NASW-MD Responds to BSWE Proposed Regulations

By Dr. Anthony Estreet, LCSW-C, Chapter President

On October 12, 2018 draft regulations to carry out the 2017 changes in our Social Work Practice Act were published in The Maryland Register, which started the 30 day comment period where social workers and members of the general public may have a say about what is proposed. For a brief history of what brought us to this point, see the article on page 5.

The new regulations amend four chapters of the current Code of Maryland Regulations (COMAR). Title 10 of COMAR refers to the Maryland Department of Health (formerly DHMH) and Section 42 refers to the Board of Social Work Examiners (BSWE). There are nine chapters of regulations in this section. Therefore, regulations regarding social work are found in COMAR. Title 10.42.01-09. Four chapters are being amended 10.42.01 (Regulations Governing Licensure), 10.42.02 (was called Case Management, would now be called Governing Licensure), 10.42.02 (was called Social Work Practice), 10.42.08 (Supervision), and 10.42.09 (Disciplinary Sanctions and Monetary Penalties).

Over the past month, Dr. Daphne McClellan, executive director of NASW-MD, and other NASW board members travelled to every branch of the state, holding review and discussion sessions about the regulations. Throughout the sessions and after numerous phone calls, emails, and meetings we have learned what our members are concerned about and how the new regulations are viewed.

BSWs and MSWs are excited about the opportunity to have an end to the “forever supervision” necessitated by our old statute, and we are hopeful that the career path afforded by the changes in our law will result in more generalist and macro MSWs and BSWs choosing to become licensed. Supervision has been a subject of discussions at every social work gathering in recent months. There is concern regarding a perceived change in the way the current regulations are interpreted regarding supervision hours for those working toward advanced licensure. According to reports, agencies that provide a mixture of individual and group supervision for young social workers (utilizing more than one LCSW-C supervisor) find that what was acceptable in the past is no longer being accepted when the supervisee applies to take the clinical exam. Since supervision regulations are currently being revised, this is an opportunity to address the issue.

Although the use of technology with clients is on a back burner, using technology for supervision is not. The new regulations allow face-to-face supervision to include supervision conducted by secure video conferencing. This innovation has found wide-spread approval among supervisors and supervisees alike. However, a proposal to change the number of supervision hours required for LBSWs and LMSWs from 3 per month to one hour for every 40 hours worked has drawn mixed reviews. Social workers are happy that part-time employees will get the opportunity to have required supervision time that is more commensurate with their working hours, but many full-time supervisees and supervisors are concerned about the increased hours the change would require from them.

Other aspects of the new law and proposed regulations that have yielded positive responses are: 1) the definition of private practice and clarification that only an LCSW-C can have a private practice and 2) the opportunity for LBSWs and LMSWs to follow a career path that enables them to become independent practitioners and board approved supervisors.

NASW is known for its dedication to professional standards and regulation. As the organization that originated The Code of Ethics and which led the way for licensure in all 50 states, we are strongly committed to protecting the public and ensuring a competent workforce.

In addition to our dedication to professional standards, NASW is dedicated first and foremost to standing up for social workers (and our members in particular). Throughout the process of passage of the amendments to the Social Work Practice Regulations Cont. on page 3

Privilege, Rage, and “Justice” Kavanaugh

By Kate Christman
MBA/MSW Candidate 2019
Student Intern, NASW-MD Chapter

On Monday, October 8th, conservative judge Brett Kavanaugh was sworn in as the next Supreme Court Justice of the United States. As usual in today’s politics, conservatives celebrated the win and liberals tried to hold on to energy in their base after the hard fight. While there were deep concerns over his nomination about his conservative record and his views on executive privilege, the battle for his confirmation was felt across the country on a very personal level due to the multiple accusations of sexual assault and misconduct.

On Thursday, September 27th Dr. Christine Blasey Ford, a psychology professor, testified before the Senate Judiciary Committee regarding her memory of an assault by Kavanaugh, and millions watched across the country. Protests against Kavanaugh’s nomination hit a peak in the week that followed with hundreds being arrested in various civil disobedience actions, thousands participating in demonstrations, and videos flooding the internet of advocates and protesters trying to make their voices heard with lawmakers. With the country severely divided and highly emotional, on Saturday the 8th the Senate voted to confirm the nomination by the smallest margin since 1881.

While the parties and organizations involved prepared themselves for the Supreme Court session and the fraught battles to come, many Americans are still reeling from the emotional toll of the process. The National Sexual Assault Hotline reported a 201% increase in call volume on the day

Kavanaugh Cont. on page 4

Credit ABC News

FALL EDITION | 2018
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.
S
hortly after Hurricane Florence devastated North Carolina in September, I received an email from NASW-MD asking for social workers to volunteer with the Red Cross. I’ve had a long term interest in bringing my social work skills and experience to disaster relief, and was intrigued by a friend’s month long experience last year in Puerto Rico, so I applied right away. Being retired and a bit of an adrenaline junkie keen on adventure didn’t hurt either.

Less than a day later I found myself on the phone with an encouraging Red Cross representative and undergoing a marathon of required online training. Not long afterward – the Red Cross provides only 48 hours notice of an assignment - I found myself on a plane to North Carolina to provide disaster mental health services. I had no idea where I was going or what to expect, but I’d been fully prepared that “flexibility, patience, and just being nice” would go a long way. I also knew I would be sleeping in a staff shelter.

A short plane ride and two hours by car landed me in the coastal city of New Bern, North Carolina; a small town known for the founding of Pepsi and for 50 individually crafted and privately owned bear statues. New Bern was devastated by the flooding associated with Hurricane Florence in September, which left 4000 homes damaged, train tracks washed out, and hundreds of businesses badly affected. In a city where 19.5% of residents live in poverty and affordable housing was already limited and in high demand, many were left without homes.

I was assigned to a Red Cross Shelter that had opened seven weeks earlier at a local recreation center. Typically, shelters are intended to provide a brief stopgap measure; this one had no end in sight, which was the sense of community that had taken hold in the shelter. In spite of their many differences, the hardships they were facing, and the close quarters in which they were living, people genuinely got along. Residents respected one another’s space (limited as it was) practiced tolerance in these most challenging circumstances, and unlikely friendships sprung up that offered mutual support and caring. 90 year old Clara cried when she left to return home. She was happy to go home but would miss the companionship and support of what had become her shelter family.

Commenting on these dynamics, one resident sagely suggested our nation’s senators and members of Congress be forced to live in a rec center gym shelter for as long as it took to find common ground and figure out how to get along. Surely, she reasoned — despite the challenges shelter residents faced — if they could do it, couldn’t our elected representatives figure it out as well? Great idea, eh?

On a negative note, what also stood out was the lack of resources available for these vulnerable families and individuals. They felt to me like forgotten Americans, with few to no prospects for housing, and for some, no prospects for health care or an income anytime soon. North Carolina had obviously not opted in to the Medical Assistance expansion; one man who likely had a stress fracture refused to seek medical care because he had no insurance and worried about the cost of x-rays and treatment. He rode his bicycle to work and said I didn’t hurt too much on the ride. Nobody could tell me what would become of those in wheelchairs and on oxygen, and there were rumors that tents and sleeping bags would be given to the others when the shelter closed.

As for the staff shelter I called home, sharing the gym at a church with 40 people was nothing like the 97 who shared the gym at the rec center. Lights off at 10 and on at 6 was annoying, as was the snoring man nearby, but I knew my time there was limited. Besides, I scored a blow up bed, and the cot became a place to store my stuff. For the last few days, when the church needed its gym back, we moved to a Marriott that was somehow still functioning despite not having a first floor.

Red Cross volunteers came from all over the country, and along with my disaster mental health colleagues, shared the work of organizing meals, staffing the shelter 24/7, and providing emergency medical care. An awesome group of people – most with at least three disasters under their belt – we quickly organized and our team ran as smooth as a well-oiled machine. When one volunteer left, another was warmly welcomed and quickly absorbed into the mission. Among all I had the privilege to work with, only one was a sourpuss who apparently missed the memo about the importance of flexibility and just being nice. Our resident celebrity – a television producer from Los Angeles – jumped right in and got his hands just as dirty as the rest of us, if not more… I found him cleaning the toilets during our night on the midnight shift. Hey, it was something to do to stay awake!

It wasn’t all work and no play. I got to enjoy the Mum Festival – an annual street festival of many years duration that the town pulled out all stops to put on this year, a symbol of hope for better times ahead. New Bern had some great freshly made ice cream and the biscuits were divine. Merchants were appreciative of our aid to their town, and it wasn’t unusual for our bill to be reduced if not eliminated. I spent a few hours at Emerald Isle with a colleague from Alaska and another from Hawaii, whose visit to the Atlantic Ocean was her first.

All too soon, my nine days were up and it was time to return home. I found it hard to leave not knowing the fate of the shelter residents. Their images will be forever seared into my brain, each with their unique story of hardship, loss, resilience, and hope. I left knowing that I’d gotten far more than I gave, and departed grateful that our shelter residents allowed me the privilege of entering their lives, if only for a moment. I was inspired by their sense of community; by their genuine willingness and ability to put so much baggage aside and just get along.

Will I do it again? I’m sorry it will be another disaster that calls me…but yes. In a few months I’ll be ready to do it again. If you have the time, the support of your family, and are open to new experiences, I’d highly recommend volunteering for disaster relief with the Red Cross too.

By Judith Schagrin, LCSW-C

A View from the Field: Disaster Relief after Hurricane Florence

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OPEN Graduate Student Representative
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NASW-MD OFFICE STAFF
DAPHNE MCCLELLAN, PH.D. Executive Director
JENNIFER WILLIAMS Director of Communications and Continuing Education, and editor Maryland Social Worker

Shelter manager, staff member, Judith, and EMT ready for the night shift

The Maryland Social Worker FALL EDITION | 2018
Act and the months afterward when the regulations were being written and published by the board, we have heard from hundreds of social workers around the state. We found that social workers want the integrity of the profession preserved and want clients served by competent and ethical practitioners. We also want a process for becoming licensed and advancing their credentials that is clear, fair, and flexible. Based on what we have heard from members, there are sections of the proposed regulations we believe would benefit from some adjustments and/or clarification. Therefore, NASW-MD and its Professional Standards Committee have prepared comments to be sent to the Office of Regulation and Policy Coordination. We discussed the fee, but are not limited to the recommendations listed below. We have urged the BSWE to review our concerns and make changes to the proposed regulations which will make them clearer and easier to follow while maintaining the primary purpose of licensing the public.

I. Definition of Clinical Social Work is different in 10.42.01.02(6) (pg. 990) and 10.42.02.02 B. (7) (pg. 992).

**Suggest inserting the word “groups” to the second definition to make them identical.**

II. In 10.42.02 there are new definitions which may be useful but are not complete. We suggest in 10.42.02.02 B. (1) (pg. 992) that the words “includ-”es, back is not limited to be added to the definitions of Administration and Advocacy. “Admin-istrative includes, but is not limited to the process of …..” Advocacy includes, but is not limited to the service in which …….

III. Private practice is being defined for the first time in the amended statute and in these regulations. It is our under-standing that it was the intent of the BSWE and the legislature to cur-tail the ability of LMSWs (formerly LGSWs) from having their own private practice with just the minimal supervision required by the regulations. According to the new regulations 10.42.02.03 D (6) (pg. 993) only a LCSW-C may have a private practice. It is our understanding that the language in 10.42.02.03 B. (5) and (6) (pg. 993) indicates that a person who is currently an LMSW may have or own their own private practice under the supervision of an LCSW-C until Dec. 31, 2019 but if they have not obtained the LCSW-C by that date, the LMSW may not continue to have or own a private practice after that date, beginning Jan. 1, 2020.

However, the language in that section that refers to LMSWs engaging in private practice is unclear and confusing. It is our understanding that an LMSW may be employed in a private practice group where they are properly supervised by an LCSW-C in the rendering clinical services and acquire clinical work experience necessary for pursuing advanced li-censure.

In order to make the intent clear and to make the language consistent with 10.42.02.03 D. (6), we recom-mend that the following changes be made in 10.42.02.03 B (5) be changed: “On or before December 31, 2019 an LMSW may not have a private CLINICAL practice without the supervision of an LCSW-C and is licensed. On or after January 1, 2020 an LMSW may not have a private CLINICAL practice”.

There is great anxiety across the state among young social workers who currently receive on-the-job training in clinical practice as part of a group practice. Some groups practices have had practitioners quit their positions after reading the new regulations. Some LMSWs were told by the owners of the practice that they cannot continue to work there after December 31, 2019. The language suggested above would clarify this issue and help stabilize the workforce.

IV. The process for LBSWs and LMSWs to apply for Independent Practice status has been laid out in three ways on page 994. In 10.42.02.05 E the process is described for grandfath-ering licensees of more than 10 years. It was the legislative intent for this pro cess to acknowledge the longevity of these licensed social workers with a process that is easy for both them and the BSWE. The statute specifically mentions only that the social work er be licensed and actively working as a social worker for at least ten years. The statute reads: “(b) On or before January 1, 2008, was licensed by the Board as a licensed bachelor social worker or a licensed graduate social worker; and (ii) Has actively prac-ticed in a bachelor social work, a prac-tically practiced graduate social work, or actively practiced master social work for at least 10 years” (Health Occupations 19-302 (F) (2) and (III)).

The reference to supervision was de liberately left out of the grandfather ing language in recognition of the dificulty in providing documentation going back a decade or more and be cause ease of the process is one of the hallmarks of being "grandfathered". Some of the people who supervised these long time social workers have retired, moved, or passed away. There was no requirement that records be kept for this length of time.

We suggest that the language in 10.42.02.05 E (1) and (2) reflect the legislative intent by removing the reference to “under social work supervi-sion” and that the application and documentation referred to in (3) and (4) be confined to documenting that one was licensed as an LBSW or LMSW on or before January 1, 2001 and has been employed as a so-cial worker for at least ten years.

V. The second process for current LB SWs and LMSWs to apply for Inde-pendent Practice is laid out in 10.42.02.05 F. The language in that section tries to bridge the gap be tween those who were licensed on or before January 1, 2008 and those who will be licensed on or after July 1, 2010. However, this specific process is not necessary and is confusing to social workers who were licensed on or before January 1, 2008 but may not have been employed as social workers for at least 10 years.

We suggest that 10.42.02.05 F be re written: "An LBSW or LMSW who was licensed on or before June 30, 2019 shall:"

This would mean that those who have been licensed for more than ten years would have two ways to qual ify for Independent Practice. They could either meet the grandfathering requirements of having been licensed and employed as social workers for at least ten years OR they could meet the more strict supervision require ments laid out in the process described in letter F.

VI. Based on the reasoning we set out in III above, we suggest that 10.42.02.06, be changed to read: B. An LCSW may not have a private clinical prac-tice. C. An LCSW-C may have a pri vate clinical practice. D. On or after January 1, 2020, an LMSW may not have a private clinical practice.

VII. We have received numerous phone calls and reports from LMSW supervi-sors, LCSW-C supervisors, and so cial work agencies regarding the dificulty in meeting the requirements to ur for the clinical exam. Some concerns are centered on the definition of what counts as clinical experience but the majority are in regard to the current interpretation of the regulations that all 3 hours of supervision one receives in a month must be done by the same person. This is a significant change and apparently conflicts with long-established prac-tices in many agencies where group supervision is conducted by a differ ent person than the contracted supervi sor, or where the supervisee has a contract with more than one supervisor for different supervisory pur poses. Many agencies rely on more than one LCSW-C to meet the needs of their agency in providing supervi-sion due to various areas of expertise, work schedules, or perceived learning needs of the supervisees. In 10.42.08 Supervision and Education for Full-time Employment section 3 the requirement is to have one hour each month will be a burden to what is already a financial challenge.

We suggest a revision to 10.42.08.07 Responsibilities of a Supervisor (pg. 994) C. A supervisor shall: Provide or ensure that a supervisee receives a minimum of 3 hours per month or for part-time employees, 1 hour for every 40 hours worked of appropriate face-to-face supervision for each su- pervisee; And we suggest the following revisi on to 10.42.08.08 Responsibilities of a Supervisee (pg. 994) A. (2) Participate in a minimum of 3 hours per month OR for part-time employees, 1 hour for every 40 hours worked of face to-face supervision with the supervis or’s supervisee(s).

This language change keeps the current minimum supervision require ments for full-time employees while allowing part-time employees a more attainable number of hours. It also permits employers and supervisors the flexibility to provide the best supervision and education for supervisi ves while maintaining the optimum workforce for their agency. Thus, the contracted supervisor is responsible for the supervisee’s supervision and education, but the supervisee makes arrangements for specified reasons for another appropriate person to provide some supervision hours.

VIII. Finally, we find the table of vio lations in 10.42.09.04 (pgs. 997-998) confusing. In what appears to be an effort to abbreviate the references in the violations, some of them are unclear. We appreciate the words that
were added to (I) to complete the unfinished sentence, but some of the other violations could be enhanced by including the language from the actual statute.

We recommend that the language in (9), (10), (16) and (18) be expanded as follows:

(9) Provides professional services while: (i) Under the influence of alcohol; or (ii) Using any narcotic or controlled dangerous substance, as defined in § 5–101 of the Criminal Law Article, or other drug that is in excess of prescribed amounts or without valid medical indication;

(10) Is disciplined by a licensing or disciplinary authority of any state, country, or branch of the armed services, or the Veterans’ Administration for an act that would be grounds for disciplinary action under this section;

(16) Refuses, withholds from, denies, or discriminates against an individual with regard to the provision of professional services on the basis of race, age, gender, sexual orientation, disability, religion, or ethnic origin or because the individual is HIV positive;

(18) By threats, force, or improper means, intimidates or influences, or attempts to intimidate or influence, for the purpose of: (i) Causing any person to withhold or change testimony in hearings or proceedings before the Board or otherwise delegated to the Office of Administrative Hearings; or Subtitle 3—Licensing 12 (ii) Hindering, preventing, or otherwise delaying a person from making information available to the Board in furtherance of an investigation by the Board;

We invite feedback and comments from our members about what we are doing on your behalf. Please feel free to contact Daphne McClellan at dmc@socialworkers.org. Hopefully revisions will be made and there will be an additional open comment period in the future. Please note: this article was highlighted in the November 2018 e-news which was sent to all members on November 2nd.

For social workers it is critical to our work as advocates, as clinicians, and as professionals in this field that we commit ourselves to the provision of professional services to all individuals, regardless of race, gender, or other characteristics.

The shock and rage felt among many white women, including myself, may be more deeply felt because for many this is an unusual situation; to be dismissed and undervalued so directly. It does not make the anger, grief, and outrage of white women less valid or the trauma and pain of sexual assault less real. It just means that we must be honest with ourselves about the moments when we have questioned and criticized the anger, grief, and outrage of others; the moments when we allowed the oppression of others because our own privilege shielded us from the impact of that particular injustice. We must give credit to the non-white activists who put themselves on the line more often than us, at a higher cost than we do, and often benefit all of us in the process.

For social workers it is critical to our work as advocates, as clinicians, and as professionals in this field that we commit ourselves to the provision of professional services to all individuals, regardless of race, gender, or other characteristics.
A Brief History of the Journey of the Revised Statute and Regulations

The revision of our licensing law has been a long journey which is not quite over. NASW-MD has been involved in every step of the process. In 2014, our Private Practice Committee, then chaired by Sherryl Silverman, joined the Chapter Ethics Committee to send a letter to the Board of Social Work Examiners (BSWE) expressing concern that LGSWs were able (under the law) to have a private practice with just three hours of supervision each month from a contracted LCSW-C. The letter expressed concern that these professionals were often not adequately knowledgeable or prepared to be in private practice on their own or with an equally unprepared colleague. The letter was instrumental in beginning the process of the review and revision of our licensing law at the BSWE.

In January 2016 a draft of a licensing bill was voted on by the BSWE. However, due to concerns expressed by NASW, the BSWE decided to set up a task force of stakeholders from around the state to review the draft bill and make suggestions. Several people representing NASW were involved in the task force, including Daphne McClellan and members of the Private Practice Committee. The task force included all members of the Statutes and Regulations Committee and several staff members of the BSWE, and they met throughout 2016. Two sub-groups (one on clinical practice and one on independent practice) were formed, and they also had a number of meetings. The result of that work was consensus on a draft bill by those present at the November and December meetings of the task force. The bill was introduced into the 2017 session of the legislature by Senator Shirley Nathan-Pulliam and Delegate Chris West. Our lobbyist Ann Ciekot, prepared comments that were submitted in writing, and Dr. McClellan represented NASW with verbal comments in December.

At the March 2018 meeting of the BSWE, the board voted and passed changes to four chapters of the regulations; two that were shared with licensees in November and two additional chapters. Since then we have been waiting for the proposed regulations to be sent to the legislature by the Secretary of Health. The process was delayed for several months by the secretary due to regulatory provisions regarding teletherapy.

A word about Teletherapy: The revised practice act allows for teletherapy by clinical social workers; however this part of the regulations was put on a back burner until the Secretary of Health decides what to do with the varied telehealth regulations being promulgated by each of the health care licensing boards. Once that happens we will see the what the regulations look like.

On October 12, 2018 the BSWE’s proposed regulations were published in The Maryland Register. Once the public has commented and the board either revises or goes forward with the proposed regulations, they will be officially passed and will attain the same force of law as the statute.

PRIVATE PRACTICE COMMITTEE NEWS

Dionne Brown-Bushrod, LCSW-C
NASW-MD Private Practice Committee Chair

Free and Easy
The PPC is proud to have been intricately involved in the NASW-MD 13th Annual Fall Clinical Conference. We diligently worked with chapter staff to bring attendees intriguing clinical topics which included a look into war and moral injury, a Jungian perspective on therapeutic agendas for second half of life, EFT, addictions, clinical issues for children of absent parents, Lyme and tick-borne illness and mental illness, and the ethics of working with children and trauma. Additionally, the PPC closely vetted a private practice track to usher attendees in building private practice businesses, promoting business through creative marketing, conducting ethical and competent clinical practice in business, and creating sound financial practices in business.

To keep up the momentum of information sharing, the PPC hosted a post-conference showcase to meet other private practitioners. Attendees were grouped by region for introductions, resources, and networking, all while acquiring free Category II CEUs and a pizza dinner!

Attending the annual clinical conference doesn’t have to be the only time to learn and network.

The PPC hosts meetings on the first Friday of the month at 10:00 am for a committee meeting followed by peer case conferences from 11:30 am - 1:00 pm. Private practitioners balance taking time to attend meetings against potentially losing income during valuable client hours. Gathering with colleagues and peer consultation is invaluable, and the following perks provide more incentive to attend:

1. Free 1.5 Category II CEUs for clinical case conference at a $15 value
2. Free lunch with pizza and beverages served.
3. Free clinical consultation. Some colleagues charge for their consultation time.
4. Free business consultation to discuss your widest business ideas and get generous feedback.
5. Free tax writes off with expensing travel to the meetings.
6. Free peace of mind to ward off professional loneliness and isolation.
7. Free referrals. Keep in mind word-of-mouth is the leading referral resource.
8. Free laughs presented by the PPC which is a light-hearted, supportive, and encouraging group!
9. Free and almost immediate updates on legislative and clinical practice standards that affect private practice.

Join our committee!
If you have an interest in private practice or are currently in private practice, join the PPC so you can be involved in sharing ideas with like-minded professionals.

Now is the Time: Advocate for Our Schools!
During the 2019 General Assembly, we will face a once-in-a-generation opportunity to have an impact on the future direction and funding for Maryland’s public schools—potentially for decades. The Kirwan Commission will present its recommendations for how our state can provide students in Maryland with a world-class education. The Social Work in Schools Committee is encouraging all Maryland social workers to join in advocating for this outcome.

One easy and effective way to do this is to form a group under Strong Schools Maryland. The organization will send you and the members of your group monthly information about a particular issue, a suggested letter script, postcards, even stamps! All you need to do is address and mail. You will also be asked to attend periodic rallies. Many Strong Schools Maryland groups have been formed by members of churches and neighborhood organizations. Our committee is considering forming as a Strong Schools Maryland group, and we welcome you to join us in this effort. With many voices, we can have strong schools for all students in Maryland.

For more information, please visit the Strong Schools Maryland website at: https://www.strongschoolsmaryland.org/

COMMITTEE NEWS SOCIAL WORK IN SCHOOLS

Our Next Meeting is December 7th - Confirm your attendance at naswmd.privatepractice@gmail.com or contact the chapter office.

Join our efforts to help shape next year’s clinical conference!
The NASW-MD Private Practice Committee is looking for providers to share their expertise at the 14th Annual Fall Clinical Conference.

If you would like to be a presenter addressing one of the following content areas, please contact the PPC at naswmd.privatepractice@gmail.com. Shy about presenting? The PPC is there for you! We will help you build your presentation. PPC meetings can be used to float content and to rehearse. Don’t be shy, give it a try!
In Memoriam

Joan Yvette Harris (Sembly), was born on September 11, 1932 and transitioned peacefully to her heavenly home on Tuesday, August 21st. She was at home, surrounded with love and comfort. Throughout her life, she cared deeply for those around her first as a big sister, then at Bates High School, Morgan State University, and University of Chicago where she got her MSW. Joan’s career began at the Children’s Service Society of Wisconsin but she soon returned to Baltimore where she worked in public schools and was promoted to manage and supervise the School of Social Work Service within Baltimore City Public Schools. She served the students of Baltimore for decades.

Throughout her time in Maryland, Joan was selected by NASW and multiple state governors for leadership roles on councils and commissions. Beyond her work in schools and across the state, Joan was active in her church community and the Alpha Kappa Alpha Sorority where she achieved Golden and Life status. On June 17, 2017 the University of Baltimore hosted a celebration held in her honor. While Joan’s professional career was extraordinary she saved time for her favorite activities such as photography, walking, riding her bike, spending time with nature, and quality time with her grandchildren.

Joan was a member of NASW for 57 years and we join her friends and family in honoring and cherishing her memory.

Karen Nancy Wilson died quietly on October 6, 2018 at her home in Oxford, MD with her husband and her beloved neighbors following a long struggle with pancreatic cancer and immunotherapy treatment.

She was born January 28, 1943 in Washington, DC and after residing in Raleigh, NC and Lewisburg, PA ultimately moved to her beloved Oxford home in 1976. Nancy directed the University of Maryland Eastern Shore Masters of Social Work program and was both a founder and board member of several social service agencies in Talbot County. She is survived by her husband of 42 years; Peter Dunbar, and two children; Katherine Wilson Dunbar and Michael Wilson Dunbar.

In lieu of flowers, donations can be sent to Talbot Community Connections, www.talbotcommunityconnections.org, or another social service agency of your choice.

NASW-MD would like to extend our sincere condolences to the family and friends of our chapter member, Nancy Wilson.

In Celebration of Joan Harris

In Celebration of Karen “Nancy” Wilson

Source: www.fhnfuneralhome.com

Save these 2019 Dates

Social Work Month Annual Conference
March 28-29, 2019

Second Annual Ocean City Conference
May 3-4, 2019

14th Annual Fall Clinical Conference
September 26-27, 2019

7th Annual Macro Social Work Conference
September 27, 2019

Bridge to Rediscovery
Memory Care Reimagined
There is no greater joy than rediscovering your purpose.
Our Memory Care Makes It Possible.
Here, teachers are teaching again. Retired mail carriers are delivering important notes, while one-time musicians are living out their Broadway dreams.
Our award-winning program relates to each resident’s story, motivates residents with activities for their abilities, and appreciates each and every one, by helping them rediscover the passions that always brought them joy.

Call us today to experience memory care, reimagined.
Learning Objectives:

- to be truly effective in working with patients using mindfulness techniques.

Mindfulness practice and Mindfulness techniques that can benefit patients in clinical practice. Mindfulness practice is a non-judgmental awareness of the present moment.

Synopsis:

Mindfulness practice will be taught in a way that participants can understand and integrate into their own lives. This workshop will provide a hands-on experience of mindfulness and its benefits.

Registration:

- CEUs: 3 Category I
- Cost: $45 for members; $85 for non-members

NASW-MD welcomes your suggestions for future workshops and locations.

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.
- Registrations received less than 2 business days/48 hours prior to the program date will be admitted as space allows for an additional $10 late charge. (One-week prior registration is required for programs providing lunch, with the late fee in effect of $20 for registrations less than one week in advance.)

REFUND POLICIES

- NASW-MD will only refund registrations for cancellations made at least two business days/48 hours in advance of the workshops, 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 attend a program and do not immediately follow-up for refund information or to switch to another course; if registrants do not follow-up on an absence, no refund or switch will be allowed.
- Please note that continuing education credits are granted based on participation, NOT on payment. All workshop participants arriving late will receive a reduction in credit units granted.
- If you would like e-mail confirmation of workshop registration, please include your e-mail address on the registration form.
- NASW-MD reserves the right to cancel workshops due to poor registration.

INCLEMENT WEATHER POLICY

- In the event of inclement weather, please call 410-788-1066, ext. 13, 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!
Friday, November 16. You may register for one OR both courses (separately). The synopsis for BOTH days is below.

Synopsis: This one OR two-day workshop consists of information, interactive activities, and engaging discussions designed to enhance general and clinical supervision skills. It is for new and aspiring supervisors, experienced supervisors/administrators who would like to enhance their supervisory knowledge, and social workers and other human service professionals who supervise other professionals working toward advanced licensure.

Day one of the training provides an overview of supervision and the skills, attributes, and resources necessary for effective supervision. You will also explore emotional intelligence and strategies for addressing generational differences in the workplace. Day two covers theoretical frameworks, information on conduct of supervision, and skills necessary for ethical supervision in accordance with regulations and best practices.

Learning Objectives:
1. To understand the role, function, and core competencies of effective supervisors.
2. To understand how leadership styles, generational differences, technology, and emotional intelligence affect workplace behavior and the climate/culture of an organization.
3. To understand the conduct, legal and regulatory issues of supervision.
4. To be able to apply theoretical models to supervision.

CE:
6 Category I

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

Please Note: If the attendee completes both days (the full 12 hours) of this workshop, the Maryland Board of Social Work Examiners’ 3-hour ethics requirement for license renewal will be met.

#2344 First Sunday Matinee Featuring the Film: Acrimony
Date: Sunday, December 4, 2016, 1:30 p.m. – 4:45 p.m.
Location: NASW-MD Chapter Office
Facilitator: Pamela Love Manning, MSW, Ph.D.
Certified coach, speaker, author, & founder, The Finishers Network
Synopsis: Acrimony is a movie about a faithful wife (Taraji P. Henson) tired of standing by her beloved husband (Kyrie Bern) and becomes enraged when it becomes clear she has been betrayed.
Discussion Objectives: Upon completion of this discussion participants will:
1. Identify how mental illness affects relationship decisions
2. Recognize ways family can support couples in crisis
3. Identify strategies for helping girls and women cope with emotional pain

CE:
3 Cat I Please Note: Cat II CEUs
Cost:
$35 for members; $45 for non-members; $10 for guests (no CEUs for guests)

#2377 Bringing Best Practices Home: Standards for Excellence Implementation Clinic
Date: Tuesday, December 4, 2018, 9:00 a.m. – 4:00 p.m.
Location: Maryland Non Profits
1500 Union Avenue #250
Baltimore, MD 21221
Presenter: Amy Coates Madsen, MA
Director, Standards for Excellence Institute
Synopsis: Managing a nonprofit is no small feat; you’re under pressure to innovate and collaborate; you’re competing for funding, talented staff, and board members; and you’re mandated to be transparent and accountable. This full-day program provides an overview of the Standards for Excellence® code, with the focus on helping attendees identify their organization’s strengths and areas for improvement in nonprofit management. Attendees will leave the workshop with a complete, short-term work plan for implementing the best practices outlined in the Standards for Excellence: An Ethics and Accountability Code for the Nonprofit Sector® – a proven model to set your organization up for success and set it apart. With best practices in place your organization will benefit from increased revenue, a strengthened board, and effective operations. This clinic can also be an initial step for organizations seeking voluntary recognition or accreditation from the Standards for Excellence Institute.
Learning Objectives: After attending this workshop participants will be able to:
1. Understand the key principles of the Standards for Excellence code and why they are important to successfully manage and operate nonprofit organizations.
2. Develop an organization’s infrastructure (i.e. complete a self-assessment) to gauge your areas of strength and opportunities for growth.
3. Think through how to implement portions of the Standards via brief one-on-one consultations.
4. Bolster the case for implementing best practices with your co-workers and board back “home” at the office.

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

#2378 Quick Study Social Work Licensing Preparation
Date: Thursday, December 6, 2018, 9:30 a.m. – 4:45 p.m.
Location: NASW-MD Chapter Office
5750 Executive Drive Suite 100
Baltimore, MD 21228
Presenter: Maxwell Manning, MSW, Ph.D.
Clinical Supervisor Consultant, Licensed Clinician, Life and Executive Coach and CEO International Leadership, Coaching and Mentoring, Inc.
Synopsis: This workshop is geared toward participants with an advanced understanding of social work theory/practice who need additional support with strategies and approaches for test taking. There will be a short overview of theoretical concepts and information about social work practice. The remainder of the workshop will consist of learning strategies and techniques for understanding and answering questions. Please Note: There will be a review of practice questions but not exam specific-questions or practice tests for specific levels.
Learning Objectives: Upon completion of this workshop participants will:
1. Review major concepts used in social work practice
2. Discuss how key social work concepts inform practice
3. Learn the LikED test taking strategy
4. Practice answering test questions and review barriers to passing the exam
5. Develop a strategy for preparing to take the exam

CE: 6 Cat I
Cost:
$90 for members; $130 for non-members
The Bergand Group will help.

**ARE YOU OR SOMEONE YOU LOVE SUFFERING FROM DRUG ADDICTION OR ALCOHOLISM?**

What services the Bergand Group offers:

- outpatient detoxification
- intensive outpatient group counseling
- individual counseling
- dual diagnosis treatment
- psychiatry services
- medication management
- DUI and DWI groups that are MVA compliant

The Bergand Group accepts most major private insurance & Medicaid.

**GET HELP NOW**

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<thead>
<tr>
<th>Location</th>
<th>Address</th>
<th>Phone Numbers</th>
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<tbody>
<tr>
<td>Fallston</td>
<td>1803 Harford Road</td>
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<tr>
<td></td>
<td>Belair, MD</td>
<td>443-299-6766</td>
</tr>
<tr>
<td>Towson</td>
<td>1300 York Road</td>
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<tr>
<td></td>
<td>Building C Ste 300</td>
<td>410-853-7691</td>
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</tbody>
</table>

Towson: 410-853-7691
Fallston: 443-299-6766
On-line: bergandgroup.com

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**Continuing Education Registration Form**

Please mail this form with your check made payable to NASW-MD, 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. NASW-MD reserves the right to cancel any workshop for poor registration. Refunds for workshops canceled by NASW-MD will be mailed within 3 weeks. Please see full refund/cancellation policies on the first page of the continuing education schedule. Workshop fee includes certificate. If you arrive late to a workshop or conference your certificate will be adjusted to reflect time missed. PLEASE NOTE THAT WE DO NOT ACCEPT FAX REGISTRATIONS. Thank you for your cooperation. Please print legibly.

**PLEASE NOTE: 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: ___________________________________________________

Cell Phone: __________________  Day Phone: ______________________

Address: __________________________________     ZIP ____________

Email_______________________________________ (required for receipt)

NASW Membership #: _________________________________________

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

Credit card payment: ☐ Mastercard ☐ VISA ☐ Discover

Credit card number: __________________________________________

Exp. Date:____________   CVV Code (three numbers on back of card): __________

Name as it appears on the card: ___________________________________

Signature: ____________________________  Today’s date: ____________

$______ 2342 Social Work Exam Prep Part I and Part II (Baltimore)

$______ 2343 Movie and Discussion: Shutter Island (Silver Spring)

$______ 2344 First Sunday Matinee: Acrimony (Baltimore)

$______ 2345 Mindfulness Based Psychotherapy (Silver Spring)

$______ 2370 General Supervision (Wye Mills)

$______ 2371 Advanced Supervision (Wye Mills)

$______ 2372 Myers Briggs Supervision Part I and Part II (Baltimore)

$______ 2377 Bringing Best Practice Home: Standards for Excellence Implementation Clinic (Baltimore)

$______ 2378 Quick Study Social Work Licensing Preparation (Baltimore)

PLEASE REMEMBER THAT YOU ARE ETHICALLY RESPONSIBLE FOR ACCURATELY REPORTING THE NUMBER OF CONTINUING EDUCATION HOURS YOU HAVE EARNED.

If you are attending an 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.

QUESTIONS CONCERNING REGISTRATION? Call 410-788-1066
Publication of an advertisement does not constitute endorsement or approval of any product or service advertised, or any point of view, standard, or opinion presented therein. The Maryland Chapter-NASW is not responsible for any claims made in an advertisement in its publications.

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HELP WANTED

LICENSED PROFESSIONALS
Alternative Counseling & Wellness Center is seeking fully licensed experienced professionals to join our supportive private practice. We are overwhelmed by the demand for our services and are looking for motivated, talented, and enthusiastic professionals to help meet the demands of our growing practice. Must have current MD license as LCSW-C, LCMP, PsyD, or LCPC. We offer a steady stream of referrals, competitive compensation, retirement account, annual bonuses, flexible hours, and a very dynamic, modern environment.

LICENSED THERAPISTS
Fantastic job opportunity for licensed therapists in Pineknoll or Silver Spring, MD. PsyCare is seeking an energetic therapist for a rapidly growing and well-established group practice. Flexible hours. Great location. Fully furnished offices. Established referral base. Competitive Salary. Experience working with couples and adolescents is a plus. Maryland board licensure is required. Send vitae and cover letter to hiringPsyCareMD.com. For more information about position: call 410-343-9756 or visit www.PsyCareMD.com.

PHR SUPERVISOR NEEDED
First Choice Counseling Center is seeking a LMWSW, LCSW-C, LCPC, PhD or CPRP to work in the PHP program. This is a supervisory position. For additional information: http://www.firstcccenter.com/employment-opportunities

UNIVERSITY OF MARYLAND COLLEGE PARK

INDEPENDENT CONTRACTOR COUNSELOR
Independent Contractor Counselor-Metro MD/DCC for Hospital Call LLC www.callingonbeth.net for home based counseling assisting teens to seniors experiencing acute/chronic life challenges. Send resume callingonbeth@gmail.com. $45 per hour.

LICENSED MENTAL HEALTH CLINICIAN
Way Station Child and Adolescent Services is seeking a licensed mental health clinician with specific understanding and skill in family assessment and treatment for the position of Therapist in our Multisystemic Therapy Services. Serving Frederick County, Maryland, MST is intensive, evidence-based, in-home family intervention directed at youth and their families who are involved with the juvenile justice system and who have a moderate to high risk level of re-offending. Full description https://waystation.applyconnect.com/jobs/872079.html. Way Station is part of the Shepard Pratt Health System.

HIRING LCSW-C, LCMP, LCFT, LCPSR, LCSW, OR LCPC MARYLAND STATE LICENSE
• Adolescent Residential Facility
• Baltimore Area
• Very Competitive Pay and Benefits
• Email Resume to: jhemlin@boardofchildcare.org

CLINICAL PSYCHOTHERAPISTS
Takoma Park psychotherapy practice seeks caring and creative, well-trained therapists with 3-5 years experience who enjoy working with a variety of clients. Full-time position provides support and access to resources and skill development, often meeting in home visits in West Baltimore. Preferred candidates is an MSW with at least 3 years of experience partnering with low income families using a strength-based approach, who is culturally competent and has knowledge of community resources. Must be a self-starter and motivated to work independently and as a team player. Position is for 12 hours/week and starts immediately. Pay is commensurate with experience. Cover letter and resume to HopeHarbor10@yahoo.com by November 30, 2018. Resumes without phone number will not be considered. Phone calls please. HopeHarborBaltimore.org

LICENSED THERAPISTS
First Choice Counseling Center is seeking a LMWSW, LCSW-C, LCPC, PhD or CPRP to work in the PHP program. This is a supervisory position. For additional information: http://www.firstcccenter.com/employment-opportunities

IOP CLINICAL SUPERVISOR
Ashley Addiction Treatment. FT. Monday – Friday. May incl. Saturday hrs. Provide intake services, counseling, and maintain compliance standards within an Outpatient treatment setting. Master’s Level or supervisory certification. LCSW-C Work between Bel Air, MD and Elkton, MD Clinics. Ex. compensation including Mental, Dental, Vision, 401k, HRA, FSA, Tuition Reimbursement, etc. Email cover letter and resume to LDickson@ashleytreatment.org or call 443-760-3451.

EXPERIENCED LCSW-C OR LCPC

Columbia multidisciplinary private practice is expanding with new services offered. Our therapists' appointments are full. We need 2 experienced LCSW-C’s or LCPC’s - one for treatment of child/adults - and one for adults. Active status on insurance panels is preferred. Contractual positions, minimum 20 hrs/week. Email: drmalk.baltimore@gmail.com

PSYCHOTHERAPY POSITIONS AVAILABLE
MedStar Union Memorial Hospital & Medstar Franklin Square Hospital Counseling Centers
Full Time/Day Shift
Provide assessment/treatment of psychiatric disorders.
Master’s degree in Social Work
2 years’ experience in the delivery of clinical services to psychiatric populations.
LICENSE: LCSW-C
Provide therapeutic services including assessment; crisis intervention; case management; disposition services; and individual, group, and family therapies as appropriate. Develop and implements treatment plans and monitors treatment progress. Participate in multidisciplinary, quality assurance, and improvement teams. To apply go to https://www.medstarhealthjobs.org and search for psychotherapist

FOR RENT

ROCKVILLE
Beautifully furnished 12 x 12 office available in well-lighted, free standing office building. Full suite included. Located 1 block from Rockville Metro Station. Free parking. For information and photos, call Kathy 410-740-9553 x208.

TOWSON OFFICE SPACE
One office available for full time rental in our 5 office psychotherapy suite. Ideal location one block from courthouse and near universities and private schools. Large windows throughout, solid walnut doors and trim, brass accents, reeded lighting, stunning balcony spans length of suite. Shared waiting room, kitchenette, bathroom, administration office with psychiatrist, psychology assistant, LPC and LCPC in established private practices. email dika.selzer.lcic@gmail.com or call (410) 296-7962.

TOWSON AND SEVERNA PARK
Beautiful furnished windows office for rent: 1) Ruston Towers, Towson and 2) Severna Park, Maryland. Shared kitchen, waiting room.partly water/marinas included. Networking for referrals. Call Kathleen 410-627-0678 kmhammer@metro2.net.

COLUMBIA
Beautiful new offices in downtown Columbia. Offices have wonderful 12’ high ceilings. Offices include an ample waiting room, with water cooler, a small staff area with refrigerator, microwave, copier, fax, WiFi internet, and restrooms in the hallway nearby. Great location with restaurants and Whole Foods within walking distance, free parking and easy building access weekdays, evenings and weekends. Plenty of networking and opportunities for cross-referrals with a long established multi disciplinary practice. Please contact Jan Carlson at 410 730-0552, ext 4, for further information.

COLUMBIA
Offices for rent, part or full-time. Busy multidisciplinary practice with referral preference conveniently located right off route 29 and 175. Free WiFi. Contact Scott at saholzman@gmail.com

ROLAND PARK
Fully furnished psychotherapy office in Roland Park, Baltimore, a view, separate waiting room, free parking, secure office building, available Thursdays and Fridays. Contact: offices@rolandpark.com

ELLICOTT CITY/WAVERLY WOODS/COLUMBIA
Near Rt. 70 and Rt. 29. Office is in a beautiful suite set up for part-time rent. Includes large fully furnished office, large beautifully decorated waiting room, receptionist file room, 2 bathrooms, kitchen and a warm community of other therapists. WiFi and fax available. Free ample parking. Contact JenniferPlassini@gmail.com or 410-203-3411.

ELLICOTT CITY
Lovely office available on Saturdays, 1-2 weekdays and mornings. Suite of 600 square feet plus one office for solo practitioners offers opportunity for cross-referral. Great location, convenient to Howard, Baltimore, Carroll counties. Kitchen, workroom, two conference rooms. Call: 410/312-9830 or email csbrenner@verizon.net

SERVICES

SOMERFORD PLACE ANNAPOLIS AND COLUMBIA
Discover memory care re-imagined at Somerford Place Annapolis and Columbia. Our award-winning Bridge to Rediscovery program relates to each resident’s story, motivates residents with activities for their abilities, and appreciates every individual, by helping them re-discover the passions that always brought them joy. After all, there is nothing greater than rediscovering your purpose. Our memory care makes it possible. Phone 410-224-7300 for more information.

CLASSIFIEDS
Continued on page 11
Why I Chose to Work with Virtual Sex Offenders and Stigmatized Men

By Earl Yarington, MSW Student

Please note: the following article is the opinion of the author and does not necessarily reflect the views of NASW-MD Chapter.

I magine being awakened at predawn hours by the sound of your front door being busted open and a storm of heavily armed police yelling loudly. Your 2-year old child starts screaming. You ask the officer if you can go get your child, but he says, “No.” All you ever hear is listen to him scream. Later, you discover that your 14-year old son was looking at child pornography (CP) on your computer for nearly 6 months. Will you be charged? Will he? You need to know if something similar could happen to you. Your child is not a “pedophile” or “monster,” you think. He later tells you that he is attracted to 8-11 year olds. You feel as though you lost a son.

Regardless of the outcome, when you key your son’s name (the same as yours) into a search engine, the first thing that pops up is a mugshot of your son and the headline, “Police Storm Local Home of Alleged Pedophile.” No one ever takes “alleged” into consideration. Your son’s life is over at 18. You are getting questions and dirty looks at work, and the daycare for your 2-year old calls Child Protective Services for what they “suspect” is abuse. Though it turned out that the child was severely constipated, the child would be reported by the same agency 4 times and had to endure repeated and unnecessary invasive exams. Do you support your son, or do you throw him out on the street?

Regardless of the hype and stigma that surrounds CP and child sex abuse, there is a critical need for social workers to understand and advocate for what research shows is nearly 800,000 men on the Sex Offender Registry. With nearly 99.9% of them being men, this shocking number should be a red flag in our profession, especially since as research shows, many on the registry are first-time offenders, many are virtual, and the sexual recidivism rate for CP offenders was 7.3%. The overreach of the Sex Offender Registry is another article, but what concerns me is the conflation of “sex offenders” into a one-size-fits-all definition, as if all are child contact offenders. Many are not, but there is little political motivation to change that.

First, pedophilia is not synonymous with sex offending, yet many police departments and federal agencies have misused this term as a stand in for child sexual assault or that prey on children. As many of us know, sexual attraction is not related to sexual attraction. If they were, then heterosexuality could be considered a risk factor, as could homosexuality, in such scales as the Static-99R or ABEI assessment, tools used to measure sexual risk. The debate lies with whether pedophilia is a disorder or a preference or orientation. It’s a word, but what concerns me is the conflation of “sex offenders” into a one-size-fits-all definition, as if all are child contact offenders. Many are not, but there is little political motivation to change that.

First, pedophilia is not synonymous with sex offending, yet many police departments and federal agencies have misused this term as a stand in for child sexual assault or that prey on children. As many of us know, sexual attraction is not related to sexual attraction. If they were, then heterosexuality could be considered a risk factor, as could homosexuality, in such scales as the Static-99R or ABEI assessment, tools used to measure sexual risk. The debate lies with whether pedophilia is a disorder or a preference or orientation. In his article on chronophilia (people attracted to specific age groups), a leading expert on sex offending and paraphilia, notes that these (including pedophilia) are “sexual orientations” for age. I was reminded of recently reading an article from a social work professor told me: though the DSM-5 is valuable, it is also a political instrument, so we need to be careful who we distrust and who is a danger to society.

Regardless, whether you believe that attraction to children is a sickness or an orientation, the way we treat these individuals reflects on our society, and, sadly, as a profession, is very concerning. Few advocate that we allow crimes against children to continue unabated and this includes such minor-attracted organizations as B4U-ACT and Virtuous Pedophiles, but we do not do more research and understanding on the differences between contact offenders and virtual ones and more understanding that attraction to kids does not always mean offending. Early research shows that CP possessors are low risk to offend against an actual child, but mixed offenders are very dangerous (possession and production). A study also noted that most heterosexual men have some attraction to girls as young as preteen, something known by researchers for youth and attraction. And though studies indicate that our sexual fantasies about sex with children are uncommon, about 5%, little is known about the general population. Given the exposure of the internet and 24-hour access to images and video online, could we have people make higher numbers of men more interested?

I have been looking into such questions for the last 5 years but face daunting stigma and avoidance by potential researchers, universities, and peers. Some push back and say that those looking at online CP are fueling the CP market. It is important to note that such a market is very easy to access and even stumble into, with the file sharing that so many do, and many of these images may be using CP as a deterrent to contact offending, something several recent studies suggested. Another study indicated that many CP offenders feel socially isolated and lonely and suffer depression. The excitement and fear involved with CP viewing, filing, and exchanging, is a way for them to cope. CP offending is complex and cannot be explained through a supply and demand chain. I decided to work with CP offenders and those minor attracted because this population is the most voiceless of any. Minor-attracted persons are unjustly stigmatized by the horrible actions of a few. It is important to understand that those not attracted to children can commit sex offenses against children and that those who are attracted to children do not always sex offend, but calling them out and stigmatizing and humiliating them helps no one and may even endanger children.

There is a need to turn the lens around and look at the behavior of all of us in terms of this debate. As a culture we are driven and that much of pornography focuses on young or underage themes. A major flaw in most sex offender research is that the people studied are incarcerated, or the group is a pedophile group, a group that is highly stigmatized by society. Yet, the fear is so great for any man to admit he may be attracted to a younger person that he’d never to admit it at any cost. Consider this, in a longitudinal study spanning 15 years, the terms “pedophilia” and “sex offending” were among the most common in major news media in the U.S and France. The study found that before 1995, the word pedophilia was hardly used. “Sex offender” increased almost 1000% from 1995-2010. Yet, sex offenses against women and children were dropping in both countries, as pedo-mania was in full steam.

Other research notes that teens attracted to kids have a suicidal ideation rate of nearly 43%. As one minor-attracted person told me, there is no data on suicide among minor-attracted people because no one cares enough to do the research. This data should concern social workers.

As a victim and survivor of emotional and sex abuse, and one whose late father confessed to offending against girls, I did not choose to work with offenders and learn about the differences between offenders and many minor-attracted people. My experience being an abused boy did. In my nearly 36 years to find a therapist that understood my abuse and open and complex and conflicted sexuality, many of their actions re-traumatized me and, in my opinion, showed a lack of empathy for boys that faced sexual and emotional abuse. What stopped me from becoming my father?

We seem to be going up rather than research what may be some factors for such behavior. More generally, we need to understand men and online sex much better than we do without using judgment or stigma. As one of my professors at the university will tell me at the University at Buffalo: “Every time I ask new students what group they don’t want to work with, they all say “sex offenders.” She finished by telling me that I am going to be really needed. I think the father of that 14-year old would agree.

Stories are mixed and generalized to protect actual persons.

Earl Yarington is an admittance MSW Student at the Wurzweiler School of Social Work, Yeshiva University. He wonders if they will take him to the Maryland Office of the Public Defender. He is also associate professor in English and adjunct professor in Human Services at Prince George’s Community College.


WELCOME NEW MEMBERS! FALL 2018

JULY 2018
Patricia Harriet Brown
Hannah Camby
Rebecca Farra
Kimberly Celeste Flower
Angela Marie Green
Gregory Branch Harris
Angela Hoeng
Carol Kunkel
Morgan Elizabeth Sanders
Jennifer Raquel Segovia
Winona Small
Stephanie Turi
Yuen K. Tung
Valerie VanHollen
Richard Watkins, Jr.
Christina Marie Wolff

AUGUST 2018
Kady Lee Baker
Emma Jane Bartels-Jones
Alexis Damira Brooks
Monica Brown
Janette Alicia Carpio
Kaliah Faith Doe
Olivia Wilson Elbers
Melinda Gayle Fields
Amanita Gibbons
Nadine Gondon
Abigail Sara Graham
Jennipha C. Gregory
Qadry Harris
Robin Harvey
Miranda Jacobs
Bobbie B. Jones
Fiona Kay
Nia Kilmanjaro
Khalid Fakhit Doe
Melinda Gayle Fields
Amanita Gibbons
Nadine Gondon
Abigail Sara Graham
Jennipha C. Gregory
Qadry Harris
Robin Harvey
Miranda Jacobs
Bobbie B. Jones
Fiona Kay
	

SEPTEMBER 2018
Mojisola Agbebi
Lydia Aimone
Angela D. Brown
Vy Cornett
Dionne Bobbie Farmer
Cydni Ford
Brendan Palmer Dixon
Anthonia Ogubuka
Marlo Bennett Palmer Dixon
Kurstin Smith Powell
Theodore Reynolds
Jennifer Nicole Robertson
Christine Saba
Keri M. Smith
Martha Solt
Shaniqua Young

January 2019
OFFICE CLOSED, New Year’s Holiday
OFFICE CLOSED, MLK Holiday

NASW-MD CALENDAR OF EVENTS
November 2018 – January 2019
All meetings scheduled for the Chapter office unless otherwise noted

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<th>Time</th>
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<tbody>
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<td>10:00 a.m.</td>
<td>Private Practice Committee</td>
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<td>2</td>
<td>11:30 a.m.</td>
<td>PP Peer Consultation</td>
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<tr>
<td>3</td>
<td>1:00 p.m.</td>
<td>Chapter Ethics Committee (CEC)</td>
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<td>6</td>
<td>All Day</td>
<td>Student Conference (UMBC)</td>
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<tr>
<td>8</td>
<td>6:00 p.m.</td>
<td>Committee on Aging</td>
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<td>9</td>
<td>10:15 a.m.</td>
<td>Board of Social Work Examiners (Dept. of Health)</td>
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<tr>
<td>12</td>
<td>4:30 p.m.</td>
<td>Social Work in Schools (SWIS) Committee</td>
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<tr>
<td>14</td>
<td>6:00 p.m.</td>
<td>Student-Faculty Liaison Committee</td>
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<td>19</td>
<td>Noon</td>
<td>Executive Committee</td>
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<td>22–23</td>
<td>6:00 p.m.</td>
<td>Office CLOSED, Thanksgiving Holiday</td>
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<tr>
<td>27</td>
<td>6:00 p.m.</td>
<td>Social Workers Unravelling Racism (SWUR)</td>
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<td>28</td>
<td>6:00 p.m.</td>
<td>Legislative Committee</td>
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<tr>
<td>4</td>
<td>5:00 p.m.</td>
<td>Committee on Aging</td>
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<tr>
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<tr>
<td>13</td>
<td>6:00 p.m.</td>
<td>Children, Youth and Families Comm. (CYF)</td>
</tr>
<tr>
<td>14</td>
<td>10:15 a.m.</td>
<td>Board of Social Work Examiners (Dept. of Health)</td>
</tr>
<tr>
<td>17</td>
<td>Noon</td>
<td>Executive Committee</td>
</tr>
<tr>
<td>24–31</td>
<td>6:00 p.m.</td>
<td>Social Workers Unravelling Racism (SWUR)</td>
</tr>
</tbody>
</table>

DECEMBER

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>4</td>
<td>5:00 p.m.</td>
<td>Committee on Aging</td>
</tr>
<tr>
<td>7</td>
<td>10:00 a.m.</td>
<td>Private Practice Committee</td>
</tr>
<tr>
<td>11</td>
<td>11:30 a.m.</td>
<td>PP Peer Consultation</td>
</tr>
<tr>
<td>12</td>
<td>4:30 p.m.</td>
<td>Social Work in Schools (SWIS) Committee</td>
</tr>
<tr>
<td>13</td>
<td>6:00 p.m.</td>
<td>Children, Youth and Families Comm. (CYF)</td>
</tr>
<tr>
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<td>17</td>
<td>Noon</td>
<td>Executive Committee</td>
</tr>
<tr>
<td>24–31</td>
<td>6:00 p.m.</td>
<td>Social Workers Unravelling Racism (SWUR)</td>
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JANUARY

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>10:00 a.m.</td>
<td>OFFICE CLOSED, New Year’s Holiday</td>
</tr>
<tr>
<td>4</td>
<td>11:30 a.m.</td>
<td>PP Peer Consultation</td>
</tr>
<tr>
<td>9</td>
<td>4:30 p.m.</td>
<td>Social Work in Schools (SWIS) Committee</td>
</tr>
<tr>
<td>9</td>
<td>General Assembly goes into Session (Annapolis)</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>10:15 a.m.</td>
<td>Board of Social Work Examiners (Dept. of Health)</td>
</tr>
<tr>
<td>11</td>
<td>1:00 p.m.</td>
<td>Chapter Ethics Committee (CEC)</td>
</tr>
<tr>
<td>14</td>
<td>11:30 a.m.</td>
<td>Washington County SW Alliance Mtg. (Hagerstown DSS)</td>
</tr>
<tr>
<td>19</td>
<td>9:00 a.m.</td>
<td>Chapter Board Meeting</td>
</tr>
<tr>
<td>21</td>
<td>7:00 a.m.</td>
<td>OFFICE CLOSED, MLK Holiday</td>
</tr>
</tbody>
</table>

NOMINATE NOW FOR THE 2019 NASW-MD ANNUAL AWARDS!
Recognize your fellow social workers and a local citizen

It’s time again to recognize and honor your fellow Maryland Chapter members, student members, and a local citizen who have made outstanding contributions to the profession or the community. The awards, which will be presented at NASW-MD’s Annual Social Work Month conference to be held on March 28-29, 2019, include Social Worker of the Year, MSW, and BSW Social Work Students of the Year, Social Work Educator of the Year, the Social Work Lifetime Achievement Award, the New Social Worker Award, Social Work Field Instructor of the Year, and Public Citizen Award. 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 opportunity to say thanks and lift up colleagues who have done so much for the profession and their communities!

For criteria of these awards visit our website:
Deadline for submission of nominations is Sunday, February 17, 2019!