was an opportunity for informal dialogue and networking after the presentation. We plan to connect with other BSW programs throughout the state in 2014 and have scheduled a visit with UMBC BSW students in November 2013.

2. We are also partnering with the University of Maryland School of Social Work (UMSSW) to interest students in geriatric social work. On September 23, 2013, our Chapter sponsored a luncheon at UMSSW with nine COA members led by Bob Connolly, MSW; David LaMason, MSW; Joy Ernst, MSW; Laura Atkinson, MSW; and Natalie Bowers, MSW.

Juvenile Justice and the Forensic Social Work Committee

From the moment I met Jose I knew he was a good kid, despite the fact that he was facing attempted murder charges. He was only fifteen at the time, but when I heard him talk about his childhood and upbringing I was both appalled and captivated. He had already lived a life most people couldn’t fathom, but even with the terrible trauma he had endured he was intelligent, engaging, and had the spirit of a fighter. Jose was my first juvenile client, and although I was trained as an adult forensic social worker, Jose helped me to realize that my calling was working with juvenile offenders. Five years later, after countless placements, failed medication and treatment regimes, numerous court cases, and continued wrap around services Jose is slowly but surely beginning to thrive. He is learning to embrace adversity, build positive relationships, and has forged a solid working relationship with our agency (office of the Public Defender in Montgomery County). Working with juvenile offenders can be very challenging, but clients like Jose have turned my job into a respectable member of society, and if someone met him for the first time today, there would be doubt about any past criminal history. At this year’s NASW Eighth Annual Fall Clinical Conference I decided that other social workers should hear about Jose’s experiences and his history within the juvenile justice system. I agreed that he would be the guest speaker at our Juvenile Justice Forum hosted by the Forensic Committee. We had a lively discussion with an attendance of over twenty five people. Jose’s testimony was raw and emotional. As I listened to him I had to fight back tears, and I could see that he was touching the hearts of many others in the room. He discussed his issues with anger, depression, and negative peer groups, and he answered questions from attendees. He was open and honest as only someone his age could truly be. He didn’t sugar coat his answers, and was even blunt at times. He told the audience that even if juvenile clients did not seem interested in our services, they were actually listening to us. These clients want and need our help despite the barriers they raise. Jose discussed his own resistance to treatment, and stated that he had come from an environment where he could not trust adults and therefore had to learn how to trust and open up to them. He encouraged juvenile providers to follow their passion and make a difference in the lives of children.

Terri E. Johnson, Clinical Consultative Services, LLC, Recognized as Top 100 MBE® Award Winner

Terri E. Johnson of Terri E. Johnson Clinical Consultative Services, LLC, has been selected to receive the distinguished 2013 Top 100 Minority Business Enterprise Award. The Top 100 MBE® ceremony is designed to acknowledge and pay tribute to outstanding women and minority business owners in Maryland, Virginia, Pennsylvania, Delaware, and the District of Columbia. The Top 100 MBE® Award is given to enterprising women and minority entrepreneurs that fuel the region’s economy through their innovation, sacrifices, and dedication. These business owners are living their dreams and making significant contributions to their clients, professions, industries, and communities.

The awards ceremony was held during Mayor Stephanie Rawlings-Blake’s Supplier Diversity and Inclusion Week, on October 30 in downtown Baltimore. “I am proud to be recognized as a Top 100 MBE Award Winner,” said Terri. “I am grateful to God, my ancestors, children, partner, family, and mentors for my business success. People can see the impact my great grandmother, Rhoda Lee Jones, had on me by the way I live my life and the work that I do.”

Terri E. Johnson Clinical Consultative Services, LLC represents the goals and aspirations of many entrepreneurs across the mid-Atlantic region. For more information about Terri E. Johnson Clinical Consultative Services, LLC please visit www.persistencetheway.com
Committee Updates

AGING COMMITTEE from page 6
by committee chairperson Debbie Silverstein.
Each member briefly shared their personal and professional experiences and shared lunch informally with the many of the 20 first and second year aging specialization students in attendance. The COA also disseminated a letter to all committee members from Dr. Kelley MacMillan, UM SSW aging specialization chair and Franklin Chappell, MSW, field coordinator to request expanded foundation (first year) placements. The committee and UMSSW shared the belief that by increasing the number of foundation field placements in agencies serving older adults, MSW students will be attracted, prepared, and guided to choose an aging career. We were pleased and gratified that three additional foundation placements were added for fall 2013, and we hope to add other foundation placement in future years.

This new educational initiative builds on the COA’s successful efforts advocating on behalf of older adults in the state of Maryland for quality programs. It was formed by Marsha Ansel and Marie Ickrath in 1994 and has been led by committee chairperson Debbie Silverstein since 2002. Committee activities have included leading educational events and workshops for social workers in the aging field and testifying at hearings and/or advising the chapter’s lobbyist to achieve health and mental health policy and legislation that benefits Maryland’s older citizens, their caregivers, and families. Educational programs have included a 2011 pre-conference aging session for Social Work Month, a June 2009 “Depression in Older Adults” conference and an April 2006 “Long Term Care: Beyond Regulations, Returning to our Clinical Roots” presentation. Examples of major aging policy decisions and advocacy with Maryland legislative committees have included Assisted Living Regulations, Nursing Home Oversight Committee, Maryland Senior Citizens Action Network, Mental Health Association of Maryland, Coalition on Mental Health and Aging, etc.

If you are interested in learning more about the COA, want to provide suggestions, or participate in a geriatric social work networking event, you are invited to the Committee on Aging’s holiday open house on December 3, 2013 at 5 pm at the Chapter Office. If you have questions regarding the committee, contact Deb Silverstein, chairperson at debblsilver@gmail.com or for educational outreach to social work students, contact Bob Connolly at rpc2536@gmail.com.

FORENSIC COMMITTEE from page 6
up on each child (especially when a child was given a home pass). Jose said that although he had gone AWOL (left placement without permission) from numerous places, he eventually stopped doing it because his case managers were calling him during his home pass to just “check in on him.” He said that a simple phone call made him feel accountable to the case manager and the program. He talked about his struggles with placement and described in detail the “violent culture” within juvenile placements while he took audience members along with him through his personal journey within the juvenile justice system. Participants were provided with 1.5 Category II CEU’s for attending the committee meeting at the conference, but being able to speak with Jose could not be measured within the spectrum of CEU’s. The opportunity to hear from a juvenile about his personal experience at multiple juvenile placements is invaluable and precious. His candid demeanor answered many unasked questions. He provided the audience with a chance to understand and immerse themselves in the juvenile justice system. As Jose is now preparing to take his GED, he also aspires to be the first in his family to attend college. Three years ago college was not even on the horizon, but today it is all he can talk about.

He has expressed a desire to be in the ‘helping’ profession. Of course, I will encourage him to be a social worker so he can work with troubled youth. He talks about one day opening a foster home for adolescent boys and says he will share his experiences with them in hopes that the past does not repeat itself. In the depths of my heart I am confident that Jose is capable of doing anything he desires. My job allows me to maintain connections with him, and he is a client I will never forget because through working with him, I learned that I was destined to be a forensic social worker. As the chair of the forensic committee, I am always finding new ways to disseminate the ever growing and rewarding field of social work. Join our committee and discover for yourself all that the forensic social work committee has to offer. Now that summer is over, I will begin to resume my monthly newsletter which is laden with current forensic news, job opportunities, training, events, legislation, and more. Join us at the Chapter office for our next committee meeting on Tuesday, November 19 at 5:30 p.m. To RSVP or for questions, contact VCruz@opd.state.md.us
The National Association of Social Workers
Maryland Chapter
presents the
2014 Social Work Month
Annual Conference
CALL FOR PRESENTATIONS

Friday, March 21, 2014
Maritime Institute of Technology
Conference Center
692 Maritime Boulevard
Linthicum, MD 21090

Theme:
“ALL PEOPLE MATTER”

Submission Deadline:
December 15, 2013!

Social Work Month 2014 follows the inspiring campaign from 2013: “Weaving Threads of Resiliency and Advocacy.” The American social work profession was established in the late 19th century to ensure that immigrants and other vulnerable people gained tools and skills to escape economic and social poverty.

• The profession of social work continues to (a) help people in their personal and interpersonal lives in order to achieve social improvement, and (b) pursue social change to benefit an increased number and variety of individuals, families and communities.
• Social workers fundamentally believe that every person on the planet has the right and potential to lead a productive and fulfilling life. Social workers believe in the importance of human relationships in civil society, and that each person has dignity and worth.
• Both NASW's mission statement and code of ethics prioritize human well-being.

• All people matter to our nation’s success.

Audience

Submit your proposal now for our Annual Conference which has attracted approximately 300 social workers from around the state each year. Our program routinely draws seasoned social work practitioners who are seeking intermediate and advanced training on topics important to their work. Our members are based in a host of practice settings including child welfare, aging, health/mental health, private practice, counseling, and more. This one-day program will be held at the centrally-located Maritime Institute of Technology.

Possible Workshop Topics

We are seeking to touch on a broad array of issues that affect social work practice today, and our theme particularly lends itself to the diversity of our clients. We seek to address issues around how technology and social media affect the profession and the public today, traditional social work issues such as domestic violence, addictions of all kinds, murder/suicide issues, trauma, and issues related to youth or geriatric social work. Regarding technology and social work practice, there are a host of issues of significance such as cyber bullying; how today’s technology affects privacy and confidentiality matters; “sexting,” which has become so prevalent among young people; network addictions; and the noticeably diminishing social skills linked to technology. We hope to address both the practical and theoretical issues facing social workers today, and how technology is changing the profession and our society. The theme is open for a wide range of workshop ideas. The Chapter would also like to focus on practice tracks such as: health/mental health, macro/community, criminal justice/forensics, education, children and family, aging, etc.

Your proposals and suggestions will help in structuring a day that will be meaningful and practical.

Workshops are generally 2½ to 3 hours long.

How to Apply

Applicants must be graduate level social workers, but not necessarily a Maryland Chapter member. Instructors should submit with this form the following:

• The completed application form from our website www.nasw-md.org

• A one-page description of the proposed presentation (no more than 350 words) which can be used for publication in the conference schedule, including an overview and educational objectives. Also, please include a breakdown/outline of the presentation

• A vitae or resume (if two presenters are jointly presenting, please submit a resume for each person). Please make note of previous workshops you have presented, including workshop topic, date and sponsoring organization.

• Make note of any required audio-visual needs

WE ♥ YOU! LIKE US ON FACEBOOK!
Participants will be able to discuss the 6 core values of the NASW Code of Ethics and how they apply to various strategies to maintaining integrity in engaging in social media in practice.

Synopsis:
Participants will examine examples of social media in Macro practice, both successful and unsuccessful, and intersect with aspects of social media in practice with individuals, groups, and communities; and understand the changing nature of social media and explore perspective.

Presenter:
Jenni Walton, MSW, LCSW-C

#1807
Movie & Discussion: Featuring the Film The Perks of Being a Wallflower

Date: Saturday, May 3, 2014; 2:00 p.m. – 5:00 p.m.
Location: All Saint’s Episcopal Church (Great Hall)

Presenter: Erin Walton, MSW, LCSW-C

Synopsis: Attendees will watch a feature length movie followed by a discussion. The Perks of Being a Wallflower, Summit Entertainment

Starring: Logan Lerman, Emma Watson, Ezra Miller, Mae Whitman, Kate Walsh, Dylan McDermott

CONTINUING EDUCATION POLICIES
- NASW-MD will not honor fax registrations.
- You may register online, by mail or by phone. Registrations are made on a first come-first-served basis. You can pay for your registration by check, MasterCard or VISA.

REFUND POLICIES
- NASW-MD will only refund registrations for cancellations made at least 2 business days/48 hours in advance of the workshop, minus a $10 administrative processing fee. If lunch or continental breakfast is provided, cancellations must be made at least one week in advance and there will be a $20 administrative processing fee per cancellation.
- NASW-MD is not responsible for refunds if registrants do not immediately follow-up for refund information or to switch to another course; if registrants do not immediately follow-up on an absence, no refund/watch is allowed.
- Please note that continuing education credits are based upon participation. NOT on payment. All workshop participants arriving late will receive a reduction in credit units granted.
- If you would like an email confirmation of workshop registration, please include your email address on the registration form.

INCEMENT WEATHER POLICY
- In the event of inclement weather, please call 1-800-867-6776, ext. 11, for information on cancellation. In general, if schools are two hours late or closed in the area where the event is to take place, the event will be rescheduled. Please notify the chapter office if a refund is preferred.

Thank you.

NASW-MD RESERVES THE RIGHT TO CANCEL WORKSHOPS DUE TO LOW REGISTRATION.

Additional courses may be scheduled. Please check the continuing education link on the chapter website for updates. You save $20 per 3-hour workshop as a NASW member!

CONTINUING ED Continued on page 10
Learning Objectives: Upon completion of this course, participants will be able to:
1. Identify at least 3 ethical dilemmas frequently occurring in practice with older adults;
2. List 3 areas of COMAR/NASW Code of Ethics that are relevant in working with ethical dilemmas with older adults;
3. Name 3 resources to consult when encountering ethical dilemmas with older adults; and
4. Identify at least 2 strategies to use when dealing with conflict with family caregivers of older adults.

CE: 3 Cat I
Cost: $45 for members; $65 for non-members

Please Note: This workshop qualifies for the Maryland Board of Social Work Examiners 3-hour ethics requirement for licensure renewal.

#1780
Grant Writing for Beginners- Part II
Date: Friday, November 15, 2013; 9:30 a.m. – 1:00 p.m.
Location: NASW-MD Chapter Office
5750 Executive Drive Suite 100
Baltimore, MD 21228
Presenter: Ashley McSwain, MSW, MSOD
Synopsis: While many nonprofits rely on grants to support their programs, visions and mission, very few have the funds to hire a grant writer and have to delegate the role to the staff or the executive director. This grant writing course will build on the lessons learned in the Grant Writing for Beginners workshop. This workshop will make it possible to develop strategies and identify appropriate grant opportunities and to build relationships with potential funders. We will introduce tools and recommendations that will support the emerging grant writer.

Learning Objectives: Upon completion of this course, participants will learn:
1. Basic elements of effective grant writing;
2. Understand the art and skill of preparing a compelling need statement and project narrative;
3. Understand how to organize the grant and construct a full proposal with all relevant attachments;
4. Understand the elements of a project budget;
5. To examine beliefs, assumptions and perceptions that influence the grant writing process;
6. To identify and discuss tools to search for grant opportunities; and
7. To provide understanding about the best approaches to building a relationship with the funder.

CE: 4 Cat I
Cost: $65 for members; $95 for non-members

#1766
A Neuro-Narrative Theory of Clinical Social Work Supervision Focused on Ethical Competency in Supervision Practice
Date: Friday, November 22, 2013; 9:30 a.m. – 4:30 p.m.
Plesea Note: Lunch on your own, 12:30 p.m. – 1:30 p.m.
Location: NASW-MD Chapter Office
5750 Executive Drive Suite 100
Baltimore, MD 21228
Presenter: Carlton E. Munson, Ph.D., LCSSW-C
Synopsis: For this clinical supervision seminar, led by Dr. Carlton Munson, focus is on his conceptualization of supervision as mentoring and monitoring. Dr. Munson has devoted his career to advancing clinical social work practice and supervision, and he has published more on clinical social work supervision than any scholar in the history of clinical social work literature. In this seminar Dr. Munson will focus on a comprehensive view of clinical supervision for licensure and non-licensure supervision. Content will include specific coverage of requirements for conducting supervision for licensure. Dr. Munson will demonstrate the latest concepts and practices in clinical supervision in his new book, Contemporary Clinical Social Work Supervision, which was recently published. The seminar is designed to be interactive as well as having lecture content. Copies of Dr. Munson’s book will be available for purchase at the session.

Learning Objectives:
1. Review of the first comprehensive code of ethics for clinical social work supervisors developed by Dr. Munson;
2. Differentiating mentoring and monitoring in clinical supervision;
3. Dr. Munson’s theory of narrative based clinical supervision that has evolved from his earlier theory of supervision style. The narrative therapy is a practical approach to supervision that draws on the latest research on the neurobiology of mental illness and mental health intervention; and
4. Supervision of diagnostic activity with emphasis on the DSM-5 manual that was released in May 2013. Dr. Munson participated in the DSM-5 clinical field trials and he will demonstrate for clinical supervisors how to assist supervisees in transitioning to the DSM-5 system. The seminar content is not focused on learning the criteria for DSM-5 disorders. The focus is on how to teach diagnostic skills for supervisees who use the DSM-5.

CE: 6 Cat I
Cost: $90 for members; $130 for non-members

Please Note: Three of the 6 hours of this workshop qualifies for the Maryland Board of Social Work Examiners 3-hour ethics requirement for licensure renewal. This workshop counts as 6 of the 12 hour requirement by BSWE for those seeking certification as a supervisor.

#1769
First Sunday Matinee: Featuring the Film Life Support
Date: Sunday, December 1, 2013; 2:00 p.m. – 5:00 p.m.
Location: UNBC/ENGS Building Room 027
1000 Hilltop Circle
Baltimore, Maryland 21250
Discusants: Lisa Comons, BSW, LSWA, LGPC, PhD and Shannon Shaw, LCSW-C
Synopsis: Attendees will watch a feature length movie followed by a discussion. Life Support starring Queen Latifah, Anna Deavere Smith, Wendell Pierce, Evan Ross, Rachel Nichols, Darrin Henson Directed by Nelson George. Rated NR; 88 minutes; 2007
Based on a true story Anna is a woman who contracted AIDS but then overcame an addiction and became a positive role model as an AIDS activist in the black community. Anna lives with her husband and her youngest daughter but we are introduced to Ana’s estranged oldest daughter who is angry with her mother’s past in this emotional life story.

We welcome your ideas or suggestions for future workshops.
If you are interested in presenting a workshop, or know of a possible presenter or topics of interest, please contact Jenni at 800-867-6776, ext. 13.

METRO BALTIMORE
Anne Arundel, Baltimore, Carroll, Harford, and Howard Counties and Baltimore City

We welcome your ideas or suggestions for future workshops.
Synopsis: There is a dearth of information on the subject of HIV/AIDS
and young, free-spirited Iris who creates an irresistible character as she revels in her interests and eccentricities.
Discussant: Mike Allen, MSW

with her mother’s past in this emotional life story.
Learning Objectives:
1. Understand basic HIV terminology;
2. Recognize the various themes in the movie;
3. Identify the dynamics associated with individuals infected with and affected by HIV/AIDS;
4. Identify perceptions or misconceptions about individuals infected/diagnosed with HIV/AIDS;
5. Dispel myths about HIV/AIDS; and
6. Recognize the social determinants of individuals infected and diagnosed with HIV/AIDS.

CE: 3 Cat 1

Cost: $25 for members; $35 for non-members; $10 guests (no CEU certificate)

#1817 The Juvenile Justice System and Its Impact on Black Youth
Date: Friday, December 13, 2013; 9:30 a.m. – 4:00 p.m.
Please Note: Lunch on your own, 12:30 p.m. – 1:30 p.m.
Location: NASW-MD Chapter Office
5750 Executive Drive Suite 100
Baltimore, MD 21228
Presenter: Baldwin, Sofia Vassilieva, and Joan Cusack co-star. Author: Jason Buchanan

Synopsis: All children deserve to be treated fairly, regardless of race or ethnicity. Policy makers, social workers, police officials, officers of the court, and correctional providers must work together to remove racial inequities from the juvenile court system. This training will expose the myths and provide solutions to assist the youth and families that we serve achieve functional lives as adults.

Learning Objectives:
Upon completion of this course, participants will learn:
1. The myths associated with incarcerated minorities;
2. Family status, disadvantage, and juvenile court outcomes;
3. Racial/ethnic diversity of youth impacted by the court system; and
4. How to identify the appropriate community resources for incarcerated youth.

CE: 6 Cat 1

Cost: $90 for members; $130 for non-members

#1770 First Sunday Matinee: Featuring the Film Iris
Date: Sunday, January 5, 2014; 2:00 p.m. – 5:00 p.m.
Location: UMBC/ENG Building Room 027
1000 Hilltop Circle
Baltimore, Maryland 21250

Discussant: Jennifer Lubrzewski FitzPatrick, MSW, LCSW-C

Synopsis: Attendees will watch a feature length movie followed by a discussion. Iris: Starring Judi Dench, Jim Broadbent, Kate Winslet, Penelope Wilton
MiraMax Films. Directed by Richard Eyre. R; 90 minutes; 2001

This film is based on John Bayley’s memoir, “Elegy for Iris” about his marriage to novelist and philosopher Iris Murdoch. The film takes us on a journey through their early years together when they were teaching at Oxford through Iris’ heartbreaking struggle with Alzheimer’s disease 40 years later. Kate Winslet stars as the young, free-spirited Iris who creates an irresistible character as she revels in her interests and eccentricities. The young Iris meets a young man named John who is immediately taken by her strange bohemian ways and develops a love for her that will never die. Academy Award winning actress Judi Dench plays Iris in her more frail years when she is desperately battling the ravages of Alzheimer’s. This film, however, does not dwell on the destructive nature of this dreadful disease but focuses instead on the incredible character of Iris and the steadfast love of her husband. The spirit of the togetherness drives this touching drama.

CE: 3 Cat 1

Cost: $25 for members; $35 for non-members; $10 guests (no CEU certificate)

#1800 First Sunday Matinee: Featuring the Film My Sister’s Keeper
Date: Sunday, February 2, 2014; 2:00 p.m. – 5:00 p.m.
Location: UMBC/ENG Building Room 027
1000 Hilltop Circle
Baltimore, Maryland 21250

Discussant: TBA

Synopsis: Attendees will watch a feature length movie followed by a discussion. My Sister’s Keeper: Starring Cameron Diaz, Jason Patric, Abigail Breslin, Sofia Vassilieva, Thomas Dekker, Alec Baldwin
New Line Cinema, Directed by Nick Cassavetes, Rated PG-13; 109 minutes; 2009

Director Nick Cassavetes collaborates with screenwriter Jeremy Leven (The Notebook) for this drama about a pair of parents who resort to unorthodox methods in order to save their young daughter’s life, only to find their decision coming back to haunt them in a manner neither could have ever foreseen. Sara (Cameron Diaz) and the family apart. Suddenly, their baby girl falls ill, and her only hope for survival rests in her parents’ ability to find a compatible bone marrow donor. Desperate to save their daughter’s life at any cost, Sara and Brian conceive another child in hopes that the baby will be a genetic match. But that decision raises a series of moral and ethical questions that rapidly begin to erode the foundation of the once-happy couple’s relationship. Incensed upon learning that she was brought into this world for the singular purpose of prolonging the life of her ailing older sister, the young girl (Abigail Breslin) ultimately decides to sue her parents for the rights to her own body. Alec Baldwin, Sofia Vassilieva, and Joan Cusack co-star. Author: Jason Buchanan

CE: 3 Cat 1

Cost: $25 for members; $35 for non-members; $10 guests (no CEU certificate)

#1801 First Sunday Matinee: Featuring the Film Perks of Being a Wallflower
Date: Sunday, March 2, 2014; 2:00 p.m. – 5:00 p.m.
Location: UMBC/ENG Building Room 027
1000 Hilltop Circle
Baltimore, Maryland 21250

Discussant: TBA

Synopsis: Attendees will watch a feature length movie followed by a discussion. Perks of Being a Wallflower: Summit Entertainment
Directed by Stephen Chbosky, Rated PG-13; 103 minutes; 2012

Based on the novel written by Stephen Chbosky, this features 15-year-old Charlie (Logan Lerman), an endearing and naive outsider, coping with first love (Emma Watson), the suicide of his best friend, and his own mental illness while struggling to find a group of people with whom he belongs. The introvert freshman is taken under the wings of two seniors, Sam and Patrick, who welcome him to the real world.

CE: 3 Cat 1

Cost: $25 for members; $35 for non-members; $10 guests (no CEU certificate)

#1808 Enlivening Your Psychotherapy Practice with Psychodrama & Related Action Methods
Date: Friday, May 16, 2014; 9:30 a.m. – 4:30 p.m.
Please Note: Lunch on your own, 12:30 p.m. – 1:30 p.m.
Location: NASW-MD Chapter Office
5750 Executive Drive Suite 100
Baltimore, MD 21228

Presenter: Michele D. Nagpert, LPC, TEP

Synopsis: Go beyond talking with your clients and learn how to put their strengths, concerns, challenges and successes into action with psychodramatic methods. In this experiential workshop, we’ll explore action centered psychotherapy, a variety of clinical tasks, such as building group cohesion, facilitating access to personal strengths, identifying and exploring problems and challenges, and resolving unfinished emotional issues—all within a framework of safety and containment. Participants will experience a variety of action structures they can apply in their practice settings. Participants in the previous workshop will be introduced to different methods.

Learning Objectives:
Participants will be able to:
1. Discuss Moreno’s spontaneity/creativity theory underlying the practice of psychodrama.
2. Explain at least one action method for building group cohesion.
3. Explain the following psychodramatic methods: soliloquy, double, role taking, role reversal.
4. Describe two uses of the time-line and understand how to put into action.
5. Describe the paper-and-pencil and action social network diagram (social atom) and how it can be applied to different issues and populations and at different stages in the therapeutic process.
6. Observe and/or participate in a variety of limited psychodramatic structures they can apply in their back-home settings.

CE: 6 Cat 1

Cost: $80 for members; $130 for non-members

CONTINUING ED Continued on page 12

The Maryland Social Worker
Registration Form Fall/Winter 2013-14

Mail this form with your check, made payable to NASW-MD, to 5750 Executive Drive, Suite 100, Baltimore, MD 21228. Lunch is not provided for day-long workshops unless otherwise stated.

If you would like to receive an email confirmation of your registration, please include your email address on this registration form. Refunds for workshops canceled by NASW-MD will be mailed within three weeks. Registrations MUST be received two business days/48 hours prior to program date or a late fee of $10 will be charged. Please see full refund/cancellation policies on the first page of the continuing education schedule.

Workshop fee includes certificate.

We do not accept fax registrations. Thank you for your cooperation.

NASW-MD reserves the right to cancel workshops due to low registration.

Please print legibly

Name: ___________________________________________

Home Phone: ___________________________ Day Phone: ___________________________

Address: ___________________________________________ ZIP ____________

Email: ___________________________________________ (required for receipt)

NASW#: ___________________________________________

Total $________ Check amt. $________ (Make check payable to NASW-MD Chapter)

Credit card payment: [ ] Mastercard [ ] Visa

Credit card number: ___________________________________________

Expiration date: ___________________________ 3-digit code ____________

Name as it appears on the card: ___________________________________________

Signature: ___________________________ Today’s date: ___________________________

$_____ 1766 Neuro-Narrative Theory/Supervision/Ethics (Baltimore)

$_____ 1769 First Sunday Matinee: Life Support (UMBC-Baltimore)

$_____ 1770 First Sunday Matinee: Iris (UMBC-Baltimore)

$_____ 1777 Borderlines: Understanding the Gray Spectrum (Holy Cross)

$_____ 1780 Grant Writing for Beginners Part II (Baltimore)

$_____ 1781 The Juvenile Justice System and Its Impact on Black Youth (Baltimore)

$_____ 1786 Negotiating End of Life Care (Holy Cross)

$_____ 1793 Movie and Discussion: Life Support (ChevyChap)

$_____ 1801 First Sunday Matinee: My Sister’s Keeper (UMBC-Baltimore)

$_____ 1801 Movie and Discussion: Life Support (Lanham)

$_____ 1802 First Sunday Matinee: Hope Springs (UMBC-Baltimore)

$_____ 1803 Infidelity and Affairs: Helping Couples (Baltimore)

$_____ 1806 Ethics and Social Media: A Macro Perspective (Frederick)

$_____ 1807 Movie/Discussion: Perks of Being a Wallflower (Frederick)

$_____ 1808 Enhancing Your Psychotherapy (Baltimore)

$_____ 1809 Social Work Exam Prep (Baltimore)

$_____ 1810 Ethical Dilemmas in Working With Older Adults (Chestertown)

$_____ 1811 First Sunday Matinee: Precious (UMBC-Baltimore)

$_____ 1812 First Sunday Matinee: Perks of Being a Wallflower (UMBC-Baltimore)

REGISTER ONLINE–SAVE TIME & POSTAGE: NASW-MD offers a secure online registration procedure for its continuing education courses! Go to www.nasw-md.org and click on Continuing Education for more information or the Register Online icon on our homepage which will take you directly to the 123 Sign-up online registration area!

REMEMBER: You are ethically responsible for accurately reporting the number of continuing education hours that you have earned. If you are attending a NASW-MD workshop and you are late, or have to leave early you are responsible for notifying the workshop coordinator. Your CE certificate will be adjusted to reflect the actual hours of attendance. Completing this registration form implies that you have been informed of this policy and your responsibility.

FOR DIRECTIONS TO WORKSHOP LOCATIONS: NASW-MD.ORG

Questions concerning registration? Call 410-788-1066 or 800-867-6776

On the first Sunday of each month you can attend a movie/discussion and earn 3 CEUs. This is a low cost and enjoyable way to spend a Sunday afternoon.

Movies are held at UMBC-ENG Building, Room 027 • 2 - 5 p.m.
SOCIAL WORK ACROSS THE STATE: BRANCHING OUT

Please note: this is a new feature in The Maryland Social Worker. If you have news about social work from across the state, please contact the office at 410-788-1066 x13.

EASTERN SHORE

Jennifer King is a member of NASW-MD, and was featured in the following article. Congratulations, Jennifer! Keep up the great work!

Salisbury University Social Work Initiative Expands to Talbot County

Posted in Easton, Md.’s The Star Democrat: Tuesday, July 30, 2013

When Jennifer King suggested her young patient try to calm hyperactivity by doing her favorite thing — singing in her head — the positive results were immediate.

For the recent Salisbury University graduate, providing simple therapies, such as this, was one of the most rewarding aspects of her year-long internship at a local pediatric office. Her placement was part of a new initiative led by SU’s social work department to better help children in the community with behavioral and mental health issues.

King was one of four master in social work students from SU who worked with area pediatricians during the past academic year. This fall, the program expands to Talbot, Wicomico and Somerset counties. Their role is to work on-site to provide free screenings and brief intervention, coordinate care management referrals, and offer consultations and support for primary care providers.

“Many parents turn to their already busy pediatricians when kids are having trouble in school or other issues,” King said. “While doctors and nurses are experts in the medical field, they can’t always handle behavioral or mental health issues. That’s where we come in.”

The initial group of SU interns had 269 contacts with families and children. The department’s co-location model is part of a larger Behavioral Health Integration in Pediatric Primary Care (B-HIPP) program, funded by the Maryland Department of Health and Mental Hygiene and Maryland State Department of Education.

“As health care reform continues to move forward, additional social workers will be needed to work in integrated settings, and SU and the B-HIPP Salisbury Program will continue to be a frontrunner in producing trained MSW graduates,” said Amy Habeger, project coordinator and SU Social Work faculty.

The University Of Maryland School Of Medicine and Department of Psychiatry and the Johns Hopkins University School of Public Health also are partners in the project.

King, of Westminster, presented with Habeger at the Annual Regional Systems of Care Training Institute Conference, while Marisa Cook, of Taneytown, joined Habeger at the Maryland Annual Child and Adolescent Mental Health Conference. Both discussed the B-HIPP initiative and their internship experiences.

The SU team also planned and hosted two resource fairs, with some 64 agencies represented, to build community partnerships on the Lower and Mid-Shore. In addition, they are helping to offer free B-HIPP trainings statewide and advocating for early childhood mental health within pediatric offices.

“Integration in primary care settings is especially important in rural locales such as the Eastern Shore because of shortages in providers and child psychiatrists,” Habeger said.

“Such connections help with early intervention and education efforts, and reducing stigmas about mental illnesses. Having support from our interns also encourages collaboration and communication between pediatricians and mental health specialists, and increases routine screenings and access to community mental health services.”

The 2013-14 interns include Katya Andrews of Fruitland and Toni Huffman of Pittsville, as well as Britney Faulk of Bowie; Kirstin Inglis of Westminster; Abbey Keppel of Millersville; Kirstie McMurray of Greencastle, Pa.; Carol Elizabeth Miller of Centreville; and Amber Wallace of Denton. For more information, call 410-543-6030 or visit www.salisbury.edu

Maryland Chapter, NASW

Call for Nominations

It’s time again to nominate new people to the Chapter Board of Directors and the Chapter Committee on Nominations and Leadership Identification.

Please go to our website, www.nasw-md.org, look to the right hand side and click on “Leadership Opportunities” for more information and nomination forms. If you have any questions please call Daphne at (410) 788-1066 ext. 16.

The deadline to nominate yourself or someone else (get the nominee’s permission), is March 14, 2014.

The following positions are open:

Board of Directors
Vice President
Secretary
Branch Representative, Eastern Shore
Branch Representative, Southern MD
Branch Representative, Metro Baltimore
Branch Representative, Western MD
Branch Representative, Suburban MD
MSW Student Representative
BSW Student Representative

All positions are for two years: July 1, 2014-June 30, 2016, except for the student representatives to the board which are for one year: July 1, 2014-June 30, 2015.

CNLI-Committee on Nominations and Leadership Identification

We need five new members of this committee—one from each branch. This committee will meet as needed to nominate people for office and to select the Awardees for the Annual Conference.

PACE

Finally, we are looking for members of PACE (Political Action for Candidate Election) from each of our five branches.

To complete a nominations form please go to www.nasw-md.org, click on “About Us” in the masthead and then click on “Leadership Opportunities”.

Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has. -Margaret Mead
Diagnostic formulation in DSM-5 remains consistent with the fundamental conceptualization of diagnosis introduced in DSM-III-R. There are no formal guidelines for the diagnostic formulation connection to treatment planning, which also has been an essential component of clinical social work practice historically (Munson, 2013). The recording and presentation of an official diagnosis has changed in DSM-5, but the features of diagnostic recording introduced in DSM-III remain. The recording of a core diagnosis, listing medical conditions, listing psychosocial conditions, indicating level of severity, and noting principal and provisional diagnoses continue to be used with some changes. Conceptually, DSM-5 diagnosis is similar to earlier editions of the DSM, but there is now a longer, sequential, numeric, formal format for recording diagnoses.

Case Formulation

The APA-stated purpose of DSM-5 is to assist mental health professionals in the diagnosis of client mental disorders as part of a “case formulation assessment that leads to a fully informed” (APA, 2013, p. 19) for each client. The concept of case formulation emerged in the 1970s and continues to evolve. Treatment planning has most recently been articulated as “case formulation, Lazenb (1976) in the early stages of modern case formulation defined the concept as “a conceptual scheme that organizes, explains, or makes sense of large amounts of data and influences treatment decisions” (p. 97). The diagnostic formulation model described in this article can be a singular formulation or part of a comprehensive case formulation depending on the purpose of the diagnostic assessment. A diagnostic formulation can be part of a referral for psychotherapy that requires a case formulation and detailed treatment plan. A diagnostic formulation can also be part of an evaluation in a forensic or other non-therapeutic case with or without treatment recommendations. The DSM-5 does not offer instructions for treatment planning (APA, p. 19). This article also does not cover the details of the treatment planning. Practitioners can use various treatment planning models and link them to a DSM-5 diagnostic formulation. The book Clinical Case Formulations by Barbara Traub (2011) is one example of a good case formulation model that can be used with DSM-5 diagnostic formulations.

Diagnostic Formulation

A diagnostic formulation is the result of a process in which the clinician interviews the client to compile the chief complaints, identify symptoms and behaviors articulated by the client, as well as gathering information provided by collateral sources and information about the client’s personal and family history. The diagnostic information is integrated, and applied to the DSM-5 criteria and ultimately the decision is made to assign a disorder or condition. Information in the Introduction and Use of the Manual sections of the DSM-5 provides broad guidelines for the written diagnostic formulation. Based on the brevity of the guidelines the clinician has much flexibility in how the diagnosis is recorded.

Recording a Diagnostic Formulation

The DSM-5 expectations for recording a diagnostic formulation can be conceptualized in five categories: (1) DSM-5 diagnostic concurrence summaries, (2) diagnoses, (3) medical conditions, (4) notations, (5) disability severity, and (6) treatment plan/considerations. There is no standardized format, and a system of numbering components of the formulation. Each of these areas is discussed below.

History and Concise Summary

The basis for the history and background information is summarized in the DSM-5 manual as the case formulation “must include a detailed and concise summary of the social, psychological, and biological factors that may have contributed to developing a given mental disorder” (APA, 2013, p. 19). A history and background section is important because the DSM-5 no longer formally uses the “by history” or “by prior diagnosis” indicators used in DSM-IV. Also, the DSM-5 “Diagnostic Features” sections for some disorders have risk and prognosis sections that describe possible genetic and physiologic factors. Where heritable factors of disorders are present they should be noted as part of the history and concise summary. There is much flexibility in recording history and concise summary, but the information provided by collateral sources and the client to compile the chief complaints, is the diagnostic diagnosis assigned in the diagnostic section of the diagnostic formulation.

Diagnoses

Section II (Diagnostic Criteria and Codes) in DSM-5 lists all the disorders that can be cited as part of the diagnostic formulation. Section II is the core of the DSM-5 system and combines the DSM-IV Axis I (Clinical Disorders), Axis II (Mental Retardation [intellectual disability] and Personality Disorders), and Axis III (General Medical Conditions). In recording a diagnostic formulation, each disorder is listed preceded by the International Classification of Diseases (ICD) diagnostic code. Both ICD-9-CM and ICD-10-CM codes for all disorders and conditions are listed in DSM-5. ICD-9-CM codes are to be used in the United States until October 1, 2014, or other date established for the official implementation in the United States. After the transition date is announced, practitioners will use ICD-10-CM codes in recording diagnoses.

Multiple diagnoses are recorded using the DSM-IV convention of listing the “principal diagnosis” first, “Principle diagnosis” is defined in DSM-5 for inpatient care. The composition of the condition is primarily responsible for the services the person receives during outpatient visits (APA, 2013, pp. 22-23). Other disorders diagnosed are listed in the order of their amount of contribution to the treatment or service that is provided. Provisional diagnoses is also retained in DSM-5 as a “specifiable.” Provisional diagnosis is used when the information available about the client is not sufficient to determine whether the client meets the full criteria for a disorder. Provisional status of a diagnosis is indicated by entering “Provisional” to the right of the diagnostic entry. Generally, a firm diagnosis usually should be made by the third client session, but in some cases finalizing a diagnosis may take longer. If the person ultimately meets the criteria for the diagnostic factors, where the provisional is removed or struck out in the written diagnostic entry. If the criteria for the disorder are not met, the disorder is removed or struck through on the written diagnostic entry.

Medical Conditions

In DSM-5 diagnostic formulations clinicians should continue to list medical conditions as part of the diagnosis after listing the mental diagnoses. For non-physicians diagnostic formulations the medical conditions should be listed as a separate section using the disclaimer “as reported by...” (See Munson, 2001, p. 80). This disclaimer can prevent clinical social workers from being accused of practicing medicine by diagnosing medical conditions. Any medical conditions entered in a diagnostic formulation should use the “as reported by...” disclaimer listing spouse, parent, employer, primary care physician, etc., as the source of the medical information.

Notations

The DSM-IV Axis IV Psychosocial and Environmental Variables (PEP) covered nine key areas through brief narrative summaries that were part of the multiaxial diagnosis. In DSM-5 the diagnostic PEPs were eliminated and moved to the Section II category titled “Other Conditions That May Be a Focus of Clinical Attention.” There are nine categories of conditions. The “Other Conditions” category was a part of DSM-IV. The conditions are not considered mental disorders, but the conditions can impact the individual’s diagnosis, the course of the mental disturbance, the prognosis, or the treatment (APA, 2013, p. 715). In some cases the condition can simply be listed such as “homelessness” while others, such as “low income” may need a brief supplemental statement such as “due to unemployment and receiving unemployment of $235 biweekly and has three children in his care with no other financial supports or resources.” In some cases the details of the notations should be explained in the case formulation that should accompany the diagnostic formulation.

Disability Severity

DSM-5 diagnostic instructions suggest that overall severity or “disability” should be recorded in the diagnostic formulation. Diagnosis is used to plan individual case planning, and treatment plans, but it is also used to note the condition primarily responsible for the services the person receives during outpatient visits (APA, 2013, pp. 22-23). Provisional diagnoses is used when the information available about the client is not sufficient to determine whether the client meets the full criteria for a disorder. Provisional status of a diagnosis is indicated by entering “Provisional” to the right of the diagnostic entry. Generally, a firm diagnosis usually should be made by the third client session, but in some cases finalizing a diagnosis may take longer. If the person ultimately meets the criteria for the diagnostic factors, where the provisional is removed or struck out in the written diagnostic entry. If the criteria for the disorder are not met, the disorder is removed or struck through on the written diagnostic entry.

Diagnostic Formulation Example

The following is a sample of how a diagnostic formulation in DSM-5 can be written. Practitioners should keep in mind that this particular format is not mandated and the actual presentation of the diagnostic formulation can vary as long as the content areas are covered in the diagnostic narrative.

History and Concise Summary

Mary Komar, age 34, was seen on self-referral because “I have been depressed for longer than I can remember.” She reports depression symptoms “off and on” since age six and anxiety symptoms for approximately three years. The anxiety symptom onset occurred soon after meeting her husband. The couple has a two-year-old daughter. Mrs. Komar reports having a “gambling problem” in several areas (off-track betting, casino gambling, sports gambling, and state lotteries) that started during her current marriage. She works as a manufacturing project manager and earns $49,000 annually. She stated, “I gamble with money I can’t afford to spend.” She was evicted from her apartment for rent arrear and is living temporarily with a female friend. She is separated from her husband who she reports threatened physical abuse and was verbally abusive. She reports receiving mental health diagnoses in the past during a brief marriage that ended in divorce six years ago. She received brief psychotherapy and medication for Dysfunctional Disorder and alcohol and substance abuse. She reports the alcohol/substance use was associated with chronic back pain that was the result of an automobile accident. Based on Mrs. Komar’s self-report, screening measures and clinical observation, she is not currently a threat to self or others. There is a family history of bipolar disorder (paternal grandfather and maternal aunt). Based on the clinical interview, scales administered and collateral information, the following diagnoses were made as part of this evaluation.

Disorders

300.4 Persistent depressive disorder, with anxious distress, moderate, early onset, with pure dysthymic syndrome, moderate 323.21 Gambling disorder, episodic, moderate 305.00 Alcohol use disorder, in early remission 305.20 Cannabis use disorder, in sustained remission

Medical Conditions

As reported by Mrs. Komar (person evaluated) Gastritis, severe, ongoing for over a year, including the one or two meals a day.

Back injury with significant pain resulting from an automobile accident

Notations

995.82 Spouse Abuse, Psychological, Suspected, initial encounter

V60.00 Homeless: Evicted from apartment / temporarily living with friend

DSM-5 Continued on page 15
Disability Severity

Mrs. Komar’s overall functional severity is in the moderate range. The moderate severity is present mostly in the area of personal concern about “excessive” gambling, finances, and marital relationship issues. The alcohol/substance risk is in the moderate range given the early remission status, and the risk of relapse and personal stressors is in the moderate range. The gambling problem is at the severe level and may become abstinence or “nondisordered” gambling if treated. The medical conditions present a moderate level of severity and if not addressed, could result in alcohol/substance relapse. If Mrs. Komar commits to a course of psychotherapy with a specific treatment plan, the prognosis appears to be good, but the lack of insurance to cover treatment and low motivation for treatment may be barriers to a positive outcome. There is no apparent risk of harm to self and others.

Treatment Plan/Considerations

Mrs. Komar will be provided low fee psychotherapy, and her case coordinator will be Mary Price, LCSW-C. Psychotherapy orientation will include concurrent narrative and cognitive behavioral methods. She will also be referred to the Nassin Center non-detox 10 day, 27 session, multimodal gambling addiction program. Supportive services will be provided to assist in finding housing and to determine Mrs. Komar’s marital situation. Efforts will be made to develop a family and social support system. Monitoring of her medical condition will be explored, and relapse prevention monitoring will be used with respect to the alcohol and cannabis remission status. Childcare services and monitoring will be recommended on an as-needed basis.

References


Behavioral Health Committee

Chapter Ethics Committee (CEC)

Children, Youth & Families Committee (CYF)

Committee on Aging (COA)

Committee on Sexual Minority Issues (COSMI)

Health Committee

Forensic Social Work Committee

Legislative Committee

Mentoring Committee

Committee on Nominations & Leadership Identification (CNLI)

Political Action for Candidate Election (PACE)

Peace and Social Justice Committee

Private Practice Committee

Professional Development Committee

Professional Standards Committee

Public Relations Task Force

Social Workers in Schools (SWIS)

Social Work Reinvestment (SWR) Task Force

Student-Faculty Liaison Committee

To inquire about, or join a committee call Daphne at 410-788-1066 x16

Pick a Committee, Get Involved
A Review of the 2013 NASW Sample HIPAA Privacy Form

By SHERri Morgan,
ASSOCiATE COUNSEL, LDF AND OFFiCe OF ETiCS & PROfESSiOnAL REVieW

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Introduction

September 23, 2013 is the enforcement date for the 2013 changes to the HIPAA medical privacy regulations, issued by the U.S. Department of Health and Human Services in January (codified at 45 C.F.R. Part 160, Part 162, and Part 164). The amended regulations address many aspects of the HIPAA requirements, as discussed in the article, Social Workers and the 2013 Omnibus HIPAA Rule (Morgan, S., and Polowy, C., 2013).

Social work practice is the area of social work clients and HIPAA office policies, and clarify elements of the medical privacy, security and breach notification standards. As a result, health care entities covered by the HIPAA rules, including clinical social workers, will need to update and review many of their compliance documents. NASW’s Legal Defense Fund has provided a basic set of online HIPAA privacy forms and office policies for use by members in meeting their regulatory responsibilities and these have been updated to take into account the new requirements. This article will review the sample documents (available at www.socialworkers.org/hipaa/sample.asp) and highlight key issues in adapting them for a clinical social worker's practice.

1. Forms and Policies Distinguished

Social workers should distinguish between the HIPAA forms and the HIPAA office policies. Both types of documents are needed for HIPAA compliance. For example, the Notice of Privacy Practices (NPP) is the form commonly distributed to clients that informs them of how their health information will be protected and the circumstances under which it will be disclosed. However, it is the Notice of Privacy Practices Policy that describes the day-to-day procedures followed by the social worker when handling the Notice of Privacy Practices. Specific sample documents will be discussed individually, below. All HIPAA compliance documents should be maintained for six years. The State mandated time period for retaining client records is not affected by the HIPAA requirement and is contained in state laws addressing health records (see Morgan, S., Khan, A. and Polowy, C., November 2010).

HIPAA Policies

HIPAA requires that covered entities have written office policies and while this may seem burdensome for a small or solo practitioner, it is a requirement for practitioners who are subject to HIPAA. To track adherence to the requirements, it is appropriate to place all of the revised HIPAA policies into a HIPAA compliance file or folder (which may be electronic or on paper), so that they are available for review when needed.

The sample policies offered by NASW should be personalized with the name of the social work practice, dated, and signed and then filed with other HIPAA compliance documents. The blanks at the top of the sample policies for “policy number” and “subject” are for the optional use by the social work practice. The sample policies include:

- Notice of Privacy Practices Policy
- Authorization/Consent Policy
- Breach Notification Policy
- Business Associates Policy
- Requests for Restrictions Policy
- Accounting of Disclosures Policy
- In the event that a social worker has a HIPAA question or is the subject of a HIPAA investigation, review of the HIPAA policy documents can be instructive. Health care entities are expected to comply with their own written policies. Health care entities, including solo practitioners, are required to receive training on the HIPAA policies and to provide training to any members of their workforce about the policies. The training should be documented and records of the training filed with other HIPAA compliance documents.

Sample Notice of Privacy Practices (NPP), State Law and the NASW Code of Ethics

The Notice of Privacy Practices (NPP) is the HIPAA form that is familiar to most clients and practitioners. Specific instructions for social workers are provided in a document titled, “Notice of Privacy Practices Instructions for Use” located in the “policy” section of the sample document Webpage.

- First, it is appropriate to simply remove the heading at the top that says that this is a “sample notice of privacy practices.”
- The language that should remain at the top of the NPP is mandatory wording required by the HIPAA regulations that read: “This notice describes how medical information about you may be used and disclosed, how you can get access to this information, please read this notice carefully.” Those are the required words on the header that are contained on HIPAA notices for any healthcare practice and any health plan. This is universal language identifying the document as the notice of privacy practices or what some practitioners call the “HIPAA form.”
- Fill out the section on Page 3, “Your Rights Regarding your PHI,” with the contact information of the health or mental health care entity’s privacy officer (solo practitioners act as their own privacy officer).
- The Privacy Officer information is also to be provided on Page 4 in the “Complaints” section.
- Review the NPP in its entirety and determine whether it accurately reflects how the practice manages its fiduciary information, including any state law modifications.
- Modify the effective date of the policy to reflect the date that it is adopted.

Sample documents such as the NPP are meant to be modified for the specific practice setting and to take into account the privacy laws that are more protective of privacy than HIPAA. It is also permissible for the NPP to incorporate professional ethics standards that are more protective of privacy. Some of the modifications that should otherwise be made to meet state social worker confidentiality requirements may already be incorporated in the NASW sample because certain standards of the Code of Ethics have already been taken into consideration. For example, for payment purposes HIPAA allows release of information to the client’s insurance company without any consent or authorization from the parties. But the NASW Code of Ethics requires consent for the information to be released. This provision is referenced already in the sample notice in the section “For Payment.” It states that the social work practice would disclose information for payment based on client authorization.

Different categories of information are listed on the NPP, but health information might be used by the social work practice. The area requiring particular review is the section for disclosures of information “without authorization.” Page 2 and Page 3 of the sample NPP list instances where information might be released without the authorization of the client. Those are the areas where, again, the sample has been modified to be consistent with the Code of Ethics, but where a social worker would also want to review state law requirements.

One area that mental health practitioners may consider adding is for reporting elder or vulnerable adult abuse, which could very readily be added in a section following Child Abuse or Neglect. Federally-funded drug and alcohol abuse treatment providers have stricter privacy standards that may limit elder abuse reporting. Depending on a state’s reporting law, a social worker may want to consider whether any additional detail about reporting child abuse would be appropriate. For example, some states require that child abuse be reported regardless of how much time has passed, so that if an adult patient reports that they were abused as a child a report must still be filed. In those states, it may be appropriate to add clarifying language, or to verbally review that provision with new clients.

Another example of how the sample NPP has been modified to meet the Code of Ethics is the section addressing disclosures for family involvement in care. HIPAA allows health care entities to notify family members who are involved in the patient's care if they are closely involved in the treatment. The Code of Ethics does not permit this disclosure unless the client consents, although it does not specify that the consent be in writing.

State laws on client access to health records often differ from HIPAA regarding how soon a practitioner must respond to a client request for records. If state law requires access within less than 30 days, this would be inappropriate when clients request their records. Otherwise, the HIPAA time period of 30 days applies. Social workers may review their state law provision in the legal article, Access to Records by Social Workers' Clients (Morgan, S. and Khan, A., 2012).

Using the Finalized Notice of Privacy Practices

NASW’s sample forms include a one-page client “acknowledgement” form for clients to sign when they receive the NPP. It should be signed by the client or include a short explanation for why the social worker did not sign the client's signature is not mandatory; however, the social worker’s attempt should be documented. The ac-

1 NASW’s Legal Defense Fund has provided online a set of sample HIPAA privacy forms and office policies. These basic documents are offered as a tool for NASW members; however, additional forms and policies may be needed depending on the practice setting and type of health or mental health organization in which a social worker practices. Specifically, these basic privacy forms do not address the additional requirements contained in the HIPAA Security Standards, such as a Security Risk Assessment and a HIPAA Security Plan (for more guidance on the Security Standards, see Morgan, S. and Polowy, C., 2005). Each social worker or other health care entity is independently responsible for compliance with HIPAA.
knowledge may be kept with the client’s chart rather than the entire NPP. Information about how a health or mental health care practice will use the NPP is contained in the NPP Policy; however, for quick review, some pointers are offered here:

- Keep a copy of the finalized NPP in the HIPAA compliance file for the social work practice.
- Post the finalized NPP on the social work practice Website.
- Post the NPP in a common area of the office (i.e. waiting room).
- Provide individual copies of the NPP to all clients.
- Put the completed Acknowledgement of Receipt of NPP in each client’s file.

**Authorizations to Release Information**

Three sample documents are provided that facilitate the client’s permission (authorization) to release their confidential information. These are:

- Authorization/Consent Policy
- Standard Authorization, Substance Abuse Treatment
- Standard Authorization, Mental Health Treatment

Like all of the sample policy documents, the Authorization Policy needs to identify the name of the social work or agency at the top [in the brackets] and should be dated and signed or initialed by the social worker or other person with authority to adopt policies for the health care practice. The word “sample” should be removed from the authorization forms when they are being personalized for a specific social work practice setting. The “Standard Authorization, Mental Health Treatment” will be most commonly used by a clinical social worker in private practice when releasing client information to a third party. A copy of information to be disclosed should be indicated by checking off all appropriate options or by writing in specific categories of information, the names of the parties provided and the document signed and dated by the client or their authorized representative (e.g. parent, guardian, executor of estate).

The option for “psychotherapy notes” should be used only when the physician keeps a second set of more detailed notes in addition to the primary client chart and when the patient wants that information disclosed to a third party. An authorization for the release of separately-maintained psychotherapy notes should not be combined with an authorization to release any other type of information in the client’s record. At times, two signed authorizations may be needed: one to release the primary client record and a second to release the clinician’s detailed psychotherapy notes. If only one chart is maintained for each client, then the psychotherapy notes check-off would not be applicable. For more information on the HIPAA definition of psychotherapy notes, read Social Workers and Psychotherapy Notes (Morgan, S. and Polowy, C., 2006). Federally-funded drug and alcohol abuse treatment centers must comply with an additional set of federal confidential rules that are more protective of privacy than HIPAA (see Morgan, S. and Polowy, C., 2011).

If a social worker is working in this type of setting, the Authorization to Release Substance Abuse Information should be used when releasing client records. This authorization includes a statement that the party receiving the information is prohibited from re-releasing it without the client’s consent. By contrast, the Authorization to Release Mental Health Information is required to include an opposite statement, indicating that the party receiving the information may re-disclose it.

**Breach Notification**

NASW offers five sample documents related to notification of privacy breaches:

- Breach Notification Policy (required): The breach notification Policy document should be personalized and adopted in a manner similar to the other policy documents and filed with the HIPAA compliance folder.
- Breach Incident Notification Log: The Breach Incident Notification Log should be maintained with other HIPAA compliance documents and completed in the event of a breach or breaches. If the breaches during the period exceeds a small number of breaches (less than 500 per incident), then the information in the log may be used to file an annual breach incident report with the U.S. Department of Health and Human Services. Larger breaches (affecting 500 or more clients) require reporting as soon as possible (within 60 days), as well as notification of the media.
- Breach Notification–Patient: Most privacy breaches, regardless of the number of affected individuals, require notification to the client(s) unless a risk assessment determines there is a “low probability that the PHI has been compromised.” The sample notification to patients provides a general outline for the type of content that should be covered in notices to clients in the event of a privacy breach affecting their individual health information.
- Breach Notification–HHS: Although a sample notification letter to HHS is provided for NASW members, reporting to HHS is most commonly conducted online at http://www.hhs.gov/ocr/privacy/hipaadmin/hipaaadmin/administrative/breachnotification/brnotification.html.
- Authorization to Notify Patient of Breach via Email/Phone (optional): The Authorization to Notify patient of Breach via Email/Phone is an optional form that may be used when discussing with affected clients that they would like to be notified in the event of a privacy breach. Unless there is a prior agreement, HIPAA requires that notification of a breach be made by U.S. Mail.

For more information about the four factors to be reviewed in a breach notification risk assessment, see Social Workers and the 2013 Omnibus HIPAA Rule (Morgan, S., 2013). For suggested steps to follow in responding to a privacy breach, see Preventing and Responding to Electronic Privacy Breaches (Morgan, S. and Polowy, C., September 2010).

**Business Associates**

Social workers or other health practitioners are expected to have signed agreements with third parties on whom they rely to perform business functions related to the health care practice when disclosures of confidential client information are needed to carry out the designated tasks. Such third parties are referred to in HIPAA as “business associates” (BA). NASW sample HIPAA documents include a Business Associates Policy and a Business Associate Agreement. In the BA agreement, the “business associate” refers to the clinical social worker and the “business associate” refers to the third party who will perform contractual activities such as accounting, billing, legal services, cloud computing, practice management or other functions. The BA Policy should be addressed in the same manner as other HIPAA office policies. Suggestions for use of the sample business associate agreement are offered as follows:

- **Section 2.1** – Check the first box to specify the purpose for the business associate’s access to clients’ protected health information and enter the specific purpose in the blank space OR check the second box if a separate services agreement is attached which details the purpose of the business associates’ use of protected health information and enter name of that document in the blank space.
- **Section 2.2** – Check all options that apply.
- Provide the business associate with a copy of your Notice of Privacy Practices Policy.
- Have each party sign and date the agreement.
- Make a copy and store the agreement with HIPAA compliance documents.

**Accounting of Disclosures**

HIPAA created a right for clients to request a list of the instances where their confidential information has been disclosed by their health care providers (an “accounting of disclosures”); however, it contains many exceptions. The 2013 Omnibus HIPAA Rule did not make changes to the Accounting of Disclosures requirements. Thus, there is no need to update the sample policy and accounting log provided for NASW members. However, businesses should continue complying with the Accounting of Disclosures requirements by tracking disclosures related to matters such as:

- Reporting abuse or neglect (Adult Services; Child Protective Services, etc.)
- Health oversight activities (e.g. audits, inspections)
- Judicial or administrative proceedings (court orders, subpoenas)
- Public health activities (mostly applicable to health care settings)
- Reports to avert imminent harm (e.g. threats to health and safety)
- Unauthorized disclosures (e.g. privacy breaches, information sent to wrong person/place)
- Other disclosures made without authorization that are unrelated to treatment, payment and health care business operations.

The Accounting of Disclosures Policy should be personalized and filed with other HIPAA policy documents and the Accounting of Disclosures Log should be maintained with other HIPAA documents and entered name of that document in the blank space. If the log is not maintained regularly, a social worker will need to complete it based on the documented disclosures referenced in the client’s record in order to respond to a client request for an accounting.

**Analysis and Conclusions**

Compliance with HIPAA requires maintaining a current level of knowledge about the regulations. Clinical social workers who are subject to the regulations need to:

- Adopt a set of HIPAA policy documents
- Provide the Notice of Privacy Practice to clients and gain an acknowledgment signature
- Review with clients how they would like to be notified in the event of a breach (optional)
- Review relationships with business associates and update written agreements
- Use the Accounting of Disclosures form in each client file to track required disclosures of client information
- Use the appropriate authorization forms when disclosing client information based on written consent
- Perform a risk assessment of electronic systems and devices containing client information
- Develop a security plan for reducing the threats and vulnerabilities to electronic health information
- Obtain HIPAA training and provide training to any employees/volunteers who will handle client information
- Follow notification and reporting requirements in the event of a privacy breach.

NASW will continue to update the HIPAA compliance resources available to social workers. For twice-weekly updates on legal and ethical issues, you may visit the Social Work Ethics and Law Institute (SWELI) Facebook Webpage and click “Like” at www.facebook.com/socialworkethicslaw.

**Additional Resources**


NASW: Online HIPAA Training Program, www.medelaw.com/nasw

NASW: HIPAA Privacy Policy, Legal Issue of the Month Archive, www.socialworkers.org/id/l egal_issue

Introducing NASW’s Sample HIPAA Privacy Forms and Policies; new one-hour online course available to members of NASW Specialty Practice Sections at http://www.socialworkers.org/sections/conferences/locourses/ Default.aspx?courseID=8558927-4553-4195-9015-7965628FE0F7&header=OFF

U.S. Dept. of Health and Human Services, Office of the National Coordinator for Health IT, Privacy and Security Resources for Professionals, http://www.healthit.gov/providers-professionals/ehr-privacy-security


**References**


The Dangers of Therapist-Patient Privilege

By Tammy J. Spengler, LCSW-C

We all have images of the devastating scenes from the Navy Yard shooting, Sandy Hook Elementary School, the Boston Marathon, Virginia Tech, and the Colorado theater massacre. These incidents have serious implications for our mental health. Most of them were in treatment or had been in treatment in the past. I don’t ever want to be the therapist of a potential murderer rendered incapable of warning the public of danger. Currently, mental health professionals’ voices are silenced by patient-therapist privilege. Maryland courts have recently expanded privilege (Ali v. the State of Md., 2010), giving mental health professionals even fewer rights to warn the public or to keep themselves safe. It is time to re-evaluate our current system, and reconstruct it in a way that allows mental health professionals to be a part of the solution to prevent this needless violence.

Mental health professionals may only inform the police of dangerous individuals when a specific, imminent plan to harm self or others is disclosed by a patient. It does not allow therapists to report individuals who are exhibiting high-risk indicators for becoming violent, nor does it give the permission to notify authorities that a client should not be allowed to purchase a firearm. In general, most people seeking help for mental health problems are not dangerous or violent. However, people with certain diagnoses may have difficulties with regulating emotions, impulsivity, and aggression. For example, a therapist may be aware of a sociopath with a gun who is feeling enraged, has a history of suicide attempts and violence, and is angry with a group or institution. However, that would not be enough to have the patient hospitalized, warn the police, or stop them from purchasing weapons. Within the confines of the current system, mental health professionals are prohibited from being a part of the solution to create a safer society and avoid needless tragedies. Our role needs to be reviewed closely as we debate the controversy over gun control, background checks, and the line between public safety and the rights of people with mental illness.

Not only are mental health professionals silenced about warning the police of potentially dangerous individuals, we are also unable to inform a judge or jury about the mental status of clients regarding any premeditation the client may have had before committing a violent crime. We are not allowed to testify in court unless our clients have waived their privilege. Simply taking the stand is a violation of patient/therapist privilege and opens therapists up to a lawsuit for violating confidentiality. This absence of information that the therapist could provide can result in an offender being found not guilty. For example, prior to the Colorado shooting, the gunman sent his psychiatrist a package outlining his plan. This evidence has been debated as to whether or not it should be admitted at the trial. If a therapist had information that would help document the premeditation and motive for a crime that was committed by their client, they would not be allowed to divulge this information due to privilege. Even if they turned this evidence over, the prosecutor would not be allowed to enter it at the trial. This lack of evidence would most likely result in the perpetrator being found not guilty, allowing him/her to go on to harm another victim. The therapist’s colleagues, family, and fellow victims would all watch the perpetrator’s behaviors escalate over time but (because of privilege) therapists could not provide evidence to stop this predictable violence.

Currently, federal law prohibits the sale of firearms and ammunition to certain individuals with a history of mental illness and requires licensed dealers to request a background check prior to transfer of a firearm (18 U.S.C. section 922(d) (4)). However, federal law does not require states to make mental health information available to the federal or state agencies that perform background checks, and many states fail to report to the FBI’s National Instant Criminal Background Check System (NICS) (C.F.R. section 25.4). Federal law does not require states to submit mental health information to NICS; participation is strictly voluntary (C.F.R. section 25.4). These cracks in the system result in the ability for many people with a history of violence and mental illness to be able to purchase weapons.

For example, the mentally ill are not allowed to purchase a gun in the State of Maryland. Who determines whether or not someone is mentally ill? The applicant for a firearm simply needs to check off that they were never involuntarily committed to a psychiatric hospital for more than three days. This is the primary safety check regarding mental illness that an applicant needs to pass before obtaining a weapon in Maryland. A mentally ill person could simply change their stay in a psychiatric hospital from involuntary to voluntary within the three-day time limit, thus allowing them the ability to purchase weapons. What is the point of background checks if those who are best able to assess mental and emotional fragility are not allowed to report that someone is mentally ill and dangerous?

As mental health professionals, it is time for us to be a part of a comprehensive system with law enforcement and the community that seeks to prevent these needless tragedies. We need to do a better job at identifying and ensuring that dangerous people with mental health problems are in a treatment modality that will ensure their own safety as well as the safety of those around them. A coordinated effort of community providers and the police has been successful in reducing domestic violence. Better training, along with assessment scales like the Danger Assessment created by Dr. Campbell in 1986, has been used by police and health care providers in identifying the lethality potential in domestic violence situations. Individuals identified as high risk are then removed from the community.

A similar system could be put in place for mental health providers who have clients whose behaviors or moods are alarming to them. The laws defining therapist/client privilege would need to be reconstructed in a manner that will allow therapists the right to report high-risk patients to these special units of trained law enforcement officers in assessing violent, mentally-ill offenders.

We also need a system that takes into account the human health providers in reporting this information. It is likely that by reporting these high-risk individuals, the therapist’s safety could be put in jeopardy. Privilege would need to be waived for therapists to obtain Peace Orders, thus ensuring that the therapist and their work places if they feel they are in danger. These changes would allow us the opportunity to be a part of the solution to end this needless violence.
HELP WANTED
THE ANS GROUP
is hiring part time therapists to provide outpatient psychotherapy services to clients in the Baltimore area. Experience preferred, training in trauma debriefing, ability to pass background check, substance abuse and EAP experience, CEAP preferred, training in trauma debriefing, ability to pass background check, substance abuse and EAP experience, CEAP preferred. Training in trauma debriefing, ability to pass background check, substance abuse and EAP experience, CEAP preferred. Salary ranges from $30,000-$37,000. Send resume to: Michelle Younger, Clinic Director, Omniphouse, Inc., P.O. Box 1270 Baltimore, MD 21211. Call 410-535-4942 or email jobs@adoptionstogether.org. ASSOCIATE DIRECTOR, MENTAL HEALTH AND SOCIAL SERVICES
Seeking an Administrative/Doctoral (AD) to be responsible for the daily operation of the Medical Services Division. The position requires a minimum of 2 years experience in a hospital setting. Mon-Fri: some Saturday mornings and a few evening hours required. Send resume to: Michelle Younger, Clinic Director, Omniphouse, Inc., P.O. Box 1270 Gale Burne Blvd., Baltimore, MD 21204. Or to: 410-765-6911.

CIRCUIT COURT FOR BALTIMORE CITY ADMINISTRATIVE DIRECTOR MEDICAL SERVICES DIVISION
Seeking an Administrative/Doctoral (AD) to be responsible for the daily operation of the Medical Services Division. The division conducts mental health evaluations for the Court as well as other responsibilities. Examples of the duties include policy planning, management, reporting of contracts, and supervision of administrative and clinical staff. We are seeking a highly motivated individual with excellent organizational and interpersonal skills. Qualifications: Master’s in Social Work - Clinical (LCSSW); 4 years clinical experience post-master’s; previous administrative responsibilities. Preferred: experience within a forensic setting; good computer skills. Salary range: $12,000-$15,000. Send resume and salary requirements to: mailto:jobs@adoptionstogether.org

IN-HOUSE EAP CONSULOR
Seeking contractor for government agency. Maryland license, substance abuse and EAP experience, CEAP preferred, training in trauma debriefing, ability to pass background check, substance abuse and EAP experience, CEAP preferred. Training in trauma debriefing, ability to pass background check, substance abuse and EAP experience, CEAP preferred. Salary range: $30,000-$37,000. Send resume to: Michelle Younger, Clinic Director, Omniphouse, Inc., P.O. Box 1270 Gale Burne Blvd., Baltimore, MD 21204. Or to: 410-765-6911.

MENTAL HEALTH THERAPIST
Full-time/Part-time.
LCSSW-C/LCPC/LPC
To provide services for individuals and group psychotherapy to a diverse population in a community setting.

THERAPEUTIC FOSTER CARE MANAGER, CLINICAL SOCIAL WORKER
Location: 2001 East Biddle Street, Baltimore, MD 21213 Hiring Incentive and Referral Available! COMPANY PROFILE: Kennedy Krieger Institute (KKI) is an internationally recognized facility dedicated to improving the lives of children and adolescents with significant developmental disabilities through patient care, special education, research and professional training. Kennedy Krieger Institute offers an interdisciplinary approach in treatment tailored to the individual needs of each child. Services include over 40 outpatient programs and over 40 inpatient residential programs providing services to children and their families. The Family Center is an outpatient department of KKI that specializes in the assessment and treatment of children with emotional/behavioral disorders and/or at risk for psychological trauma. JOB DESCRIPTION: Full-time Clinical Social Work Manager position working closely with the Admissions and Case Management Department. The Family Center administering services to children and adolescents in foster care who have developmental disabilities and/or medically fragile conditions. The successful candidate will have the responsibility for planning leadership in strategic planning, program development, quality assurance standards, policy development and implementation; direct clinical supervision of master level social workers and graduate level trainees; development and implementation of program for foster parents and staff, as well as direct social work services. QUALIFICATIONS: Licensed in MD and Approved supervisor by Maryland Board of Social Work. Minimum of 5 years of experience in the field including knowledge of social work care including supervision of clinical staff. Experience with medically fragile, developmental disabilities and/or complex mental health disorders. Adoption experience preferred. How to apply: Please apply through the careers section of our website at www.kennedykrieger.org. Job ID: 2453.

LCSSW-C/LCPC, SPECIAL NEEDS & DEAF SERVICES
General Overview: JSSA’s Special Needs & Deaf Services (SND) team has an immediate opening for a full-time Licensed Clinical Social Worker/Professional Counselor to join our growing team. Our SND team is an established team of clinic and C&L.E. managers, social workers committed to providing cutting edge services and, programs and support for children, families, and adults. The position will provide services to individuals with autism spectrum disorders, developmental disabilities and other special needs, as well as Deaf individuals. The incumbent will work collaboratively with individuals who are deaf or hard of hearing. Additionally, we provide full-service case management to include care coordination, assessments, referrals, advocacy and support services. The position offers a competitive salary, benefits and advancement opportunities. We are an Equal Opportunity Employer. Learn more about us at www.jassa.org.

OUTPATIENT PATIENT COUNSELING PRACTICE
has part time openings for LCSSW-C, LCSW, LCC, and a master’s level social worker. Please contact ed@krcounseling.com or call 410-765-2852 x2 or email to: LHolland@RelationshipsWork.org.

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SERVICES
SUPERVISION FOR LCSSW-C LICENSURE: Board Certified Supervisor with 10 years clinical experience. I work in a wellness setting and value collaboration, openness and time. ATP. I work in the Baltimore area. Email: Heather Easter, LCSSW-C at 410-843-6684, ext. 702 or email: heather@fitnewtonwellness.com.

PROFESSIONAL DEVELOPMENT
POST-TRAUMATIC STRESS DISORDER
Marcella Marcey, PhD, December 6, 2013, Baltimore, MD. For additional information go to: http://www.cpsigov.org or call 410 535-4945.
In Memoriam.

BARBARA SCHIFFER, Clinical Social Worker

Our condolences go out to Barbara’s family and friends. Barbara was a member of NASW-MD since 1982. The full obituary is below.
From The Washington Post
Published: June 22, 2013

Barbara Schiffer, a clinical social worker with a private practice in Mount Airy, died June 8 at MedStar Georgetown University Hospital. She was 58. The cause was colon cancer, her sister Judith Alter said. Ms. Schiffer had lived in Mount Airy since 1983 and established her social-work practice 18 years ago. She continued to counsel individuals and families until March.

Barbara Felicia Schiffer was born in Washington and grew up in Bethesda. She graduated in 1971 from Walt Whitman High School and from American University in 1975. She received a master’s degree in education from Columbia University Teachers College in 1976 and a second master’s degree, in social work, from the University of Maryland in 1983. Ms. Schiffer taught at the Maryland School for the Deaf and also worked with emotionally disturbed and learning-disabled children at Waterloo Elementary School, Waterloo Middle School and Clarksville Middle School, all in Howard County. She lived in Columbia before settling in Mount Airy. She played competitive tennis and spent time at family vacation homes in Moneta, Va., and Rehoboth Beach, Del. Ms. Schiffer was a member of Brain Trust, a conservative syncopated in Potomac, and volunteered at Glenelg Country School in Ellicott City.

Survivors include her husband of 38 years, Charles L. Kimbell, died in 1993. Survivors include three children, Steven Kimbell of Gaithersburg, Brenda Anna of Riverdale and Stephanie Mendenhall of Gettysburg, Pa.; four grandchildren; and one great-granddaughter.

— Victoria St. Martin

CAROL A. KIMBELL

Carol was a member of NASW-MD chapter for more than 30 years. Our thoughts and prayers go out to her family and friends. Her full obituary is below.

From The Washington Post
Published: October 7, 2013

Carol A. Kimbell, a homemaker who went back to school in her 40s and became a clinical social worker at a psychiatric hospital in Sykesville, Md., died Sept. 21 at Washington Hospital Center. She was 79. The cause of death was lung cancer, said her son, Steven Kimbell.

Mrs. Kimbell, a Hyattsville resident, received a bachelor’s degree in social services from the Catholic University in 1983 and a master’s degree in social work from Catholic in 1984. From 1985 until 1996, she was a clinical social worker at Springfield Hospital Center, a facility run by the state of Maryland.

Carol Ann Colson, a native Washingtonian, was a 1982 graduate of D.C.’s Eastern High School. She was a past president of the Council on America’s Military Past, a historical organization. She was a teacher’s aide at the old Ager Road Elementary School in Hyattsville and a volunteer with the Prince George’s County Youth Orchestra. She helped coordinate the orchestra’s appearance at the Kennedy Center for a bicentennial concert in 1976. She appeared in a documentary, “Homefront: World War II in Washington,” which aired on WETA in 2007. In retirement, she rafted in the Colorado River and went dog sledding in Alaska.

Her husband of 38 years, Charles L. Kimbell, died in 1993. Survivors include three children, Steven Kimbell of Gaithersburg, Brenda Anna of Riverdale and Stephanie Mendenhall of Gettysburg, Pa.; four grandchildren; and one great-granddaughter.

— Matt Schudel