We are Essential!
Social Work in the time of COVID 19
By Daphne McClellan, PhD, MSW

The Spring issue of The Maryland Social Worker is normally only sent to members of NASW. However, during this tragic and terrifying time of disease with no sure cure and no vaccine, we are constantly reminded that we are all in this together. Therefore, we are sending this issue to all licensed social workers in Maryland as well as our loyal members. Please-, stay safe and stay well.

During this worldwide pandemic, others are realizing what we have always known- social workers are essential. Our work as healthcare providers is obvious; serving in hospitals and providing mental health care in a multitude of venues. We are also first responders in nursing homes, child welfare, domestic violence, criminal justice, and schools, serving people’s basic needs of food, clothing, and housing. There are very few social workers sitting around complaining of nothing to do.

We reached out to our members over the past few weeks and asked them to share their thoughts about social work practice during this time. You will find their responses on page 2.

An Unusual but Successful Legislative Session
By Ann Ciekot, Public Policy Partners- Chapter Lobbyist

The 2020 Maryland General Assembly Session was like no other. Cut short by twenty days, a number of pieces of legislation were stopped in their tracks, including ones that had no opposition. Governor Hogan has stated that legislation with fiscal impacts face likely veto in light of the budget impact in response to the pandemic.

For NASW-Maryland, swift action on our licensure bill by the health committees in response to well-organized testimony and intense lobbying resulted in passage before the early adjournment. The bill makes three important clarifications:

1. Social workers at all license levels, including the LBSW, may engage in counseling for alcohol and drug use and addictive behaviors;
2. The grandfathering element of the 2017 legislation allows LMSWs and LBSWs who were licensed before January 1, 2008 to become Independent Practitioners under the grandfathering clause OR by the same method as any other social worker licensed after January 1, 2008; and
3. A social worker approved for independent practice who has worked as a social worker for at least 5 years and meets the supervisor education requirements shall automatically become a board approved supervisor upon applying for that status.

A fourth provision in the bill to create a new appeals process for people who are denied the ability to take the licensing examination was amended at the request of the Board of Social Work Examiners. The Board’s Executive Director, Stan Weinstein, explained that the Board has a new Licensing Review Committee whereby an application found not meeting the statutory requirements has a review by members of the Board. Mr. Weinstein assured the bill sponsors and NASW-Maryland that he would provide written information on this new process that NASW-Maryland could promote.

Social Worker of the Year Award Winners, 2020

By Brittany Duke, LCSW-C
NASW-MD Membership Coordinator

Lifetime Achievement Award

NASW-MD is excited to honor the work of Dr. Sue Futeral-Myrowitz, LCSW-C, C-EAT. Dr. Futeral-Myrowitz earned her MSW from the University of Maryland School of Social Work in 1982 and went on to earn her Doctorate in Philosophy in Social Welfare in 1993. She has held her LCSW-C license for over 30 years. She started Futeral-Myrowitz Institute for Clinical Social Work in 1982 and continues to provide mental health evaluations, grief and addiction services, trainings for clinicians and expert testimony through the growing company. She is a professor, trainer, forensic social worker, mental health evaluator, expert witness, consultant, clinical director, and entrepreneur. She has provided services to patients with traumatic brain injuries, eating disorders, and schizophrenia.

She has taught generations of school social workers behavior management, conflict resolution, peer mediation, and suicide prevention through the Baltimore City Board of Education. Since 2001, she has provided clinical services to high school students and supervised graduate field placement students in Baltimore County Public Schools. She teaches art and music therapy as well as family therapy and other psychology courses at colleges around the state including Stevenson University, University of Maryland Baltimore, and SDUIS.

Since obtaining her LCSW-C, Dr. Futeral-Myrowitz has worked tirelessly publishing works about Japan, Community Mental Health, Case Management, and Group Work, and volunteering her clinical services through Pro Bono Counseling and disaster relief programs that serviced victims of Hurricane Katrina and Hurricane Isabella. Her membership with NASW MD has been just as relentless, focused, and helpful as all her other accomplishments. Over the years, she helped NASW-MD plan Student Advocacy Day, participated on the legislative committee, and chaired the Social Worker in Schools committee. Her work with companies, associations, clinicians, students, disaster relief survivors, patients, and clients is remarkable and award winning. In 2012, Dr. Futeral-Myrowitz received the 50th Anniversary Celebration Heroes of Justice Award, and in 2014, she received the Outstanding Contribution to Social Work Award from the University of...
find a variety of articles throughout this paper sharing thoughts, experiences, and viewpoints of a variety of social work professionals.

Following is a list of what we are doing at NASW-MD since the Governor declared a State of Emergency in Maryland on March 5. The entire staff of the NASW-MD Chapter is 2.4 FTEs. Jenni Williams and I work full-time and Brittany Duke is our part-time membership coordinator. The realization of what was to come and how it would change our lives dawned on us gradually, as it did for many of you. Once we realized what social distancing really entailed and that large groups were not going to be allowed to gather, we set about undoing much of the work we had done over the past several months. Both the Annual Conference and then the Ocean City Conference were cancelled. We set up our offices in our homes. We obtained software necessary to conduct online meetings and webinars, and took a number of trainings on how to use the platforms successfully. Then Jenni converted as many of our previously scheduled workshops into real-time webinars so social workers could still receive Category I CEUs. Our first efforts were to provide Telehealth webinars so those who needed to convert their practice would have the tools to do so.

We also figured out how to provide value to exhibitors who paid to be vendors at our conferences.

To my colleagues: You are ALL rock stars! The stories of perseverance and courage through the many emotions each of you have experienced has been inspiring. While we continue to do the great work we do, I want you to know it’s okay to feel however you are feeling during this pandemic. No one can tell you how you should feel and what you should be doing as a social worker. How we normally feel about things has been greatly impacted. Our very nature as social workers to connect with people has shifted. Where we once met with clients in our office, we do through telehealth with personal protective equipment (PPE). Our landscape has shifted and it is okay to have feelings about it. We will continue to do the great work we do and soon we will be back connecting in our own unique and special ways. I want to remind you about the importance of self-care. While we rise up to address the many challenges our clients experience, we also understand the need to take care of ourselves and each other as we approach our work. Some self-care ideas to consider are:

- Making time for self-reflection.
- Staying actively connected with our friends, family, colleagues, and support systems.
- Creating more opportunities for discussion and support among ourselves.
- Finding ways to stay engaged in social action and social justice work.
- Avoiding burnout and overtired.
- Making time for rest and relaxation, which are essential for mental and physical health.

As my term as NASW-MD president comes to an end in July, I want to say thank you to everyone who has participated and engaged with NASW-MD over the years. There is strength in numbers, and as social workers we have to continue to advocate and address social justice issues.

To our incoming president Mrs. Barbie Johnson-Lewis, I am excited to pass the baton to you and look forward to all the great things the board has planned for the coming years.
Coronavirus (COVID-19): 8 Ethical Considerations for Social Workers

The COVID-19 (coronavirus) is rapidly transforming the way we go about day-to-day living. What should social workers do to prepare for the impact of this pandemic?

1. Practice Self-Care

Today, more than ever, social workers are susceptible to burnout and compassion fatigue due to the multitude of stressors that collectively increase the risk of impairment and lapses in judgment. This can compromise one’s competence, resulting in unethical behavior.

Social workers should incorporate self-care into their daily routine as an essential ingredient for effective and ethical practice. Self-care is not being selfish. You cannot serve others well when you do not take care of yourself.

Self-care includes sufficient sleep, healthy nutrition, positive mindset, exercise, and social support. Mindfulness, breathing exercises, yoga, and meditation practices are among the many ways that social workers can incorporate balance into their lifestyle.

2. Have a Plan

Standard 1.15, Interruption of Service, advises social workers to make reasonable efforts to ensure continuity of services in the event that services are interrupted. In the face of a public health emergency, social workers should have a plan for how to handle an interruption in services due to the need for quarantine or in the event of illness. Moreover, social workers should develop and support policies and procedures that uphold clients’ best interests during service interruptions. This is especially true for independent private practitioners.

For example:
- If you are unable to see clients or they are unable to get to you, what supports and/or resources can you offer them to assist them in the absence of services?
- Are you equipped to provide remote services?
- Have you identified an emergency backup person or system authorized to access clients’ records and to assist in the event of your unavailability?
- Have you communicated an emergency plan or policy and secured the appropriate valid consent necessary to execute it?

3. Educate and Communicate

In a public emergency, educating individuals and communities about the implications for day-to-day life is critical but can be especially challenging when the impact cannot be fully anticipated. Communication is key to helping consumers plan for the emotional, social, and other emergent concerns in a public health emergency.

- Be proactive:
  - Stay abreast of and coordinate with vital local, state and federal resources that can meet emergent needs during the emergency.
  - To the extent possible, provide informative updates to clients using a secure means of communication that will not breach privacy and confidentiality.

NASW Professional Review Goes Digital

The Office of Ethics and Professional Review recently issued this statement to Chapters of Professional Review recently issued this statement to Chapters of

**Ethical. Cont. on page 18**

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NTI was funded through a cooperative agreement (90CO1121) between the Children’s Bureau, Administration for Children and Families, US Department of Health and Human Services and the Center for Adoption Support and Education (C.A.S.E.).
The Psychological Fallout of the Pandemic As Illness and Death Increase

By Michael B. Friedman, LMSW and Steven S. Sharfstein, M.D.

The psychological fallout of the pandemic will change when illness and death become more widespread. We will have more direct experience of the hard realities of the pandemic. Increasingly, we will know people who are hospitalised, including ourselves, and increasingly we will know people who have died (perhaps the people we love most in the world). As the reality of this hits home it is likely that more people will experience abject fear of death (call it “existential anxiety”), and more of us will be in grief, perhaps repeatedly.

How will we cope with this? Will mental health professionals be prepared to help?

Typically, spiritual leaders help us come to terms with mortality. But houses of worship are closed. Will using telecommunications to stay in touch with congregants and even to conduct services provide adequate solace?

Typically, people prepare for imminent death by gathering at deathbeds in homes or hospitals. This mostly will not be possible. Will vigils via video conference become the norm?

And, typically, people deal with grief in public ceremonies—funerals, memorial services, burials with friends and family in attendance, wakes, visits to the home of the bereaved. These critical ceremonies are now being stopped. How will people process grief when bodies pile up in makeshift morgues and then are dumped in mass graves? Also via video conference?

What can mental health professionals do? Fortunately, laws and regulations have been changed to permit and to pay for treatment via telecommunication. So—in theory—mental health professionals—psychiatrists, psychologists, social workers, and mental health counselors, especially grief therapists—can help people to weather the emotional storms stirred up by imminent death and grief.

But it will be a challenge to provide adequate comfort via telecommunication. Being physically present is its own kind of comfort. Will a talking image on a screen provide adequate solace? We will find out.

Will mental health professionals ourselves be prepared to deal with the existential anxiety and grief of the people we hope to help, especially when we too may be devastated by personal loss and fear of death? Do most of us have the skills we need?

In addition to directly treating patients via telecommunications, mental health professionals have been helping communities to help neighbors who are living in isolation, connecting volunteers with them via telephone and video conference. Mental health professionals help by training volunteers, by helping them process their experiences, and by providing clinical backup. This will require volunteers to learn how to have hard conversations that most of us shy away from—about mortality and grief.

Mental health professionals are also trying to help people cope with the psychological fallout of the pandemic by providing information—tip sheets—about how to cope. Mostly, it has been good advice, at least for educated people who are not overwhelmed by having lost their jobs and their savings. But it will need to be modified to reflect the changing realities. Now, for example, we are advised to get sleep. There will need to be advice for growing numbers of people who wake up in the middle of the night afraid that they are about to die or in tears as they remember those they have lost.

Mass tragic experiences—wars, forced migrations, economic depressions, pandemics, and the like—are psychologically devastating. There are elevated rates of PTSD, depression, anxiety disorders, substance abuse, and suicide among people who live through them.

But in terrible times many people discover new strengths, new levels of courage, new reserves of compassion, and new sources of meaning. Hopefully, that will be true of us mental health professionals and our patients as we face these challenges.

Reprinted from Spring 2020 issue of The Maryland Psychiatrist

Michael B. Friedman, LMSW was the Founder and Director of the Center for Policy and Advocacy of The Mental Health Association of NYC and taught at Columbia’s School of Social Work prior to retiring. Steven S. Sharfstein, M.D. is a former President of the American Psychiatric Association.
CHANA Serves Survivors of Abuse

by Barbara Korenblit, LCSW

I work for CHANA, the Jewish response to abuse and trauma. CHANA serves people in the Jewish community and beyond who have been impacted by domestic violence, sexual abuse, or elder abuse. Within CHANA, I work for SAFE: Stop Abuse of Elders—a program that helps older abuse victims. My role includes direct services to individuals as well as outreach and education on elder abuse to seniors, professionals, and the general public.

Our entire team is now working from home. Although we no longer see clients in our office or do home visits, we continue to provide crisis intervention, safety planning, supportive counseling, resource linkage, access to therapy, legal advocacy, and access to legal services through our partnership with Maryland Legal Aid. We collaborate with our colleagues almost constantly, coming up with creative ways to meet our clients’ complex needs. We answer forwarded phone lines from our dedicated cell phones and follow up with new and ongoing clients.

The stay-at-home order has intensified the stress for many families and heightened the risk of abuse. For many clients (prior to the order) the opportunity for them or their partners to go to work, school, or on errands allowed victims a chance to get away from their abusers, talk with supportive loved ones, or take care of themselves. These breaks also allowed them a safe opportunity to contact CHANA without their partner being aware. Now, with abusers and victims together 24/7 (often with the added pressure of job loss and children at home), tensions are high and there are few avenues to get help if an abuser escalates.

For some older clients the greatest risk is increased isolation. Many of them live alone and have far less contact with supportive loved ones than they did before. Many are struggling to figure out how to safely get food and medications. Our staff provides resources and linkage to programs that can help. Another danger is the increase in scams related to Covid-19 (fake cures, schemes asking for money to help seniors get their stimulus check, etc.). We educate and guide them to reliable sources of information and warn them about the current fraud schemes.

When We Reach the New Normal

by Jennifer L. FitzPatrick, MSW, LCSW-C, CSP

There have been many times over the past decade when I wished the world would stop. Just for a few days. Just so I could catch up. Just so I could take a moment for myself—watch Law & Order SVU marathons, spend time with my husband, stop traveling. Just be. The weekends never seemed long enough. Though I love my work, I often craved some Sabbathical or retreat time. Sadly, because of this health care crisis, the world did abruptly come to a screeching halt last month, and my wish for unlimited time at home came true.

Having come from a long line of worriers, I have had my “freak out” moments during this period of social distancing. At the same time, I have tried to embrace the gift of being more in the moment. As an entrepreneur, I have always been future-focused; trying to second guess tomorrow. Now I find myself considering how to make today better for myself and others. I pray and meditate more. Coordinating and hosting Zoom gatherings for groups of loved ones who wouldn’t get to “see” each other frequently has become an almost daily occurrence. Each week, my husband and I choose a small gesture to demonstrate our profound appreciation for essential workers. We express gratitude that those we know who have been impacted by the virus are among the 97-98% who are recovering, and we take time to appreciate that we and the majority of our family and friends are healthy and safe.

This situation is temporary. There are moments when it feels like this stay at home order is forever, but it will eventually end. Soon enough we will all be back to a new normal. My wish for everyone is that we focus on how we want to feel when we join the new normal and live our more simplified lives now, accordingly. Maybe you want to enter the new normal having learned a new language. Maybe you will use this time to train for a marathon. Maybe you will check off all those house projects you’ve been putting off for years.

It might be better if your goals for this time are a little less lofty. Perhaps you simply want to look back on this crazy time in history remembering that while home-schooling was no picnic, you taught your kids how to play Monopoly. Will your memories be that you reconnected with dear friends, you hadn’t had a meaningful conversation with in years? That you stopped resenting that your dog needed to be walked in lousy weather since you were so excited for any excuse to go outside?

Feeling stressed out and frustrated during this uncertain time is normal, but if we spend every moment counting down the days until school and work reopens, toilet paper is plentiful, and parties are allowed, we are missing out. I have a feeling a lot of us are going to look back on some aspects of this time longingly once we get to the new normal.

Jennifer L. FitzPatrick, MSW, LCSW-C, CSP (Certified Speaking Professional) is the author of Cruising Through Caregiving: Reducing The Stress of Caring For Your Loved One, the founder of the continuing education consulting firm Jennetions Health Education, Inc. and an instructor at Johns Hopkins University’s Certificate on Aging program. You can reach her at www.jenetationshealth.com.
Many thanks to child welfare workers in these difficult times

We give a round of applause to child welfare caseworkers, those front line responders whose work frequently flies under the radar. These public servants serve our most vulnerable citizens; children at risk of maltreatment or in state custody. Despite the current crisis, child welfare caseworkers continue to be on the front lines. Child welfare never stops because child abuse never stops.

Child welfare caseworkers are in communities assessing children’s safety and offering support to families. Some are equipped only with coronavirus guidance, their phones and, most of all, their sense of mission. Despite risk to themselves and their own families, they continue working without the recommended protective gear to be safe. Others scramble to maintain contact with children in foster care and their parents via videoconferencing — sometimes with outdated equipment. These caseworkers are also tasked with the myriad of responsibilities that didn’t end when the pandemic began.

Maryland has a preexisting placement crisis. There are children with complicated needs lingering in psychiatric hospitals and temporary settings while awaiting long term care. It’ll be no surprise when group home programs become reluctant to admit new children as quarantining existing residents and prohibiting new admissions is one way to contain the virus. Foster parents are understandably wary as well. What happens when one becomes ill?

In spite of (or perhaps because of) the current and unprecedented emergency, these are complex issues requiring attention before children have nowhere to go and hospitals have no more capacity. A plan and a place for treating foster youth who become infected is critical.

Communities need to know that Child Protective Services is up and running. Parents stressed about finances, cooped up with children, and facing looming uncertainty may struggle to parent safely. We need to do all we can for our neighbors while maintaining our own safety in this difficult time. That means supporting stressed out parents, but also reporting maltreatment when concerned. Parents needing support, even someone to talk to, may appreciate Maryland Coalition for Families’ list of crisis hotlines (www.mdcoalition.org/get-help-now/crisis-hotline.html) or The Family Tree’s 24-hour parenting hotline at 1-800-243-7337.

In these challenging times remember that Maryland’s child welfare workforce are public servants on the front lines. Along with accolades, we need to make sure their leadership is strong, protective gear is delivered expeditiously, and technological tools are current.

Finally, we need to plan for Maryland’s children and youth in foster care. Their needs won’t stop because of the virus. In the days ahead, supporting caregivers diagnosed with the virus or who care for children who become ill will be critical. All of us need to help families however we can and protect children when necessary by reporting maltreatment.

Judith Schagrin, Baltimore

The writer is legislative chairperson for the Maryland Chapter of the National Association of Social Workers.

Reprinted from the Baltimore Sun

A closed sign was placed near an entrance to a playground at an elementary school in Walpole, Mass., amid the COVID-19 coronavirus outbreak last month. Child welfare agencies in the U.S. have a difficult mission in the best of times, and now they’re scrambling to confront new challenges during the coronavirus outbreak. (AP Photo/Steven Senne)
What Prisoners in Solitary Confinement Can Teach us About Social Isolation

BY CRAIG HANEY, SF CHRONICLE
APRIL 3, 2020

Tens of millions of Californians are sheltering in place — a passive form of social isolation that radically limits the amount of social contact they are supposed to have with others. There are a number of unanticipated, unintended, but potentially very serious consequences of this form of social distancing, no matter how absolutely necessary it is.

I’ve spent the past several decades studying the harmful effects of solitary confinement, and we can learn several things from prisoners who have been able to survive the worst possible variation of this kind of confinement.

In basic and profound ways, human beings are essentially social animals who, neurologically research tells us, are literally wired to connect. Social connectedness is a fundamental human need. Its deprivation can lead to depression, anxiety, irritability, disorientation and even worse psychological maladies.

Maryland MSW Graduates Seek Provisional License

The implications of coronavirus have affected nearly every aspect of our communities. For MSW students graduating this May and July, the picture is daunting. Due to COVID-19, MSW graduates face an unprecedented landscape of background check and licensure exam delays that prolong their ability to begin their new careers and serve their communities.

As part of an effort to understand the depth of impact, UMSSW polled graduating students regarding their experiences related to pursuing licensure in Spring 2020; several troubling themes emerged. While over 78% of respondents were initially approved to take the licensing exam prior to the COVID-19 outbreak, half of these students subsequently had the exam rescheduled up to three times. In these cases, students had already successfully completed their background check and are now navigating very limited testing options due to social distancing requirements. This is further exacerbated as testing centers manage exams for multiple disciplines, causing scheduling to be pushed to August and beyond. An additional obstacle facing graduating students relates to obtaining background checks. With limited background check sites, many students must decide between fulfilling a testing requirement and putting themselves at risk in police precincts and other approved sites. Relatedly, nearly fifty percent of respondents were offered employment with their field placement site, but have been told opportunities are contingent on license acquisition (based on current regulations in Maryland statute). These barriers will delay new social workers’ ability to fulfill licensing requirements for many of the jobs for which they would otherwise be qualified.

Of course, the nation is not about to become one massive solitary confinement unit. Most of us retain personal and civil liberties and access to mental comfort and possessions that prisoners can only dream of. Moreover, the sacrifice is clearly for our own good, as well as the good of the nation, rather than a stigmatized form of prison punishment. And yet the common core of the experience — social isolation — is similar enough that we can borrow strategies to reduce the pain and distress many are likely to experience.

• The first lesson is that the effects of social isolation are real and should be taken seriously. Our feelings of discomfort and distress are entirely normal reactions to a highly abnormal setting. They require thoughtful adaptations to prevent them from becoming problematic and even disabling. In my experience, the prisoners who are most likely to survive solitary confinement with their psyches most intact are ones who have learned to respect the threat that it represents to their mental and physical well-being. They take proactive steps to adjust to it. We ignore the stressfulness and potential harm of social isolation at our peril.

• Second, because interactions with others help us to regulate our lives and ourselves, we need to fight against the unstructured emptiness of being alone. Prisoners benefit from devising and then conscientiously following a daily schedule and routine — getting up each day, dressing as though they were going to be in the presence of other people, performing meaningful tasks (such as exercise), setting goals, and otherwise structuring their lives.

• Third, prisoners try to transcend their circumstances — creatively fashioning a vicarious social world to substitute for the actual one that has been taken away. They connect to others as best they can, by talking through concrete walls and pipe chases, writing often to friends and family and pen pals from all over the world, and arranging as many phone calls and non-contact visits as they are permitted.

Of course, we have the luxury of magnifying these connections more effectively than prisoners possibly can — through easy access to social media, FaceTime, Zoom and the like. These advantages should be utilized to the fullest extent possible. Social skills can atrophy when they fall into disuse, and maximizing all forms of allowable social connectedness not only will make us feel better but also help ward off isolation’s worst effects.

The frustrations, anger, and sadness that many of us are likely to feel as we shelter in place provide insight into the depths of despair into which many long-term isolated prisoners often sink.

Solitary confinement is a terribly painful, harmful form of punishment that serves no valid penological purpose. Yet the strategies many isolated prisoners have adopted will prove useful in making our own much milder form of social deprivation more tolerable and preventing more disabling and long-lasting adverse effects.

Craig Haney is distinguished professor of psychology at the University of California, Santa Cruz, and author of the recently published "Criminology in Context: The Psychological Foundations of Criminal Justice Reform."

(This article was passed along by SWASC-Social Workers Against Solitary Confinement. They can be reached at https://www.socialworkersusac.org/)
211 Maryland

The 211 Maryland United Way Helpline is a free, confidential resource line that provides information, community resources, and referrals for a variety of health and human services 24/7, every day of the year for callers across the state. Established in 2006, the service has strong roots in social work. Although there is no income requirement to receive assistance, this service is a lifeline to many of the state’s most vulnerable residents. The 211 Helpline in Central Maryland covers six jurisdictions and employs 11 full-time community resource specialists to assist callers, many of whom are social workers with experience and expertise in crisis management and resource and referral.

Before Governor Hogan started direct- ing Maryland residents to call 211 for information about COVID-19, United Way realized there would be an uptick in the amount of calls due to economic, health, and mental health stressors caused by the pandemic. United Way quickly pivoted to ramp up 211 capacity. Several licensed social workers in other United Way depart-

ments stepped up to coordinate a massive volunteer effort, while others trained to take calls for 211. Additionally, United Way sent an urgent request to the University of Maryland School of Social Work for volunteers to help build capacity. In just one day, more than 100 LMSW and LCSW- C social workers volunteered to donate their time and expertise. Virtual training and equipment were provided so that volunteers and staff could work remotely. To date, United Way has onboarded 85 volunteers and staff, the majority of whom are social workers, to help answer the deluge of calls and provide volunteer support.

Many of the incoming calls are for access to food and other basic needs like housing and healthcare as a result of the impact of COVID-19. Before the pandemic, United Way’s 211 Helpline calls typically tracked at around 400 a day. In the weeks following the March 16 stay-at-home order announced by Governor Hogan, calls spiked as high as 2,000 in one day. “Our call specialists are answering some of the most devastating calls they have taken in their careers, but they are very passionate about their work and are going to continue to be there for callers, even as they are dealing with effects of COVID-19 in their own personal lives”, says Sandra Bond, Vice President and Senior Advisor, 211 Maryland United Way Helpline. United Way recognizes that it’s essential to support staff and volunteers during this time so that they can most effectively support callers. The trauma content is dense, and United Way has dedicated resources, time, and tools to assist the team.

Call Specialists have seen an uptick in calls related to mental health needs. Crises like COVID-19 can increase anxiety and exacerbate underlying mental health issues. One 211 volunteer answered a call from a man who had become so worried about the virus, he was making plans to gern-proof his home that had serious safety implications for his neighbors. First responders were notified to respond to the situation to ensure the safety of the caller and his neighbor.

Despite the volume and intensity of incoming calls, our 211 Call Specialists and volunteers continue to be passionate and work tirelessly on the front lines to help all callers and provide them with what’s needed, where it’s needed—right now. Sue Poindl, LMSW, Assistant Director for 211, says, “The 211 staff and volunteers have been amazing and are providing a service that has proven to be even more critical and necessary today. I am incredibly proud of them and thankful for their ongoing dedication.”

United Way staff who volunteered are answering calls while continuing their departmental work, as are many volunteers. Social workers in United Way programs supporting families and neighborhoods have pivoted programming to provide services virtually.

What is clear during this time is that 211 is an incredible asset to Maryland residents, as are Social Workers who play such a vital role in efforts to mitigate the economic, health, and social impact of the COVID-19 pandemic.

Submitted by: Heather Chapman, LCSW-C
VP, United Way Ben Centers
United Way of Central Maryland

Angie McAllister, LMSW
VP, Strategic Initiatives
United Way of Central Maryland

My name is Melissa Murphy. I am an MSW candidate at the University of Maryland, Shady Grove and I will graduate from the program in May 2020. I am asking Governor Hogan to find a creative way to help me and my fellow graduating MSW students gain LMSW licensure after graduation.

I began the ASWB exam registration process in early January. I had my fingerprinted background check completed and all required materials sent to the BSWE by the middle of January and registered for an exam date of March 19th. I wanted to make sure I passed the exam far in advance of graduation so I could begin the job-hunting process as soon as I graduated. Pearson closed all testing centers 2 days before I was scheduled to take the exam. I re-registered for the exam this September, but at this point in time there is no way to know when it will be safe for candidates to take the exam in-person at the testing center. Pearson opened a few slots this April and May for “essential test-takers” to take the exam. This will not be an option for me because I have an immunocompromised child at home, and I cannot risk exposing her to the virus for any reason unless it is absolutely necessary. Requiring that this test must be taken only at a testing center in-person at this time – and for the next several months – puts families like mine in danger. Denying an alternative solution to licensure is a financial hardship that will also put families like mine in danger. People like me cannot currently be hired for the positions we have trained so hard for without the LMSW license. Please allow Marylanders like me to work without risking our health or the health of our loved ones and to help other Marylanders during this diff- ficult time.

Governor Hogan, Students Need Help!
Welcome to the NASW Office of Ethics and Professional Review and The NASW National Ethics Committee

BY ART ROSENBAUM, MS, ED., MSW, LCSW-C CHAIR, NASW NATIONAL ETHICS COMMITTEE

Social work ethics provides the backbone of our profession; and the Code of Ethics, through its value set, principles, and standards provides the guidance for our professional conduct. Yet, many of our membership know little about the professionals who (on a national level) receive, process, and facilitate responses to alleged ethical violations while concurrently providing “ethics” education and training. Allow me to introduce the NASW Office of Ethics and Professional Review (OEPR) and National Ethics Committee (NEC).

NASW, in its mandate to promote and maintain ethical social work practice among its members, has the responsibility of reviewing and resolving complaints of alleged ethical violations. This process is termed professional review. The goals of the NASW professional review process are:

- To protect clients, consumers, agencies, colleagues, and the public from practices that violate the NASW Code of Ethics
- To provide complainants and respondents with a fair and confidential process to review allegations of misconduct
- To safeguard the integrity of the social work profession

OEPR is tasked with providing ethics and professional review education and training while administering the professional review process. Part of the national office, the OEPR also provides social work ethics consultation to members and provides assistance and support to the state chapter ethics committees.

NEC is an independent 12-member volunteer committee, comprised of social workers from across the U.S. and representing micro and macro social work practice. The committee works in collaboration and under the auspices of the OEPR, and is responsible for educating the NASW membership and the larger professional community about social work ethical practice standards. The committee, along with the OEPR, has authority over professional review activity and develops policies and procedures for professional review.

The NEC hears complaints of alleged ethical violations and is authorized to hold mediations and adjudication proceedings in relation to those complaints. The NEC also hears appeals of ethics cases and oversees the development of education, training, and programs.

In the next issue, of The Maryland Social Worker I will outline in some detail the professional review process, which will soon include the capacity for electronic complaint submission.

For information on the submission of an ethical violations complaint, please visit: https://www.socialworkers.org/About/Ethics/Professional-Review/How-To-File-a-Complaint

NASW-Michigan is grateful to the bill sponsors, Senator Chris West, and Delegate Bonnie Cullison. They were strong champions who helped ensure success. There were also numerous individuals and organizations who came to the hearings to testify in support of the bill and who contacted their legislators to advocate for support. Success is always a team effort!

There were two significant pieces of legislation NASW-Michigan agreed (prior to session) to support that were led by broad coalitions. The first would have created overdose prevention sites (Senate Bill 990/House Bill 464) intended to reduce the number of overdose deaths in Maryland. The second would have created a state family and medical leave insurance program (Senate Bill 539/House Bill 839) to help employees who need to take time away from jobs to care for new babies, loved ones with serious health conditions, or disabilities, or themselves. Neither bill passed, but are expected to return in the future.

Several of NASW-Michigan’s practice committees participate with the Chapter’s Legislative Committee and weigh in on various pieces of legislation of interest to its members. This year:

- The Aging Committee supported a successful bill to create a Senior and Vulnerable Adult Asset Recovery Unit in the Office of the Attorney General (Senate Bill 407);
- The Children, Youth, and Families Committee worked with legislators to craft budget language to address the lack of placements of youth with complex medical and mental health needs;
- The Private Practice Committee supported legislation that expanded the ability of all licensed health occupations to utilize telehealth (Senate Bill 402/House Bill 448); and
- The Social Workers in Schools Committee supported a bill that did not pass, but whose purpose was incorporated into the Blueprint for Maryland’s Future legislation (the Kirwan Commission bill) regarding expanding mental health services in schools.

There are looming questions about the impact of the response to the pandemic on the State budget. Revenues in Maryland – and across the country – are dramatically down. The Governor has announced a budget and hiring freeze and is working with State agencies on potentially deep budget cuts. The National Association of Governors, chaired by Governor Hogan, is advocating for financial assistance from the federal government to ease this impact. The budget passed by the legislature for the upcoming fiscal year 2021 will likely look different by July 1st as the economic impact of COVID-19 continues.

NASW-Michigan is proud of its work with law makers and the progress we have made over the years to develop relationships with them, based on our reliability as a trusted resource. We welcome the participation of any members in this essential part of our work.
University of Maryland School of Social Work. We are honored to add the NASW MD Lifetime Achievement Award to her list of recognitions. Congratulations Dr. Sue Futeran-Myrowitz!

Social Worker of the Year Award

We are honored to recognize Gail Martin, LCSW-C, as the 2020 Social Worker of the Year! Ms. Martin has over 40 years of social work experience working with children, families, and systems in Maryland and has a passion for the advancement of Maryland school social workers. She began working as a special education teacher in Baltimore County Public Schools and later returned to school social work after earning her MSW from the University of MD, Baltimore. At BCPS, she oversees over 100 social workers and manages the MSW internship program.

She is the chairperson of the NASW-MD; Social Workers in Schools (SWIS) committee. When she is not at work advocating for school social workers, she is planning the School Social Worker Conference which takes place every October and has social workers from all over Maryland in attendance. Gail is continuously involved in political advocacy by representing SWIS on the NASW Legislative Committee. She writes testimony and encourages participation and insight from other committee members.

In addition to her day job and her volunteer work, Gail also serves the community through her private clinical practice. Her decades of experience, volunteer advocacy, and willingness to students from all Maryland in attendance. Gail is continuously involved in political advocacy by representing SWIS on the NASW Legislative Committee. She writes testimony and encourages participation and insight from other committee members.

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Social Work Educator of the Year

NASW MD recognizes Dr. Rebecca Anthony, LCSW, as the Social Work Educator of the Year for her innovative and creative ways of merging social work education with digital media and social justice. Dr. Anthony has utilized Twitter and other social media platforms in the classroom and promoted students to work together on research and other learning activities. Some of her innovative accomplishments include offering students an opportunity to display poster presentations at the Social Work Field Supervisor’s Appreciation Brunch and CEU workshop, developing the online Master’s of Social Work program that students accepted on online Advising Hub, developing the certificate of online learning and teaching program (which has been adopted across the university), and writing articles and chapters for social work textbooks and other publications about ethics and social media. As a lead instructor and Associate Professor at Salisbury University (SU), Dr. Anthony planned new activities to improve courses and developed co-facilitated instructor trainings focused on privilege and oppression. She has contributed to the Social Justice/Diversity and Inclusion General Teaching Resources Guide available to the SU community. Since joining SU in 2014, Dr. Anthony has presented 19 national and international conference presentations, facilitated workshops, obtained 8 different grants, and participated in numerous committees like the University’s Teaching with Technology Committee, Distance Learning Advisory Committee, and Minority Concerns Committee. She is a part of three national organizations (including NASW) and also works on the Eastern Shore Human Trafficking Taskforce. Dr. Anthony’s commitment to educating students with a focus on diversity and inclusion as well as ethical insight while incorporating new technology and media in the classroom makes her a great recipient for the 2020 Social Work Educator of the Year Award. Thank you for your dedication to broaden the educational experience of our forthcoming social workers. Congratulations!

Field Instructor of the Year Award

We are honored to acknowledge Dr. Danette Colvin, LCSW-C, APC, as the Field Instructor of the Year. Ms. Colvin earned her Masters of Social Work at the University of Maryland, Baltimore and has been working with social work students in field placements for many years. She encourages her students to prepare for liaison visits by creating a portfolio of their activities—and to build relationships with other organizations that are in affiliation with their school or program. Ms. Colvin provides detailed feedback during face to face supervision and on process recordings. She has helped other students by acting as a mentor when additional supervision or guidance is needed. Her experience working in the Baltimore City Department of Social Services for over 15 years assisting with homelessness and family and children services offers students an opportunity to learn about the challenges and changes taking place in both macro and clinical social work. Ms. Colvin is truly a great resource for students and one of Maryland’s most prized social work gems. Her positive approach and dedication to transitioning students to more independent work has greatly benefited the social work field. Please join us in thanking and celebrating Ms. Colvin for her continued work with students and schools throughout Maryland. Congratulations, Ms. Colvin!

New Professional of the Year

We are honored to recognize Monica Turner as the New Professional of the Year. In 2014, Monica earned her BA in social work from Salisbury University and was a member of the Phi Alpha Honor Society and Psi Chi Honor Society. She graduated with her MSW from Salisbury in 2016 with a 3.6 GPA. She holds certifications in Safe-Talk, Trauma-Focused Cognitive Behavioral Therapy, and Youth Mental Health First Aid.

Monica is not only dedicated to learning, but is also known for being dedicated to staff and patients in her current position at Peninsula Regional Medical Center where she is responsible for treatment, transfer and discharge planning, educational and case management, and referral management. The director of behavioral health and Monica’s direct supervisor Thys Musengwa described Monica as, “thinking outside of the box...one of a kind. A person who truly makes a difference and has fun doing it.” Prior to working at Peninsula Regional, Monica spent 6 years working with the Worchester County Health Department. There she moved up from counselor, to case manager to school social worker.

However, Monica’s education and experience in the various sectors of social work are only part of the reason she is being honored. It is said that social workers take on secondaries at one time. Upon being hired at Peninsula Regional, the behavioral health team was short staffed. Despite staffing challenges, Monica was known to work without complaint completing numerous tasks and taking on new challenges. One of her current co-workers described Monica’s personality as bright, inspiring, and infectious. Throughout the year, she continued to help other staff members who felt overwhelmed and spent time sitting and talking with patients who needed attention. Monica is awarded the New Professional of the Year because she embodies the caring and multi-tasking traits needed in the social work field. NASW MD congratulates Monica and wishes her ongoing success and recognition throughout her career!

MSW Student of the Year

We are proud to honor the MSW Student of the year, Reem Sharaf. Reem has a BS in Community Health and a certification in Women’s Studies from the University of Maryland College Park and is currently studying clinical and behavioral health at the University of Maryland Baltimore School of Social Work since 2019. She won the USC Cuffaro Internship/Community Service Scholarship. Reem was also awarded the UMB President Inclusive Leadership Award and has shown her leadership skills at her current position as community liaison with Autism. Reem has used her skills in many communities, and it is our honor to acknowledge her great accomplishments.

NASW MD congratulates you, Reem!

BSW Student of the Year

NASW-MD is excited to honor Jennifer Yoshikawa as the BSW Student of the Year. After graduating from Archbishop Spalding High School with a 4.0 GPA, Jennifer studied Social Work at Towson University where she spent time volunteering with American Muslims for Hunger Relief, Reem planned events to assist in feeding the homeless in Baltimore city. Her skills are not limited to Macro social work. Reem also volunteered at Mount Sinai Saint Hospital and as a group therapy assistant working with elementary aged children with Autism. Reem has used her skills in many communities, and it is our honor to acknowledge her great accomplishments.

Public Citizen of the Year Award

It is with great honor we recognize Councilman Eric Costello as the Public Citizen of the Year. Since 2014, Mr. Costello has represented Baltimore city, specifically District 11, in advocating and partnering with community programs, attending and helping organize public school events, and reading and speaking directly with students. He continues to work on the board of a local charter school and has met with all public-school leaders in the district. He is known for being present and
A Letter to Governor Larry Hogan

April 22, 2020
Governor Larry Hogan
100 State Circle
Annapolis, MD 21401
Dear Governor Hogan,

Thank you for all you have done to look after the citizens of our state during this very dangerous and difficult time. Your concern about the health and welfare of our citizens is obvious in your frequent addresses to the public and your emergency orders.

As a profession dedicated to the health and well-being of the public, social workers are essential employees during this pandemic and are your partners in this work. Social workers provide more mental health services than any other profession, and are licensed health care providers. In addition, social workers deliver services in hospitals, child protective services, adult protective services, nursing homes, assisted living facilities, addiction services, schools, and many other settings.

Every evening we see social workers acknowledged on the evening news and in commercials among the heroes who are bravely serving the public during this difficult time, and we are constantly receiving requests from agencies for more social workers to step in to needed positions.

In a few weeks, hundreds of new social workers will graduate from the three Master’s programs in Maryland (UMB, Morgan and Salisbury) and the nine undergraduate programs. In order to become licensed in Maryland by the Board of Social Work Examiners, one must have a degree, have a background check, and pass an exam. Currently, during this time of social distancing, the Association of Social Work Boards (ASWB) is offering licensing exams on a very limited basis and fingerprinting for background checks is also limited, thus preventing most of those seeking licensure in Maryland from achieving it and joining the workforce. Any delays in licensure will limit new graduates’ career options, salary expectations, and long-term livelihoods. More importantly, it reduces the number of powerful and energized social workers eligible to immediately contribute to the workforce in Maryland.

Therefore, we request that you take the following action through Executive Order:

Require the Maryland Board of Social Work Examiners (BSWE) to provide bachelors and masters level graduates of Council on Social Work Education (CSWE) accredited institutions provisional licenses which would be good for up to one year.

The provisional license would postpone requirements for testing until testing centers are fully reopened and have the capacity to meet the demand of exam applicants or alternate testing procedures have been implemented. The provisional license shall also substitute electronic background checks if background checks with fingerprints are not available or cannot be safely administered.

Require the BSWE to make available to employers confirmation that a social worker with a provisional license should be accepted in the same way as any licensed social worker for employment in Maryland.

Require the BSWE to allow social workers with a provisional license to earn supervision and/or clinical hours and to receive credit for CEUs that will contribute to licensure requirements at all levels.

We know you are very busy with myriad issues facing our state. However, we have already approached the Board of Social Work Examiners in an effort to have them make these accommodations on their own. The board’s legal counsel has advised them that only the governor can make these changes on an emergency basis since they do not have the authority to make the needed changes to statutory requirements.

We would like to make clear that the lifting of the state of emergency will not solve these problems overnight. A huge backlog has been created for the many professions which use the same testing centers and social distancing will likely remain in effect for some time, further slowing the testing process. Getting these new social workers tested and licensed will take many months—creating workforce shortages and preventing these professionals from having employment and an income.

Thank you for your consideration of these issues and the proposed remedies. We implore you to take swift, strong, and creative action to address this pressing problem now, allowing a new cohort of highly qualified social workers to serve their community in this greatest time of need.

Sincerely,
Daphne L. McClellan, PhD, MSW
Executive Director
Anthony Estreet, PhD, MSW
President of Childhelp

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Executive Director
Anthony Estreet, PhD, MSW
President

Social Media Tip

Don’t argue with people online. It only makes you look bad in front of other people. Better to call them on the phone and talk to them or inbox them and ask if you can talk to them or provide assistance or advice. Provide information and be helpful. Many of us are on edge and stressed out. Remember, some people aren’t just teleworking alone—they may be doing so with kids they’re homeschooling or out of work completely or under quarantine and away from family members. Some are going out to work under scary conditions. People are mostly looking for answers when they write a post that you may perceive as rude or downright nasty. Studies show that most people see items written in messages and immediately take offense—even when the writer does not intend it. Be judicious and please let’s Think before you Click. Thanks!
Private Practice Committee

The Private Practice Committee has shifted focus this year. As before, our monthly meetings have two parts. In the first 90 minutes, we now focus primarily on issues related to creating and maintaining a successful private practice. Some months we have a guest speaker. Many months we share our experiences and ask others about solutions to current challenges. Recent topics have included the rapid adoption of teletherapy, options for electronic recordkeeping systems, and a presentation on running a group practice. Members suggest the topics for our meetings.

During the second 90 minutes of our meetings, we hold a case consultation in which members can present a case and receive feedback from peers. Members are also invited to bring to the committee any ethical concerns. NASW-MD provides 1.5 CEUs at no cost for attendance at the case consultation.

We are currently holding our meetings via video teleconferencing, so you can easily attend from anywhere. We meet on the first Friday of most months from 10 am to 1 pm. You're welcome to join us for either half, although those attending the case conference must have a clinical license or be working under supervision.

The Private Practice Committee also has an active Google Group in which members can post questions and referrals and share information. The group is closed so that it is invisible to non-members. Any member of NASW-MD can join.

Members report that taking part in the Private Practice Committee builds a professional support system that can relieve the isolation that often comes with working independently. Join us!

Contact Art Wagner, LCSW-C, art@arthurwagner.com, if you want to join the Google Group or participate in our meetings.

Creating a Network

By Amy R. Greensfelder, LMSW Executive Director, Pro Bono Counseling Project

On Tuesday, March 17th, I got an email from my colleague Kim Burton, at the Mental Health Association Maryland. She wrote, “Call me. There’s this thing I think Pro Bono Counseling Project should get involved with. We’re trying to get people together quickly. Please call.”

Intrigued, I picked up the phone. Kim shared the kernel of a vision that a few folks had started to flesh out—that with the social distancing measures, many Baltimoreans were isolated in their homes, putting them at risk for mental health and physical concerns. If Baltimoreans could work together, we could organize a network of neighbors to reach out to each other and check in for social support.

I’d been feeling overwhelmed and anxious about the COVID-19 pandemic—the uncertainty of how long we’d be working remotely, and what the situation meant for the Pro Bono Counseling Project, and my own family, was crushing. The simplicity of this idea spoke to me, and it became clear that PBCP, with our decades of experience with linking Marylanders with limited resources to volunteer mental health providers, could play a role in this emerging “thing.”

The project quickly snowballed—diverse partners were gathered for Zoom calls, and a committee structure emerged. When you get a bunch of super smart, hard-working people together, it’s incredible what you can accomplish in a short period.

The Baltimore Neighbors Network has now been around for four weeks. In that time we’ve trained over 140 volunteers, who have collectively called over 1600 older adults in Baltimore. In the coming weeks we expect our reach to expand beyond older adults.

Never before have I seen so many people from all different backgrounds come together and make stuff—really good stuff—happen in such a short period of time. Our organizing group challenges each other, learns together, struggles together, and laughs together.

The Baltimore Neighbors Network is social work, social justice, and good old Baltimore grit and solidarity at its finest. While it’s not perfect, and it’s a work in progress, it is what has brought me hope and purpose in these uncertain times.

Self-Care Fridays for all Members

Each Friday we will host a virtual Self-Care experience. Join us and our guest presenters for 30 minutes focused on you! Each presentation will be followed by open networking time for those who are participating. Look for the link in our weekly ENews!

If you would like to give a 30 minute self-care presentation for one of the upcoming Fridays, please contact Daphne McClellan at dmcclellan.naswmd@socialworkers.org
We have all been glued to the television, newspapers, or online seeing pictures of distressed nurses and doctors in ICUs and Emergency Departments in Italy, New York, Washington, and elsewhere being overwhelmed by large numbers of positive COVID-19 patients. They struggle with inconsistent access to personal protective equipment (PPE), and the fear of bringing the disease home to their loved ones. Have you thought about nursing home social workers working in buildings with frail elderly where COVID-19 can spread quickly? Some nursing homes have many positive COVID-19 patients, and heroic frontline social workers are providing support to quarantined elderly residents with or without the virus. They support the families who are unable to see their loved ones who may be sick or dying alone. They transfer residents sent to the hospitals and notify families of sick or dying clients and help them make funeral/burial arrangements with funeral homes that are overwhelmed and overworking with patients from hospitals, emergency departments, nursing homes, and the community.

Five members the Maryland NASW Committee on Aging participated in two recent Zoom calls hosted by the National Nursing Home Social Work Network (NNHSWN), which is a collaborative group of nursing home research, policy, and clinical social work experts. We heard from frontline social workers. While this group has been meeting for many years, their recent focus has been trying to understand the impact of Covid-19 on social workers employed in long term care settings and identify the best ways to support them. The first step was to develop a website with tools & strategies to enhance the resources social workers already possess. Social workers in nursing homes in the heart of the pandemic have shared the following issues they face: discussing Advance Care Planning and DNAR status with residents/families of those who are healthy and those diagnosed with COVID-19, developing creative methods to communicate with all residents’ families; working with residents who have neurocognitive impairments; negotiating complex ethical considerations; the need for and appropriation of personal protective equipment (PPE); inability of families to visit loved ones; coordinating funeral arrangements; helping support co-workers; managing fears and anxiety experienced by every member of the interdisciplinary team; coping with loss; and self-care and care for one’s own family.

During recent monthly virtual NASW-MD Committee on Aging meeting our State Officer Jon Reidy attended the call and shared those on the call of the daily memos being distributed from Governor Hogan’s office, Centers for Medicare and Medicaid Services (CMS), and the Maryland Department of Health (DH/MIH). Currently most area nursing homes are restricting family visitation to those residents who are actively dying (within 1-2 days), though we know from New York City that even these visits may need to be disallowed in the future. Many assisted living facilities are following these protocols as well. With this pandemic many residents’ rights are being restricted which also poses a challenge. CMS has waived a number of regulations for the time being. As of this writing, there are now 90 SNFs in Maryland with confirmed cases of COVID-19. Sadly, this number will likely increase.

Governor Hogan recently ordered that “strike teams” be set up and deployed to provide support in the areas of “overscreening testing, helping to triage residents who are believed to have been exposed, and bring medical supplies & workers directly to the facility.”

**Challenges**

Over the past fifty years research has shown that social workers endure some of the highest levels of occupational related stress of all the human service professions. -- Stresses that lead to burnout, compassion fatigue, secondary traumatic stress, post-traumatic stress, and chronic stress disorders. The occupational related stresses we endure are agency, clients, families, and our own well-being. In some areas of social work practice (such as children and family services) the rate is as high as forty percent.

The causes are numerous and often the cause and effects are intermingled. The overall impact of occupational stress in social work is detrimental not only to individual social workers, but to their clients, the social work profession, and society as a whole. Social workers can not only develop general burnout, but can also develop mental and physical health conditions that not only impact their ability to effectively provide services, but also impacts their interpersonal relationships. Stroke, heart attacks, and diabetes are just three of known physical health outcomes of chronic stress. Depression and anxiety are two of the mental health outcomes. When negatively impacted by occupational stress, the ability of a social worker to provide clients with quality service is negatively impacted and puts clients at risk.

The costs to society are significant; ranging from reduced client outcomes to inefficient use of limited public resources. The cost of training a social worker is also significant. In child welfare service, staff turnover rates range from forty to eighty percent annually. Having to replace a workforce annually at such levels is a cost we can’t afford. It drains the ability to provide quality services to help those in need, thus compounding problems in our communities.

Social work occupational stress is not just a human service practice issue. It is also an issue of social justice on several fronts. The majority of social workers are female. Occupational stress in social work is a gender rights issue. The majority of social work clients are people of color and of lower economic status. Occupational stress in social work reduces client outcomes and therefore is a racial and economic equality issue. Social work employers allow causes of occupational stress to flourish in workplaces; often denying social workers legal protections under the law when faced with the negative impacts of occupational stress. Employers are negating their moral and legal responsibility to ensure social workers have safe and healthy workplaces. Occupational stress in social work is a workers’ rights issue.

Yet in fifty years there has been little comprehensive, holistic coordinated effort to reduce the impact occupational related stress has on social workers and the practice of social work. This is a real problem facing social workers and our profession. It is the mission of SWHEO to correct this problem.

The vision of SWHEO is to become a standalone non profit for corporation that, through a set of coordinated strategies, addresses the impact of occupational stress in social work on a personal and professional level. A goal of SWHEO is to break down the barriers of stigma and shame associated with occupational stress in social work. The purposes and functions of SWHEO are to:

A. Provide support to fellow social workers in times of personal need.
1. Develop and maintain a network of social work volunteer advocates to provide peer support to fellow social workers to alleviate the immediate impact of social work occupational related stress.
2. Facilitate the coordination of services
   - to social workers in need of more than peer support to alleviate the impact of social work occupational and related stresses.
   a. Assessment for symptoms of occupational stress health conditions (emotional psychological and physical)
   b. Individual, group, and family therapies and treatment (psychological and physical)
   c. Mindfulness and self-care intervention services

B. Conduct activities to educate social workers and the general public regarding occupational stresses of social work.

C. Advocacy
   1. Advocate for individual social workers who are having difficulty addressing occupational stress within their workplace and/or place of employment.
   2. Advocate for changes to reduce societal, institutional, and organizational structures, policies, and attitudes that contribute to the occupational stresses of social work.

Like the name says, social workers helping each other depends on social workers helping each other. To find out how you can help your fellow social worker and how you can help yourself become more resilient and promote a more productive social work profession please contact SWHEO at Jon Reidy at JRS4CI@gmail.com.
NASW-MD Sponsored Continuing Education

SPRING 2020

IMPORTANT INFORMATION about LIVE WEBINARS

Please read carefully:

1. LIVE Webinars earn CATEGORY I CEUs
2. You can attend a live webinar via phone or computer. No one can see you on a webinar. Attendees will only see a PowerPoint presentation. If you call in, you will not see the PowerPoint.
3. Registration through 123Signup closes the day before the webinar. If a webinar is scheduled for Sunday, registration will close on Friday afternoon.
4. Once registration is closed (THE DAY BEFORE) you will receive an email from 123Signup directing you to register for the webinar through GoToWebinar. This is an important step. You will type in your name and email address so you will be on the sign in sheet for the next day.
5. Once you register for the webinar, you will receive a follow-up email from GoToWebinar with instructions on how to login for the LIVE EVENT the following day.
6. SIGN IN begins 1/2 hour before the webinar starts, and you will see a screen that lets you know the webinar will begin soon.
7. All registrations are final. We are not able to offer refunds for anyone who misses any part of a webinar.

CURRENT LIVE WEBINARS

For the most current Continuing Education schedule, please visit our website at www.nasw-md.org

#2535 LIVE WEBINAR - Tackling the Gorilla in the Room: Ethical Ways to Have Difficult Conversations
Date: Thursday, May 7, 2020; 9:15 a.m. – 1:00 p.m. (Sign in from 9:15 – 9:45 a.m.)
Location: VIRTUAL EVENT – No Physical Location
Please Note: Read all important information listed at the top of the page to be prepared
Presenter: Frances Williams-Crawford, LCSW-C
Training Specialist, Child Welfare Academy, University of Maryland-Baltimore
Synopsis: In order to address many of our clients issues or even to discuss these issues in consultation or supervision, there are many uncomfortable moments. Not avoiding these conversations, but insisting on them is critical to positive outcomes for clients. Discussions around ethical obligations to identify and address microaggressions that can occur in the field and in the office will offer concrete tools on how to address them.
Learning Objectives: After successful completion of this course, participants will be able to:
1. Identify the six founding values/principles in the NASW Code of Ethics.
2. Describe microaggression and its impact on individuals and working relationships.
3. Identify different conflict resolution styles, including beneficial/detrimental.
4. Identify a structured process to have challenging conversations that lead to positive outcomes.
CE: 3 Category I
Cost: $45.00 for members; $65 for non-members
Please Note: This workshop qualifies for the Maryland Board of Social Work Examiners’ 3-hour ethics requirement for license renewal.

#2540 LIVE WEBINAR – Using Emotional Granularity to Solve Challenges in a Changing Environment
Date: Friday, May 15, 2020; 9:00 a.m. – 12:45 p.m. (Sign in from 9 – 9:30 a.m.)
Location: VIRTUAL EVENT – No Physical Location
Please Note: Read all important information listed at the top of page 14 to be prepared
Presenter: Dione Brown Bushrod, LCSW-C
Owner, Prosperity Redefined, LLC
Synopsis: Did you know that if we don’t have a word for an emotion, we can’t truly experience that emotion? Did you know that foreign languages have thousands of feeling words that many of us have never even heard of? Emotional granularity is an aspect of emotional intelligence that refers to the ability to highly specify the emotion a person is feeling. Is it anger or a feeling of betrayal, indignation, or outrage? Is it happiness, or a feeling of acceptance, power, or pride? In this workshop, attendees will learn the difference between affect and emotion, and how to identify those emotions to find the best solution to the challenge of feeling that way. Emotional granularity is a skill that will help clients truly harness the power of emotions.
Learning Objectives: after this course participants will:
1. Learn about the new science of emotion creation.
2. Be able to differentiate between affect and emotion.
3. Practice turning emotions into solution-focused actions.
4. Be able to tolerate and accept a variety of emotions.
5. Practice identifying and defining emotions using an emotion wheel.
6. Practice turning emotions into solution-focused actions.
7. All registrations are final. We are not able to offer refunds for anyone who misses any part of a webinar.
CE: 6 Category I (3 hours qualify for 3 Ethics CEUs)
Cost: $90 for members; $130 for non-members
Please Note: 3 of the 6 hours of this workshop qualifies for the Maryland Board of Social Work Examiners’ 3-hour ethics requirement for license renewal.

For more information, please visit our website at www.nasw-md.org.
**#2544 LIVE WEBINAR - Honoring Invisible Messengers: The Ethical Case for Integrating Pain Management into Clinical Practice**

**Date:** Thursday, May 21, 2020; 9:15 a.m. – 1:00 p.m. (Sign in from 9:15 – 9:45 a.m.)

**Location:** VIRTUAL EVENT – No Physical Location

**Please Note:** Read all important information listed at the top of page 14 to be prepared

**Presenter:** Lee Westgate, MBA, MSW, LCSW-C
Clinical Instructor, UMSSW and National Director of Behavioral Health, AbsoluteCARE

**Synopsis:** According to a seminal report by the Institute of Medicine (IOM), the annual national economic costs associated with chronic pain is estimated to be $560-635 billion. Providers attempting to respond to this growing clinical crisis consistently come up short with effective interventions for complex pain despite the prevalence and the parallel growth of the opioid epidemic. There is a profound deficit of empirically based best practices for pain management and a lack of attention to the intersections between chronic pain, mental health, and well-being. The Suicid mystic Rumi once thoughtfully and prophetically said, “These pains you feel are messengers. Listen to them.” This presentation aims to ethically frame the need to listen to these messengers and highlight human costs resulting from ignoring them, the connection between chronic pain and early complex trauma; and through providing research-informed strategies to engage with patient populations that have been decidedly failed by medical institutions. BSWE Codes referenced in this workshop include 1.01 Commitment to Clients; 1.04 Competence; 1.16 Referral for Services; 2.03 Interdisciplinary Collaboration; 2.05 Consultation; 6.04 Social and Political Action

**Learning Objectives:** After Attending this workshop participants will be able to:

1. Conceptualize the scope, depth, and complexity of clinical pain management with attention to population-related care disparities.
2. Recognize the behavioral health dimensions of pain management to include the multi-faceted manifestations of pain that present within the context of clinical care.
3. Employ best practices for rapport-building with the patient population, and tactics for supporting the interdisciplinary team with maintaining patients with pain management concerns in care.

**CE:** 3 Category 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 license renewal.

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**#2601 LIVE WEBINAR - Exploring the Ethics Behind the Duty to Warn**

**Date:** Monday, May 25, 2020; 9:15 a.m. – 12:00 p.m. (Sign in from 9:15 – 9:45 a.m.)

**Location:** VIRTUAL EVENT – No Physical Location

**Please Note:** Read all important information listed at the top of page 14 to be prepared

**Presenter:** Veronica Cruz, LCSW-C
202, Cruz and Associates, LLC

**Synopsis:** This workshop will focus on the ethics behind the duty to warn as it relates to confidentiality and mandated reporting. Every social worker is aware of the importance of the duty to warn, yet many do not report. It is imperative to understand the parameters and sanctions related to duty to warn. The presenter will explore the history of duty to warn: landmark cases, confidentiality, and reporting. Discussion will focus on confidentiality dilemmas, mandated reporting, discrepancies in reporting, code of ethics, ethical framework model, and best practice technique. A focus will be on analyzing COMAR Regulations (Duty to Commit, Treat, or Warn 5601), Maryland Board of Social Work Examiners (Title 10.03) to the National Association of Social Workers Code of Ethics (1.07 & 1.17). Participants will engage in activities that will allow them to further analyze and apply the various codes of ethics to better understand the ethics of duty to warn. This is an interactive workshop where case vignettes are presented, and participants work in a group setting to further maximize their understanding of the concepts presented.

**Learning Objectives:**

1. Extend their knowledge of the duty to warn principles and connect them to confidentiality and reporting by exploring the various ethical principles and codes.
2. Demonstrate an understanding of the duty to warn, including but not limited to landmark cases and the history behind this principle.
3. Effectively understand and apply an ethical decision-making model which incorporates the codes of ethics and Comar regulations to help process and resolve the duty to warn issues.
4. Articulate the key elements of duty to warn and explore the responsibility the social worker has to client, profession, and self.

**CE:** 3 Category 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 license renewal.

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**#2545 LIVE WEBINAR - Leading by Example: Navigating the Internal Work of Being a Social Work Supervisor**

**Date:** Saturday, May 30, 2020; 9:15 a.m. – 1:00 p.m. (Sign in from 9:15 – 9:45 a.m.)

**Location:** VIRTUAL EVENT – No Physical Location

**Please Note:** Read all important information listed at the top of page 14 to be prepared

**Presenter:** Presenters: Annette Nagata, MSW, LCSW-C
Clinical Instructor, UMSSW and National Director of Behavioral Health, AbsoluteCARE

**Synopsis:** Social Work is a deceptively complex field that is all at once powered by mission-driven professionals that derive innumerable energy and passion from frontline work. The path to this work is deeply personal and is often described as an inexorable calling and compulsion to serve with compassion and humility. While there may be an intrinsic culture and tradition to proverbial trench work, the ambiguous elements of our discipline can obscure our invaluable skills - particularly skills that are transferable to leadership. Furthermore, the national migration into leadership roles is profoundly difficult due to the perceived divergence from direct client/community contact to administrative roles that may feel at odds with client centricity. Navigating the path of leadership is marked by an endless array of internal work around key issues such as exercising power and authority; building new teams; professional gatekeeping; and prioritization of client needs. These are often the unseen and yet pronounced tensions that create frictions and struggles for Social Work leaders and their teams. This training will address the aforementioned unseen challenges, tactics for the internal work, and will offer recommendations for how we can collectively grow and nurture our Social Work leaders as they attempt to navigate the ever-changing landscape of service.

**Learning Objectives:** After Attending this workshop participants will be able to:

1. Understand the context of social work leadership coupled with the complexities of today’s work.
2. Review the essential tasks of social work supervisors.
3. Conceptualize and effectively respond to the common pitfalls & crucible moments of emerging leaders.
4. Build supervisory and leadership skills to remain grounded in practice, to nurture teams, and to prioritize the care of those who depend on us.

**CE:** 3 Category I

**Cost:** $45 for members; $65 for non-members

**Please Note:** This workshop qualifies for the Maryland Board of Social Work Examiners® 3-hour supervision (for supervisors) requirement for license renewal.

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**#2546 LIVE WEBINAR - Not Always Intentional: How to Avoid Abuse, Neglect, & Exploitation in Long Term Care: An Ethical Discussion**

**Date:** Sunday, May 31, 2020; 11:55 a.m. – 1:30 p.m. (Sign in from 11:55 – 1:45 p.m.)

**Location:** VIRTUAL EVENT – No Physical Location

**Please Note:** Read all important information listed at the top of page 14 to be prepared

**Presenter:** Joanna Frankel, LCSW-C
Owner, Frankel Care Consulting

**Synopsis:** Abuse, neglect, and exploitation of older adults in both institutional settings and the home can cause major ethical dilemmas. However, not all perpetrators set out to harm an older person. Join us for this interactive program to learn how to identify those who mistreat older adults and why, which older adults are most at risk, and how we can prevent elder mistreatment even if it isn’t intentional. Best practices and the code will be explored to understand how to best respond to abuse, neglect, and exploitation. Focus will be on these sections of the BSWE Code of Ethics: 10.42.03.06. 06 Standards of Practice, A. Professional Competence; and 1. Social Workers’ Ethical Responsibilities to Clients (1.01 Commitment to Clients).

**Learning Objectives:** Upon completion of this intermediate course, participants will be able to:

1. Understand how the social work code of ethics applies while exploring real scenarios.
2. Identify ethical dilemmas that can arise in caring for older adults.
3. Learn more about abuse/neglect/exploitation and how it isn’t always intentional.

**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 license renewal.

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**#2547 LIVE WEBINAR - At the Intersection of Pain & Addiction: Finding the Ethical Balance**

**Date:** Friday, June 5, 2020; 8:30 a.m. – 12:15 p.m. (Sign in begins 8:30 a.m.)

**Location:** VIRTUAL EVENT – No Physical Location

**Please Note:** Read all important information listed at the top of page 14 to be prepared

**Presenter:** Suzanne Cox, LCSW-C, MBA
Team leader, Continuous Care Team, UMMMS/WPPC Clinics, Baltimore

**Synopsis:** According to the American Journal of Managed Care, the number of Americans who live with non-cancer related chronic pain is estimated to be about 100 million; almost one-third of the 2018 estimated US population of 327.8 million. Managing chronic pain has developed into a precarious dance between consumers often desperate for pain relief and the providers treating them in the context of the growing number of opioid prescriptions and illicit syndromes. Addiction is often a very real outcome of even short-term use of opioid painkillers, with the potential for misuse inherent in legitimate use. The use of medical marijuana may not be indicated or supported by medical providers, particularly when consumers use ‘recreationally’. Available non-medication mediated interventions are frequently not as effective or quick acting for those in need. The presenter will review common chemical and non-chemical treatment approaches for pain from the perspective of both efficacy and ethics. We will examine the potential risks of leaving pain untreated or under-treated, which includes the potential for both illicit drug use and increased risk of suicide. The ethical decision-making into social work values and standards is complex. Patients often have pain relief while potentially also being charged with mitigating the impact of addiction on client systems will be explored in depth. Case studies will be presented and discussed using both the Code of Ethics and Badaracco’s Framework for Moral Decision-making.

**Learning Objectives:** Upon completion of this course, participants will be able to:

1. Understand the five phases of your work with clients; Contracting, Data Collection, Planning & Feedback, Implementation and Termination & Institutionalization.
2. Encourage collaboration between yourself and your clients, and their own self-interests. These internal personal conflicts can actually obstruct their clients’ change. This course aims to help case managers develop a fuller understanding of the principles of case management, write appropriate case notes, understand how your role with clients fits into the mission of your organization, and develop practical skills and processes for using yourself to foster positive change in your clients.

**CE:** 3 Category I

**Cost:** $45 for members; $65 for non-members

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Major changes were made to the Social Work Licensing Act in 2017. Recently the BSWE promulgated supervisors/administrators who would like to enhance their supervisory knowledge, and social workers and designed to enhance 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. The presenter covers theoretical frameworks, information on conduct of supervision, and skills necessary for ethical supervision in accordance with regulations and best practices.

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

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

#2582  LIVE WEBINAR - General Supervision – Part 1 of 3*

Date: Thursday, June 11, 2020; 9:00 a.m. – 4:45 p.m.
Location: VIRTUAL EVENT – No Physical Location

Please Note: Read all important information listed at the top of page 14 to be prepared

Presenter: Pamela Love Manning, MSW, Ph.D.
Certified coach, speaker, author, & founder, The Finishes Network

“Please Note: This is a two-day workshop with #2583-The Ethics of Supervision - Part 2 (3 hours) AND #2584-Advanced Supervision - Part 3 (2 hours) on Friday, June 12. Attendee may register for Part 1, Part 2, OR Part 3 separately. However, in order to earn the 12 hours of supervision necessary to become a board approved supervisor, attendance at all 3 workshops is required.

Synopsis: This one day workshop consists of information, interactive activities, and engaging discussions designed to enhance general 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.

2. Understand how leadership styles, generational differences, technology, and emotional intelligence affect workplace behavior and the climate/culture of an organization.
3. Understand the conduct, legal and regulatory issues of supervision.
4. Be able to apply theoretical models to supervision.

Location: – No Physical Location
Date: Wednesday, June 10, 2020; 9:15 a.m. – 1:00 p.m. (Sign in from 9:15 – 9:45 a.m)

Please Note: This workshop meets the requirement for 3 hours of ethics OR 3 hours of supervision (for supervisors) required by the Maryland BSWE for license renewal.

#2584  LIVE WEBINAR - Advanced Supervision – Part 3 of 3*

Date: Friday, June 13; 1:15 p.m. – 5:00 p.m.
Location: VIRTUAL EVENT – No Physical Location

Please Note: Read all important information listed at the top of page 14 to be prepared

Presenter: Maxwell Manning, MSW, Ph.D.
Clinical Supervisor Consultant, Licensed Clinician, Life and Executive Coach and CEO International Leadership, Coaching and Mentoring, Inc.

“Please Note: This is Part 3 of a two-day workshop. Part 1, General Supervision #2582 (6-hours) will be held on Friday, June 12th; Part 2, The Ethics of Supervision #2583 (3 hours) will be held on June 12th in the morning. You may register for Part 1, Part 2, or Part 3 separately. However, in order to earn the 12 hours of supervision necessary to become a board approved supervisor, attendance at all 3 workshops is required.

Synopsis: This workshop consists of information, interactive activities, and engaging discussions designed to enhance 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. The presenter covers theoretical frameworks, information on conduct of supervision, and skills necessary for ethical supervision in accordance with regulations and best practices.

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

Location: – No Physical Location
Date: Friday, June 12, 2020; 9:00 a.m. – 12:45 p.m.

Please Note: Read all important information listed at the top of page 14 to be prepared

Presenter: Arthur J. Rosenbaum, MS, Ed., LCSW-C
Specializing in the Practice of Couple and Family Therapy
Clinical Consultant
Clinical Faculty, University of Maryland School of Social Work
Chair, NASW National Ethics Committee

Synopsis: Resistance within our clinical work has gotten a bad rap. As clinicians we vilify it, mock it, and work tirelessly to mitigate it or at least reduce it. But this enduring and stubborn element of psychotherapy never goes away. In this workshop, we will learn to alter our perceptions and our relationship with resistance. We will then turn what once was villainous into an impactful ally.

Learning Objectives: At the end of this workshop, participants will:
1. Understand the nature of resistance
2. Expand the definition of resistance
3. Understand how to engage resistance
4. Enhance our clinical interventions in relation to our clients’ resistance.

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

#2606  LIVE WEBINAR - Resistance: The Universal Challenge (and an Unexpected Ally)

Date: Tuesday, June 16, 2020; 9:00 a.m. – 12:45 p.m.
Location: VIRTUAL EVENT – No Physical Location

Please Note: Read all important information listed at the top of page 14 to be prepared

Presenter: Lee Westgate, MBA, MSW, LCSW-C
Clinical Instructor, UMSSW and National Director of Behavioral Health, AbsoluteCARE

Synopsis: Herrmann Hesse once said, “You must unlearn the habit of being someone else or nothing at all, of imitating the voices of others and mistaking the faces of others for your own.” LGBTO+ (lesbian gay bisexual transgender queer questioning intersex asexual allies plus) individuals possess the unique experience of finding one’s self against all odds. With the widening of awareness and interest in serving LGBTO+ individuals, there is a need to equip Social Workers with modernized information on how to effectively and ethically engage with these populations. After all, our code of ethics insists that we prioritize equity in care, aspire toward cultural competence, and transcend stigma through the recognition of the inherent worth and dignity of people. Additionally, there is a need to break apart the acronym and to redefine the meanings of what resistance is and what resistance looks like in this context. Lastly, there is a need to recognize that each proverbial developmental stage comes with a new task and a new crucible moment that may simultaneously involve self-awareness and the consequences of self-disclosure. In this training, the presenter aims to provide attendees with thoughtful and authentic insights about the challenges of being and serving LGBTO+ populations, and understand the importance of utilizing a strengths and resilience framework to provide care.

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Learning Objectives: Upon completion of this course, participants will be able to:
1. Provide an overview of the unique challenges faced by LGBTQIA+ individuals 
2. Frame these challenges within both a trauma-informed care and minority stress framework 
3. Highlight key ethical challenges related to the provision of care 
4. Offer recommendations and best practices to effective engagement and care 

Please Note: This workshop qualifies for the Maryland BSWE 3-hour ethics requirement for license renewal.

#2550 LIVE WEBINAR – Calling the Code: Navigating Ethical Life and Death Decisions with Families in Crisis

Date: June 24, 2020; 5:00 p.m. – 8:45 p.m. (Sign in from 5:00 – 5:30 p.m.)

Location: VIRTUAL EVENT – No Physical Location

Please Note- Read all important information listed at the top of page 14 to be prepared

Presenter: Lee Westgate, MBA, MSW, LCSW-C

Clinical Instructor, UMSSW and National Director of Behavioral Health, AbsoluteCARE

Synopsis: COVID 19 and the unfolding international crisis due to the pandemic has highlighted the need for each of us to reframe our choices, our plans, and especially our advanced care planning values.

Social workers stand to play a significant role in this moment given our commitment to advocacy. However, to realize our potential in this moment we must become versed in Advanced Care Planning, facilitating difficult conversations, and how the culture of care can and does impact families in crisis. Contributing environmental, psychological, and personal dimensions such as the impact of the hospital culture, the impact of severe stress, and the impact of faith, are often not taken into account when working with individuals and families during these critical moments. Families are often subject to the cumulative stress and coercion brought on by the flood and frequency of day to day decisions they must make as surrogate decision makers. Furthermore, social workers are not consistently versed in or adept at educating patient decision makers and family members on the potentially devastating risks of advocacy for heroic measures. Current public information on CPR, advanced life support, and pathways encompassing aggressive care are highly distorted, thus dismantling the potential for fully informed consent. Social workers will increasingly need to enhance their competencies in the aforementioned health care topics (especially during this time of crisis) to ensure patient choice is honored, family and cultural values are recognized, and that families are provided with appropriate and timely information to create a customized care plan on behalf of their loved one. The following ethical standards will be incorporated into this training: 1.02 Self-Determination; 1.03 Informed Consent, 1.05 Cultural Awareness and Social Diversity

Learning Objectives: After attending this workshop participants will be able to:
1. Understand an individual’s psychological status during critical end of life discussions
2. Recognize the impact of cumulative stress as it pertains to their decision making process
3. Assess individual and family health literacy and knowledge of “heroic measures”

Continuing Education Registration Form

Please mail this form with your check made payable to NASW-MD, 5750 Executive Drive, Suite 100, Baltimore, MD 21228. 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: We do not accept cash transactions.

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

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

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Credit card number: ____________________________

Exp. Date: ______________   CVV Code: _____________

Name on card: ____________________________

Date: ____________________________
ties to help avoid unnecessary transfer of residents to local hospitals.” (4/7/20-Baltimore Sun). Local and national resources specific to nursing home social work are shared and are listed at the end of this article. We have included pictures, which include a map of Maryland’s COVID-19 outbreak and of Mt. Airy Pleasant Valley Nursing Home outbreak where 24 residents have died.

Social Workers are more than ever a critical and necessary member of the care teams in LTC settings. Your dedication, advocacy, clinical knowledge, and professionalism are paramount. We commend you and are indebted to you and the services you render. Below are some resources which we hope you will find helpful.

If you would like additional information about the Committee on Aging and its efforts to support nursing home social workers during the Covit-19 pandemic, please contact Barbara Korenblit at bkorenblit2@gmail.com.
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The next issue of our newsletter, THE MARYLAND SOCIAL WORKER Winter Edition (January-March) Deadline: January 1

The Maryland Chapter also publishes a quarterly newsletter, this time.

The next issue of our newsletter, THE MARYLAND SOCIAL WORKER is the Spring 2020 edition with an advertisement deadline of June 30. Call Daphne at 410-788-1066, ext. 16.

HELP WANTED

LCSW-C SUPERVISOR

Small non profit looking for LCSW-C Supervisor for part-time Clinical Director. Willing to join a growing organization in Carroll County MD. Immediate opening. Fun environment with possibility of full time. Please call 434-918-8592 or send resume to sobert@thecomcast.net.

LCSW-C

Join our growing team of highly qualified therapists. Successful candidate will work with children/adolescents as well as adults. We offer Full time salaried and part time contractual positions available for Maryland independent license (LCPC, LCMFT, LCSW-C or Licensed Psychologist. Please contact Jan Carlson at 410 730-0552, ext 4, for further information.

Field Coordinator II

UNMC/UCSS SWW is seeking a non-tenure-track part-time Field Coordinator II. Candidates must have an MSW with two years post-MSW experience. Experience in field education is desirable. Apply at interfolio http://apply.interfolio.com/57678.

THERAPISTS/PROGRAM MANAGER

The Center for Adoption Support and Education (C.A.S.E.) is growing and we are seeking qualified professionals to join our team. We have (full-time and part-time) openings throughout the DMV area for experienced licensed mental health professionals. We are particularly interested in finding therapists who are passionate about supporting children and their families who have experience in foster care, guardianship and/or adoption are encouraged to apply today. Must have 4-6 years of experience providing individual, family and group psychotherapy to children and their families and be independently licensed. Licensed Clinical Therapist (F/T/P) - Salary ranges between 60-70K for full time positions.
Positions Available in:
• Annapolis
• Bethesda
• Towson
• Burtonsville

Clinical Program Manager seeks an entrepreneurial spirit to lead the opening of a Baltimore City Office. This position will deliver clinical services as well as grow over time daily operations.

$1,000 SIGNING BONUS WITH SUCCESSFUL COMPLETION OF THE 90 DAY PROBATIONARY PERIOD.
We offer:
• Flexible work hours (weekdays/ evenings / weekends)
• Opportunities for continuing education including clinical supervision
• TAC (Training for Adoption Competency) training, a nationally recognized curriculum

C.A.S.E. also offers a competitive salary, health benefits, 401k plans, generous leave time, 401k/health/salary/life insurance, and a host of volunteer benefits. Please visit www.adoptionsupport.org to find out more information about C.A.S.E. Send resumes to careers@adoptionsupport.org and note the position in the subject line.

FOR RENT

COLUMBIA

Beautiful new offices in downtown Columbia. Offices have wonderful 12’ high ceilings and include a ample waiting room with water cooler, a small staff area with refrigerator, microwave, copier, fax, Wi, 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.

GLEN BURNIE


ANNAPOlis

Furnished office space available P/T or F/T as of 2/20. Fax, copier, will included. Opportunities for referrals available.

Contact: ec.igo@verizon.net.

LICENSED PSYCHOLOGIST, LCSW-C, LCMFT, & LPC in COLUMBIA

Well-established, supportive psychotherapy practice is seeking an associate who works with children, adolescents and adults interested in growing in a private practice. Practice is well known in the community and offers a solid referral base. Freedom to create your own schedule. Beautifulfully furnished office in downtown Columbia with free parking and a great location. Peer supervision and knowledge about resources in the community from our team of caring professionals. Opportunities to develop your interests with consistent support and referrals. Please send cover letter and resume to btkidcounselor@gmail.com.

LICENSED PSYCHOLOGIST, LCSW-C, LCMFT, & LPC in COLUMBIA

Immediate position available for an energetic therapist for a thinking and well-established group practice in Columbia, MD. Clinical responsibilities include provide psychotherapy for children and/or adults. Flexible hours. Great location. Fully furnished offices. Established referral base. Highest reimbursement rates and pay in the industry. Outstanding scheduling, billing, and administrative support. Conducive to work-life balance. Warm, supportive, and collegial environment. Maryland independent license is required (LPC, LCMFT, LCSW-C or Licensed Psychologist. Please do not apply if you are currently an LPC or LCMFT). Evening and/or weekend availability is a plus. Send both vitae and cover letter indicating areas of expertise to hirepsychcaredc@gmail.com. For more information about the position: call 410-343-9756 ext. 730

PSYCHOTHERAPIST - FULL TIME

Seeking a full-time Psychotraher at Good Samaritan Hospital in Baltimore, MD

• Job Summary
• Assesses, plans, and coordinates Behavioral Health services for patients and families.

Michaelson Qualifications:
• License/Certification/Registration
• Licensued Certified Social Worker - Clinical in the State of Maryland.

Primary Duties and Responsibilities
1. Completes psychosexual history, psychiatric assessments and documents in medical record and maintains statistical data per standard policy.
2. Coordinates inpatient admissions or patients who require psychiatric/hospitalization services.
3. Provides clinical assessment including diagnostic interviews for patients presenting for ER or psychiatric disorders or in crisis. Provides verification and pre-certification of insurance as needed and appropriately documents. Acts as a consultant to the ER personnel making recommendations for patient care. Provides documentation relevant to mental status exam as outlined in CIO policy and consistent with acceptable standards on all patients seen by CIN in the ER.
4. Provides crisis intervention and management when necessary. Provides therapeutic intervention with patients and family including individual, parental, family, and group therapies. Please submit your resume to tria.m.gfzt@medstar.net or call 443-282-4194

DO YOU CLIENTS NEED SOCIAL SECURITY DISABILITY BENEFITS?
Getting Social Security Disability benefits is a long, hard process. Your clients can learn what it takes to win a disability case by ordering a FREE COPY of my booklet, Can You Win Your Social Security Disability Case? Order by calling my office at 410-527-1740 or go to my website: SharonChristie.law.com

PROFESSIONAL DEVELOPMENT

NTI TRAININGS

Enroll in National Adoption Competency Mental Health Training Initiative (NTI): Free web-based training with NASW approved CEUs! NTI training enables you to better address the mental health & developmental needs of children in foster, adoptive or guardianship families is now ready for access! Enroll in NTI trainings for Child Welfare Professionals, Child Welfare Supervisors, and Mental Health Professionals. Join others from across the USA to Advance Practice for Permanency and Well-Being! Learn more: NTI website.

CLINICAL SUPERVISION

Experienced clinical supervision for all licensure levels in Maryland, DC. Advanced supervision/coaching in supervision/management, co-occurring assessment and intervention, trauma/victim and offender, LGBTQ, and personal growth and spirituality. Contact emorris@lifcat.com.

MISCELLANEOUS

CONTINUING CARE RETIREMENT COMMUNITY:

A community that hums with warmhearted camaraderie and a healthy zest for living shared by neighbors and staff alike. With our 220-acre campus of lush pastures, hardwood forests and beautiful courtyards, you’ll see why Brooke Grove is one of the most sought-after continuing care retirement communities in the state. Because what surrounds you really matters. 301-269-2220 18100 Slade School Road Sandy Spring, MD 20860 www.bgf.org

RENVREFF CENTER IS OPEN

Renvreff Center’s residential campuses are open and following CDC and DOH recommendations. Renvreff’s 17 non-residential facilities are temporarily shutting Day Treatment and ICP to virtual platforms. For information, call 1-850-RENVREFF

INTEGRATE voter engagement activities into field education for all students

SERVICES

CENTURION MENTAL HEALTH

Ready for the next step in your career? Centurion is proud to provide the most advanced mental health services for the Maryland Department of Public Safety and Correctional Services. We are seeking a Licensed Mental Health Professional for a leadership opportunity as the Regional Mental Health Director for the Jessup, Maryland Region. For more information, call Stacy Carson at 443-808-1082 or email stacy@tmcmarcmanagement.com.

CLINICAL SUPERVISION

Clinical Social Work Supervision by Board Certified LCSCW-C with 25 years experience, Evening and weekend hours available in Rockville office. Contact Leslie M. Solomon, 301-424-1987 lmsolcw@gmail.com.
NASW-MD CALENDAR OF EVENTS
May – July 2020
VISIT OUR WEBSITE FOR UPDATES
All meetings are virtual, if you would like a link to participate, please email Daphne at dmcclellan.naswmd@socialworkers.org

MAY

Fri, 1st
10:00 a.m. Private Practice Comm.
11:30 a.m. PP Peer Consultation
4:00 p.m. Self-Care Friday

Tues, 5th
5:00 p.m. Comm. on Aging Meeting

Fri, 8th
10:30 a.m. Bd of Social Work Examiners (BSWE) (see their website)
4:00 p.m. Self-Care Friday

Sat, 9th
9:30 a.m.-12:30 p.m. Chapter Board Meeting

Wed, 13th
4:30 p.m. Social Workers in Schools (SWIS)
7:00 p.m. PACE (Political Action for Candidate Election)

Fri, 15th
4:00 p.m. Self-Care Friday

Mon, 18th
5:00 p.m. Macro Committee
6:00 p.m. Making Macro Work Task Force

Fri, 22nd
4:00 p.m. Self-Care Friday

Mon, 25th
OFFICE CLOSED - MEMORIAL DAY

Tues, 26th
6:00 p.m. Social Workers Unravelling Racism (SWUR)

Fri, 29th
4:00 p.m. Self-Care Friday

JUNE

Tues, 2nd
5:00 p.m. Comm. on Aging Meeting

Fri, 5th
10:00 a.m. Private Practice Comm.
11:30 a.m. PP Peer Consultation
Noon Chapter Ethics Committee (CEC)
4:00 p.m. Self-Care Friday

Wed, 10th
4:30 p.m. Social Workers in Schools (SWIS)

Fri, 12th
10:30 a.m. Bd of Social Work Examiners (BSWE) (see their website)
4:00 p.m. Self-Care Friday

Mon, 15th
5:00 p.m. Macro Committee
6:00 p.m. Making Macro Work Task Force

Fri, 19th
4:00 p.m. Self-Care Friday

Tues, 23rd
6:00 p.m. Social Workers Unravelling Racism (SWUR)

Fri, 26th
4:00 p.m. Self-Care Friday

JULY

Fri, 3rd
4:00 p.m. Self-Care Friday

Sat-Sun, 4th-5th
OFFICE CLOSED - INDEPENDENCE HOLIDAY

Tues., 7th
5:00 p.m. Comm. on Aging Meeting

Fri, 10th
10:30 a.m. Bd of Social Work Examiners (BSWE) (see website)
4:00 p.m. Self-Care Friday

Fri, 17th
4:00 p.m. Self-Care Friday

Fri, 24th
4:00 p.m. Self-Care Friday

WELCOME NEW MEMBERS!

JANUARY 2020

Kara Bolling
Arayle Bright
Ashley Cullen
Billie Dillon
Charity Earnest
Colleen Enig
Dickson Floyd
Elizabeth Freels
Elizabeth Gantt
Emelia Gillin
Emma Hopkins
Jacqueline Hughes
Jennifer Hylton
Jessica Kelly Robles
Jonathan Llewelyn-Moon
Jessica Kelly Robles
Jonathan Llevelyn-Moon
Kalliopie Mensah
Kendra Meritt
Kira Mitchell
Krissy Moy
Lauren Perryman
Mary Plummer
Melanie Poandl
Nikki Reidy
Penney Rose
Rebecca Sarich
Roderick Smith
Stefanny Soroye
Sue Wendland
Victoria White

FEBRUARY 2020

Lessie Abron
Jada Abson
Metogbe Ahonon
Emily Allen
Rebecca Anthony
Miriam Bowman
Sherea Byers
Elise Celli
Claire Chilbert
Dorian Clark
Cynthia Colon
Bernadette Cosgrove
Niki Reidy
Penney Rose
Rebecca Sarich
Roderick Smith
Stefanny Soroye
Sue Wendland
Victoria White

MARCH 2020

Lois Achu
Paloma Arroyo-Lefebre
Adelaide Ayukegba
Alexa Bruck
Yissel Castanon
Keith Daugherty
Nimrod Davis
Brittany Delaney
Shereia Byers
Elise Celli
Claire Chilbert
Dorian Clark
Cynthia Colon
Bernadette Cosgrove
Niki Reidy
Penney Rose
Rebecca Sarich
Roderick Smith
Stefanny Soroye
Sue Wendland
Victoria White

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Sue Wendland
Victoria White