Siddharth Shah, MD, MPH, Headlines 2013 Clinical Conference

**By Jenni Williams**

This year’s 8th Annual Clinical Conference is shaping up to be a great event featuring 21 different workshops which will allow attendees to either choose a variety of workshop topics, or follow ‘tracks’ such as: Supervision, Addictions, Disaster Mental Health, Forensics, and Trauma, as well as a workshop about starting and maintaining a small private practice, juvenile issues, a full day of DSM-5 training, and four different Ethics workshops from which to choose. There are opportunities to earn a total of 17 Category I CEUs (2 FREE Cat. I CEUs will be offered if you attend the movie and discussion on Thursday evening). There will be something for everyone, so make sure you register early to get the workshops you most want to attend.

Our keynote speaker, Dr. Siddharth Shah, is a physician and public health scientist who seeks to support people who “do good in the world.” He is the founder and president of Greenleaf Integrative Strategies, a Washington, DC metro area firm which provides resiliency training to U.S. Government personnel and humanitarian workers operating in demanding environments.

Siddharth’s topics of expertise include psychosocial first aid, vicarious traumatization, mind-body techniques, and cross-cultural adaptation. In addition, he is a member of the disaster response community. He has experience working in Ethiopia, Brazil, India, Pakistan, and Sri Lanka, and has led teams to address community trauma in the aftermath of the 9/11 attacks, the 2002 violence in Gujarat, the 2004 tsunami, hurricanes Katrina and Rita, the 2005 Kashmir earthquake, and the 2008 Mumbai paramilitary attacks.

Siddharth is board-certified in preventive medicine. He received his MD from Baylor College of Medicine, Houston, Texas, and received his MPH and completed residency at Mount Sinai School of Medicine, New York.

Not only will Dr. Shah be our keynote speaker, but he will also present two additional workshops at the conference (one on the Disaster Mental Health Track and the other on the Trauma track). Dr. Shah’s keynote address, titled “Resilience for Everyone—in a Neuroscientific and Community-Based Approach to Adversity” focuses on how in the past two decades we have seen many new ways to examine the brain’s response to crisis emerge. At the same time, forward thinkers have proposed powerful ways to promote resiliency in communities. This presentation will ask attendees to consider ways in which neurons and social dynamics both interact to enhance human thriving in the face of adversity.

Siddharth will also present a workshop on Thursday afternoon titled, “26.2 Miles: Surviving as if We Are Going to Die” which gets its title from the 2013 Boston Marathon (a 26.2 mile race) and will focus on the bombing attack as well as the recent string of mass shootings in our society. Attendees will contemplate and discuss how to respond to an attack, reflect survival impulses, and devise personal preparedness plans. Dr. Shah’s Friday afternoon workshop, “Reclaiming Laughter: Resiliency, Positive Psychology, and Processing Mirthful Activity” will feature the techniques of Laughter Yoga, which is an exercise that facilitates the parts of us that are wired for joy. In addition to teaching the techniques, Dr. Shah will give a didactic presentation on the science of laughter and will discuss laughter’s real-world significance.

Other workshops featured at this year’s conference will be two full days of Supervision training (workshops A1 and A2 and K1 and K2). If both days are attended, all 12 hours of supervision training required by the Board of Social Work Examiners (BSWE) and the 3 hours of Ethics will be met.

For complete details on all of our workshops and to register online, go to www.nasw-md.org or see pages 7-11.

Become a Certified Red Cross Mental Health Responder

**By Jenni Williams**

The NASW-MD Chapter is thrilled to announce that we have teamed up with the Red Cross for this year’s Clinical Conference to offer one day (7-hours) of Disaster Mental Health training which, when combined with a one hour online training course that MUST be taken before the Friday training, will enable attendees to become a certified mental health responder with the Red Cross.

Trained Disaster Mental Health Responders are needed statewide but there is a special need on the Eastern Shore, Southern, and Western Maryland. Disaster Mental Health Responders are independently licensed professionals acting within the scope of their licenses to provide DMH services that supplement, not supplant existing community mental health services.

DMH Services address disaster-aggravated or disaster-caused mental health needs and are offered during all phases of disaster, including preparedness, response and recovery.

DMH workers respond to the emotional needs of people affected by disaster. This includes members of the affected community as well as other Red Cross workers experiencing the stress of disaster response. Using professional knowledge and skills, DMH workers provide approved disaster mental health interventions that focus on basic care, support and comfort of individuals experiencing disaster-related stress.

Disasters vary in size and scope and may affect single or multiple family dwellings, death and destruction.

**He wrote the book on social work ethics**

**Hear Frederic Reamer Speak!**

**By Daphne McClellan**

In April, Debra Hammond and I attended the annual leadership meeting of NASW. This meeting is for executive directors and presidents from all 55 NASW Chapters around the country. One of the highlights of the three-day meeting was a presentation by Frederic Reamer entitled “Technology and Ethics.”

Frederic Reamer

A very engaging speaker, Dr. Reamer held the audience spellbound as he talked about how he first became involved with the topic of social work ethics in the 1980s. He also discussed how different the landscape is today. The ethical questions directed to him are far different than those discussed 25 years ago. Social media and our more com-
Greetings!
The chapter, even if you only have minimal time to volunteer your services. Write a blog, make a phone call, attend a CE workshop, or present a workshop, visit our website, participate in Social Work Month, join a committee or mentor a new social worker. The possibilities for involvement with the chapter are limitless.

Finally, the Board would like to thank Debra Hammond and the other outgoing board members for their service to the Chapter. We were well served by their leadership.

A Word from Debra Hammond

I decided to resign my position as president of the NASW-MD Chapter effective July 1, 2013. I have turned my position over to our vice-president, Cherie Cannon’s very capable hands. My husband and I have decided to relocate to Costa Rica in January and I just don’t have the time and attention necessary to fulfill the requirements of chapter president. This was not an easy decision to make. My involvement with the board and committees has been very rewarding during the past five years. I have the utmost respect for the volunteer board members and committee chairs of our chapter. I want to encourage everyone reading this newsletter to consider getting involved in the chapter. Needs always exist for committee members and you have more to offer than you think (really). I started as the co-chair of the Forensic Committee and was then a regional representative before I started my term as president elect/president. I have gained more from my fellow chapter volunteers then I could ever have imagined. Please consider devoting just a little bit of your time to the chapter, as this is truly service to our profession. I hope to see you all at the upcoming Clinical Conference and other chapter events.

When Disaster Strikes

There are disasters all around us; some from Mother Nature and others man-made. Whether it is a tornado, earthquake, tsunami, or a bombing our urge as human beings (and particularly as social workers) is to help. After hearing about a new tragedy how many of you have thought to yourself, “I would like to help. I wish I could go there and offer my services. After all, I am a social worker.”

As the Maryland director of NASW, I have given this question a lot of thought. Are we, as a profession, properly prepared to connect with social workers around the state. We welcome your ideas and suggestions for improvement. This is also an optimal time for members to get involved with the chapter, even if you only have minimal time to volunteer your services. Write a blog, make a phone call, attend a CE workshop, or present a workshop, visit our website, participate in Social Work Month, join a committee or mentor a new social worker. The possibilities for involvement with the chapter are limitless.

Finally, the Board would like to thank Debra Hammond and the other outgoing board members for their service to the Chapter. We were well served by their leadership.

Executive Director’s Report

By Daphne McClellan, Ph.D., MSW

In order to take full advantage of what he has to offer, we have scheduled his full-day (6 hours) workshop “Social Work in a Digital World—Ethical and Risk-management Challenges.” (Please read the full workshop description on page 16) We have liberally scheduled this workshop for Friday, November 1st since this begins a new cycle for the MD Board of Social Work Examiners. Those of you who have already taken your ethics courses because you have to renew your license this October can still take this workshop on November 1 and it will count for your next licensing cycle! Those of you who are licensed in D.C. and are required to have 6 hours of ethics can get all of your required ethics hours in one day.

Dr. Reamer has conducted extensive research on professional ethics. He has been involved in several national research projects sponsored by the Hastings Center, the Carnegie Corporation, the Haas Foundation, and the Scattergood Program for the Applied Ethics of Behavioral Healthcare at the Center for Bioethics, University of Pennsylvania. He has published 19 books including numerous books on Social Work Ethics, such as: The Social Work Ethics Casebook: Cases and Commentary (NASW Press), Social Work Values and Ethics (Columbia University Press), Ethical Standards in Social Work: A Review of the NASW Code of Ethics (NASW Press), The Social Work Ethics Audit: A Risk Management Tool (NASW Press) and Ethics Education in Social Work (CSWE) just to name a few.

Join us November 1 and learn from the best!
In Memorium: LaFrance Kleckley Muldrow

W hen LaFrance Kleckley Muldrow died on Tuesday, July 17 at age 73, we lost one of our social work greats. Award winning social worker, well-respected public welfare administrator, community activist and leader, sorority sister, church member, colleague, mentor, friend, beloved mother and grandmother—all these, and more describe the woman I feel privileged to call my colleague, mentor, and friend.

LaFrance grew up in Florida. After graduating from North Carolina A&T University with a degree in sociology, she returned home, but quickly recognized that prospects for a job in social work for a woman of color were limited. As a result, LaFrance re-located to New Jersey, where her work at a private Episcopalian child welfare agency whetted her appetite for helping others. Two years later, in 1962, she moved to Baltimore with her then husband, and being a “career-minded woman” (her words, not mine!), began her lengthy career in public service, first at the Anne Arundel County Department of Social Services. By 1967, LaFrance had transferred to the Baltimore County Department of Social Services, and in 1973, applied to the University of Maryland School of Social Work for admission to the MSW program.

In LaFrance’s application to the School of Social Work, she wrote, “...I enjoy helping people and my experiences in this profession have been rewarding and gratifying. At this time, I feel a need for professional training ...to become more skilled and more professional... offering services to people.” Throughout LaFrance’s life, she continued to value social work and professionalism, lifelong learning, and the opportunity to serve the community.

LaFrance was committed to the belief that people can work together for a common cause and participated in any number of community groups. In the 60’s, she was president of the Baltimore Chapter of Continental Societies, an organization whose mission was to improve the welfare of social and financially disadvantaged children, and a member of Jack and Jill of America, an African-American women’s organization dedicated to providing social, educational, and cultural opportunities to children. In 1991, LaFrance pledged the graduate chapter of Delta Sigma Theta—a sorority dedicated to public service—and was an active member until the time of her death. She served on the Baltimore County Commission for Women, the Baltimore County Drug Free School Advisory Board, the Learning Task Group of the Board of Education, and the Baltimore County Career Connections Labor Market Team. She was on the board of directors for the Boys Home Society of Baltimore, Inc., the Pro Bono Counseling Project, and the University of Maryland School of Social Work’s Alumni Association. At the Maryland Chapter of the National Association of Social Workers (NASW), she served in a number of different leadership roles, including interim director. Early on, LaFrance recognized that legislative changes were necessary to better serve our clients, and her political activity included membership in the 10th District Democratic Club as well as advocacy for social workers, guiding graduate students to students to develop professional ethics, knowledge, and skills.

LaFrance’s active schedule, which also included travel here and abroad, left little time for the cancer diagnosis that came many years ago, an illness she shared with few people; rarely did she allow it to slow her down. A model for graciousness, dedication, hard work, and professionalism, LaFrance’s many commendations and awards were well-deserved. In 1996 LaFrance was the recipient of the President’s Award from Delta Sigma Theta, and in 2004 she received special recognition from the sorority for her dedication and commitment in the area of social action. In 2001 the Child Welfare League of America recognized her for the significant contribution she made to children and families, compassionate leadership, and help shaping and implementing national policy. That same year, LaFrance...
By Carlton E. Munson, PhD, LCSW-C

Dr. Munson is Professor of Social Work at the University of Maryland School of Social Work. He is author of the Mental Health Diagnostic Desk Reference that is a guide to using the DSM-IV, and he participated in the American Psychiatric Association field trials for the DSM-5. Dr. Munson is currently working on a new edition of his book for use with the DSM-5. If you wish to contact Dr. Munson about this article, he can be reached at deb@myacte.net.

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

DSM-5: Mastering the Changes

The latest edition of the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) was released during the American Psychiatric Association (APA) Annual Meeting in San Francisco, May 18, 2013. I wrote an article about the proposed changes to the DSM in the winter issue of The Maryland Social Worker. Most of the proposed changes I discussed in that article were implemented along with a number of changes that were not announced in advance of the release of the DSM-5. This article is the first of a series of articles about the DSM-5 and mastering the changes to the manual. In this article, I cover implementation of DSM-5 use, overview of reorganization of the manual, recording a diagnosis, explanation of coding changes, and recommended resources for mastering DSM-5.

Introduction

The DSM-5 is organized into three sections and an appendix that contains seven content areas. There is an updated Glossary of Technical Terms that is greatly improved over the DSM-IV version. There is an index of the disorders, but no comprehensive index of terms that, for example, would allow you to look up where terms such as principal and provisional diagnosis are explained and differentiated. “Section I” contains an introduction to the DSM-5 and information on how to use the updated manual. I urge practitioners to read the “Introduction” and “Use of the Manual” sections before attempting to use the DSM-5. Reading the two sections will aid users in orienting to the strategy that led to how the manual is now organized and how diagnosis is to be recorded. “Section II” lists categorical diagnoses using a significantly revised chapter organization with an increase from 16 to 20 categories of disorders. The infancy, childhood, and adolescent disorders section of DSM-IV has been eliminated, and the disorders dispersed into other categories. The mood disorders classification includes elationless depressive disorders and bipolar disorders have their own separate categories. Obsessive-compulsive disorders and trauma-related disorders have been moved out of the anxiety disorders classification and placed in their own separate categories. Adjustment disorders have been moved into the new trauma disorders category. The DSM-IV classification of Sexual and Gender Identity Disorders was divided into two new categories of Sexual Dysfunctions and Paraphilic Disorders. Other new classifications include Neurodevelopmental Disorders, Gender Dysphoria, and Neurocognitive Disorders. There are eight sections in the neurodevelopmental disorders category including intellectual disabilities, communication disorders, autism spectrum disorder, ADHD, specific learning disorder, motor disorders, tic disorders, and other neurodevelopmental disorders.

The Other Conditions That May Be a Focus of Clinical Attention related to child neglect, physical abuse, and sexual abuse have undergone significant change. I did not see any information about these changes we could comment on before release of DSM-5. The organization for reorganization of the NOS categories makes it difficult to be consistent with how we formulate information about victims and offenders in the United States. Approaches to diagnosis related to maltreatment of children varies greatly by country. The model used in DSM-5 seems to be more fitting to a European model. They did add mental injury to the array of maltreatment types, which is good news. I will report on this in later article in detail. I would like to hear from practitioners in child welfare about their reaction to the DSM-5 criteria for abuse and neglect.

Section III of DSM-5 covers four areas: Assessment Measures, Cultural Formulation, Alternative DSM-5 Model for Personality Disorders, and Conditions for Further Study that require further research before they can be considered as formal disorders. The assessment measures include a number of scales that can be used to survey symptoms for crosscutting measures and a complex scale to assess psychosis severity. It will be interesting to see if busy clinicians will take the time to use these scales which the time to administer, and have detailed instructions on how to score the scales. The section on cultural formulation contains a structured clinical interview that is cumbersome. Section III also has eight disorders that are not reserved for further study, but none of the eight disorders reserved for further study in DSM-5 can be diagnosed in daily clinical practice (see DSM-5, p. 783). The utility of section III is in doubt because, unlike DSM-IV procedures that allowed use of the NOS category as part of clinical diagnosis, no such utilization is permitted as part of DSM-5 for the disorders reserved for further study. Also, of interest is that in DSM-IV there were 23 disorders and three scales that were to be assessed for inclusion in the revised DSM. None of the scales made it into DSM-5, and only premenstrual dysphoric disorder and binge-eating disorder were elevated to full disorders in DSM-5. I saw no systematic literature review justifying exclusion of the 21 disorders in DSM-IV that were to be researched for inclusion in DSM-5.

Diagnostic Recording

The DSM-IV multiaxial system has been changed in DSM-5 to a “nonaxial” format that contains several elements. The former Axes I, II and III have been combined to form a core “narrative” diagnosis. There can be separate “notations” for “psychosocial and contextual factors (formerly Axis IV).” The DSM-IV psychosocial factors have been merged with the Other Conditions that May Be a Focus of Clinical Attention, which are included at the end of the DSM-5 “Section II” that contains all disorders and their criteria. For a history of the psychosocial and environment stressors see my article in the winter issue of The Maryland Social Worker. Although Axis III has been merged with Axis I and Axis II in DSM-5, APA provides the directive that, “clinicians should continue to list medical conditions that are important to understanding or management of an individual’s mental disorder” (DSM-5, p. 16) as part of the diagnostic formulation. Axis V has been deleted and a description of severity of the client’s level of “disability” is now part of the narrative diagnosis. Many disorders now have recording requirements of expanded severity specifiers that are listed with each disorder as part of the criteria sets. For example, persistent depressive disorder that replaces Dysmorphic Disorder has five levels of severity that must be specified as part of the diagnosis. The five specifiers that must be part of the diagnostic formulation are: associated features, remission status, illness onset, episode type, and current severity of mild, moderate, severe (DSM-5, p.169).

Also, eliminated was the Not Otherwise Specified (NOS) category that accompanied most diagnoses. NOS was used when an individual did not meet the full criteria for a specific diagnosis (for example children who did not meet the full criteria for a PTSD diagnosis would be assigned “Anxiety Disorder, NOS”). The NOS diagnostic has been replaced with two separate diagnostic categories for most disorders. For example, in the Depressive Disorders the two options are: other specified depressive disorder and unspecified depressive disorder. Details of these categories will be explained in a subsequent article.

Coding Changes

The coding changes are more complex and more fluid than past DSM changes. In order to understand coding in the DSM
The newspaper has always played a big role in transmitting information to the public. If newspaper content is controlled then the press is not free. Both the ends to which mine owners went to suppress news of the crimes they committed against workers and their families and the extent of Sinclair’s involvement in a story he was writing. This personalizing detracts from highlighting the impact of the coal miners’ plight. One of the young Rockefellers was in charge of the Colorado mines. The New York papers did not carry a word of the mine owners’ brutalization of the strikers. The editor of Rockefeller’s office. He makes much of the fact that he was arrested and his upper class wife wasn’t. While this true it was a sideshow to the horror the miners and their families. They were beaten and shot. Reports of these were kept out of the papers. Federal troops were finally sent in to calm things. The governor then lied to President Wilson about the violence that was supposed to have been passed and the violence returned. None of the militia was ever arrested. The papers only reported negative things about the strikers. The Associated Press and the 9,000 papers it represented did not publish a word about the brutality. The book has 66 short chapters. He describes big business as dominating society no matter which party is in control. The press is one way these dominant interests keep control of the society. This is done by (1) owning the papers, (2) owning the owners, (3) advertising subsidies and (4) direct bribery. A great range of topics is covered, strikes, war, the Russian Revolution, the fate of reporters and so on. Each chapter documents some form of news suppression. Only a few of these can be presented here. A particularly insidious example is newspapers printing what were ostensibly news stories but which were really advertising. He pays great attention to the Associated Press which he describes as a monopoly. It originally was organized as a corporation in Illinois but the courts declared it a monopoly and it moved to another state. The Associated Press played a leading role in suppressing news of the Colorado strike. It carried the same story they played with stories about the meat industry. If a new paper wanted to start in an area served by one of its members it denied it an AP contract. It never reported favorably on strikes or social injustice. The newspapers were altered to make legal activities seem to pose a big threat. They tried to sue Max Eastman. Again, the story was the labor movement itself.

his first major experience with news suppression occurred when The Jungle was appearing serially. He wrote an article on his conclusions and submitted it to Collier’s magazine. They used their own expert to examine the profession’s tribulations with press coverage.

This work is in two parts. The first concerns his personal experience with the press. The second with events he researched. The presentation in both parts is consistent with the meticulous documentation that characterizes all of his work. It had to be; otherwise he would have been sued out of court. He wasn’t warned that it wasn’t tried but he never lost a case. The title reflects his subtle sense of humor. At the beginning of the last century if a man went to a house of prostitution in the New York Bowery he paid his money at the front desk. In return he received a brass check to be used when he went upstairs. Nothing better conveys his estimate of the press.

Part one contains more biographical information than is usually present in Sinclair’s works. He describes a childhood where he was brought up in the most proper Southern tradition. What he doesn’t say is that he was born in a boarding house on Broadway in Baltimore. The family was poor and moved frequently. His father was an alcoholic and died when he was nine. The mother had roots in the Southern aristocracy. The father had also identified with the upper class. Sinclair had wealthy relatives and spent time with them. His was a sensitive to the differences between rich and poor and to social injustice. Understanding what social work is able to accomplish and why it is important was finally published the only book to state that Sinclair’s issues were passed. This is not the case. Suppression occurs regularly. Ephemeral of the changing news world at the end of December 2012. Newsweek in an editorial said that it would stop print publication and now appear only on line. (EDITORIAL, 2013 #1127) http://www.nytimes.com/editorials/newsweeksgreatest-name/88132. The subject of the editorial was Henry Hazlitt a noted writer on economics who they called Newsweek’s greatest name. How did Hazlitt get to Newsweek? In 1944 he was writing on economics for the New York Times. There was a monetary conference at Breton Woods to try to smooth exchange in the world. Important things came out of it like the International Money Fund and what eventually became the World Bank. Hazel's
Meet the New Members of NASW-MD’s Board of Directors

We are pleased to announce the winners of our most recent board elections which began in mid-May and ended on June 10, 2013. Once again, we have a fantastic group of people to add to our already stellar board of directors and we expect great things from all of our new leaders.

The Maryland Chapter is divided into five geographic branches: Branch A (Southern Maryland); Branch B (Western Maryland); Branch C (suburban Maryland); Branch D (Eastern Shore); and Branch E (Counties surrounding and including Baltimore City).

Our new President is Cherie Cannon, who moves from the position of vice president to fill the vacancy left by our departing president. She moved to Maryland over LCSW-C in Maryland with over 29 years of experience. Currently, she works for the Department of Defense as a human resource counselor assisting employees with work-related transitions. Most of her professional career was spent working with military members and their families in the United States and Germany. She earned a BS in Psychology from Tennessee State University and her Masters of Social Work from Howard University. In 2003, Cherie was appointed to the Maryland Board of Social Work Examiners by Maryland Gov. Robert Ehrlich and reappointed to a second term in 2006, which expired in 2010. She also served in various positions with Maryland Chapter of NASW from 1996 until 2002. You can read a column from our new President, Cherie Cannon, in the President’s Report on page 2.

NASW-MD’s President-Elect, Chris Garland, will begin her term as president in July of 2014, and will use the next year to learn her duties from Cherie Cannon. Chris just completed her second term as the Representative for Branch C (Montgomery and Prince George’s counties). She is the National SCSEP Director for Senior Service America, and is a macro social worker in the field of aging. Chris has been deeply involved with NASW since her days as a social work graduate student. She completed her MSW 2nd year field placement at the NASW-Virginia Chapter offices and was that chapter’s first Advocacy Program Coordinator. Later, Chris served on the NASW-Virginia Chapter Board and was Chair of their PACE Committee. Chris has served on this ancient branch for a couple of decades and has remained active with NASW serving four years as the Branch C Representative and as being a member of the Committee on Aging.

As the new President-Elect, Chris plans to “hit the ground running and wants to help the Chapter maintain its momentum on its new training initiatives, the on-going and critical work with the Board of Social Work, and its successful legislative work on behalf of all NASW-Maryland members.”

Welcome to both Cherie and Chris! We are excited to see what new ideas you bring to the chapter!

Our new Vice President, Anna Williams, steps into her new position after completing her two year term as treasurer of the NASW-Chapter. Anna has practiced social work for over thirty five years. She received her bachelors of art from UMBC and her masters in social work from the University of Pittsburgh. With a concentration in children and families/administration she has practiced in Pittsburgh and has spent the past three years in Western Maryland. Her primary focus has been residential services but has worked in community based settings as well. Anna has been instrumental in leading several start-up programs and developing them into strong vibrant programs. Throughout the years she has sat on and chaired many boards. Currently she is a member of the St Agnes Foundation board and leads their grants committee. She has been appointed to serve as NASW’s social worker of the year in 2006 and has been named as one of Maryland’s top 100 women on several occasions. She is a social worker from a lovable yorkie named Jazzee.

The new Chapter Treasurer, Erin Walton, is a clinical social worker working in a medical setting and also has experience working with adolescents with emotional disturbances. Erin joined NASW as a graduate student at UMB in 2010 and has been chairing the Children, Youth, and Families Committee for the last year. With particular interest and strength in working with technology and social media, Erin brings a love of learning to NASW-MD Chapter, and is a workshop presenter who presents throughout the state. In addition to her participation with NASW, Erin is an integral part of a community organization that seeks to end stigma and increase access to mental health services in the South Asian community, and teaches a health class at Anne Arundel Community College. Erin is excited to direct her energy toward this new opportunity.

Our new chapter Secretary, Shannon Shaw, was appointed to her position from her previous role as Branch B representative. After the resignation of Claire Gilbert, who had to resign from her board position due to health reasons, Shannon is licensed in both Maryland and DC, and works for Court Services and Offender Supervision Agency in Washington, DC where she is a Motivational Interviewing and Cultural Diversity and Awareness Trainer. Shannon is an invaluable member of the board, and the chapter is lucky to have her.

Our Branch A Representative is Michael Luginbuhl, who continues a second year in his two year term in this position. He is a veteran board member who has also served as the vice president of the Maryland Chapter.

Our Branch B Representative is Anita Rozas, who was just re-elected to a second two-year term. Anita currently works as the social work supervisor at North Branch Correctional Institution in Cumberland. She has been a NASW member for over 23 years. She also served as a delegate to the NASW Assembly in ‘96, ‘99, and 2002. As the Branch B Board Representative, Anita strives to build membership interest and improve branch communication, especially in the far western part of the state. She is currently working thru NASW to add an emeritus status to our state licensing regulations so retired social workers will not have to earn as many CEUs to maintain their licenses.

Our new Branch C Representatives are Lisa Connors and Devon Hyde.

Lisa comes to NASW-MD with leadership skills that include managing programs, supervising staff, and serving in leadership roles at the State and local levels. Presently, Lisa is an Associate Pastor at Newness of Life Bible Church, is the Co-Chair of the Suburban Regional Advisory Committee for HIV/AIDS, and she manages a small business. She has also served in other leadership roles, including being co-chair of the Maryland HIV Prevention Community Planning Group, and serving as a state representative on the Governor’s Council on Adolescent Pregnancy, the State Council on Child Abuse and Neglect, and Maryland’s Foster Care Review Board. Lisa is sure to be an asset to the MD Chapter NASW, and looks forward to gaining valuable experience, and establishing more connections with others. Her motto is to “seize every opportunity to help others” and we are pleased to have her on the board!

Devon is the Resource Development Manager at the Consumer Credit Counseling Service of Maryland and Delaware. With her professional experience in advocacy, research and nonprofit management, Devon will embrace the opportunity to leverage her organizational development, evaluation, and community building skills to enhance the viability of the Chapter. She is committed to social work and social justice, and will certainly add energy and passion to her new role as a Branch C Representative.

The Maryland Chapter has two new representatives for Branch D on the Eastern Shore: Rebecca DeMattia and Angela Blake.

NEW MEMBERS Continued on page 18
Workshop B  
**SBIRT: Identifying and Addressing Problem Substance Use**  
Peter Luongo, Ph.D., LCSW-C

Screening Brief Intervention and Referral to Treatment (SBIRT) should be the standard of care across social work practice, yet most social workers have had little exposure to SBIRT or training in identifying and addressing problem substance use. Since social workers practice with persons at all level of risk for substance, incorporating SBIRT into a clinical social work practice not only improves individual practice but also leads to better integration of behavioral health into all social work practice areas.

**Learning Objectives**
- Participants in this workshop will:
  1. Be able to describe SBIRT and its component parts (screening, brief intervention, and referral to treatment) – Overview of SBIRT: evidenced based approach; statistics/data on effectiveness; rationale for support of SBIRT by federal, state, and local governments, and public insurance
  2. Examine the scope of the problem of substance use across a continuum—stigma associated with substance abuse and associated barriers to treatment; continuum of use of alcohol/other substances; rates of non-use, low risk use, risky use, and dependent use in the US; risky and harmful daily/weekly/limits
  3. Explain current barriers to SBIRT prevention and intervention for substance use – barriers to effective screening and intervention; benefits of effective screening and intervention
  4. Describe and practice with screening instruments—definition; purpose/goals; validity of self-report; framing the interview; scope of areas to address; prescreening and screening questions related to alcohol, tobacco, and other drugs; and mental health. They will select screening tools to fit patient criteria (age, life stage, etc.).
  5. Examine the Brief Intervention model (BI), the goals of BI, and components of BI including FRAMES approach to motivational interviewing and Stages of Change theory.

Workshop C  
**Ethics in Disaster Mental Health**  
Pamela Evans, MSW, LCSW-C

In this course we explore a professional’s responsibilities as they relate to their clients, their peers, their employer, their employees, and their profession. Through this course we examine: the historical development of ethics and the role of ethics in the everyday practice of their profession; the challenges and dilemmas that create ethical dilemmas and temptations; provide an overview and crosswalk of professional ethics as outlined by NASW, BSWE, and the American Red Cross; and explain and guide a professional discussion about why ethical behavior is not only a professional and legal imperative, but is also just humane.

**Learning Objectives**
- Understand the need for professional ethical standards;
- Understand the building blocks used in developing professional standards;
- Understand the ethical decision making process; and
- Understand the ethical standards and expectations as outlined by NASW, BSWE, and the American Red Cross

Workshop D  
**DSM-5 Diagnostic Criteria and Diagnostic Formulation Strategies (Part I)**  
Carlton E. Munson, PhD, LCSW-C

This seminar is designed to aid mental health practitioners in implementation of the DSM-5 in a range of practice settings. Dr. Munson participated in the clinical trials for the DSM-5, and he will present what practitioners need to know and do as they transition to the new DSM system. Dr. Munson will review changes in how diagnoses are recorded and changes in the organization and content of specific DSM disorders. His presentation covers major and minor changes in the DSM-5’s 20 categories of disorders including explanations of disorders new to DSM-5, and revision of DSM-IV-TR disorders retained in the DSM-5. There will be an explanation of a method for recording diagnostic formulations that are compatible with the new nonaxial, narrative recording system which replaces the DSM-IV multiaxial system. Apparent yet subtle ethical issues in performing diagnoses generally and specifically applicable to the DSM-5 will be covered. Dr. Munson will explain conversion to DSM-5 through use of updated visuals from his widely used book, The Mental Health Diagnostic Desk Reference. There will be a Q & A session.

**Learning Objectives**
- Participants in this workshop will:
  1. Acquire understanding of the DSM diagnostic system history and evolution which led to the changes in the DSM-5.
  2. Become familiar with the changes in the definition of mental illness.
3. Participants will be able to testify more effectively, particularly under cross-examination.

Workshop E
Effective Advocacy in the Courtroom
Julie Drake, JD, MSW, MA

Social workers are often required to work collaboratively with lawyers in order to advocate effectively for their clients. As a consequence, social workers may be summoned by lawyers to testify in court. In this three hour workshop, participants will learn some of the differences between how lawyers and social workers communicate, and how social workers can use their communication skills to their advantage. Participants will also learn basic courtroom skills, and how to present information and defend it through effective testimony in a variety of hearings. Topics covered will include courtroom etiquette, the types of hearings in which social workers testify, the differences between expert and lay testimony, surviving cross-examination, and strategies for enhancing credibility in the courtroom. No prior courtroom experience is required. A willingness to participate in role plays and offer constructive feedback is very desirable.

Learning Objectives
1. Participants will learn about the different goals of Legal and Social Work education, as well as the respective Codes of Ethics.
2. Participants will be able to identify the different communication styles employed by lawyers and social workers.
3. Participants will understand the purposes of the various hearings in which social workers testify, and the role of the social worker.
4. Participants will understand the differences between expert and lay testimony, and how to qualify as an expert.
5. Participants will be able to testify more effectively, particularly under cross-examination.

Workshop F
Trauma Informed Care
Darren McGregor, MS, MHS, LCMFT

This workshop provides the attendee with an overview of trauma-specific education and trauma-informed care. Participants are invited to discuss the structure of their organization identifying how trauma-informed principles are applied.

Learning Objectives
Upon completion of this course, participants will:
1. Define trauma and PTSD
2. Learn about trauma’s impact on the brain
3. Discuss the principles of trauma informed care
4. Apply principles of trauma informed care to organization/clients

Workshop G
Trauma Informed Experiential Approaches to Promote Recovery from Substance Use Disorders
Catherine D. Nugent, LCPC, TEP

The Substance Abuse and Mental Health Services Administration reports that 75% of women and men in treatment for substance use disorders have trauma histories (CSAT, 2000). This finding underscores the importance of trauma-specific approaches with individuals seeking recovery. Experiential approaches such as psychodrama, art, and movement offer opportunities to address co-occurring trauma and addictions safely and effectively, carefully bypassing common defenses and promoting healthy mind/body integration. This workshop will explore key concepts underlying experiential approaches that can be applied in both individual and group settings with clients with co-occurring substance use and disorders and trauma syndromes. The workshop will be highly interactive and experiential, and participants will leave with ideas and techniques they can apply in their work settings.

Workshop H
26.2 Miles: Surviving As If We’re Going to Die
Siddharth Shah, M.D., MPH

Medical Director and Founder
Greenleaf Integrative Strategies

It seems we live increasingly in an era of ubiquitous crisis. The 2013 Boston Marathon is yet another reminder. When watching reports of a mass shooting or bombing attack, how many of us vicariously contemplate, “What would I do if I were there? Would I act decisively? Freeze? Run for my life?” Together we will contemplate these questions, reflect on our own survival impulses, and devise personal preparedness plans.

Learning Objectives
1. List various responses to near-death in the mass violence context.
2. Discuss the diversity of our survival impulses and locate disavowed impulses within ourselves.
3. Integrate the wish for control, planning and prediction with personal preparedness.

Workshop J
Ethics, Values, and Theories: Thinking Critically About Useful Knowledge
James A. Forte, Ph.D., MSW

The National Association of Social Workers (NASW) expects social workers to make use of knowledge in many ways, including: applying knowledge to practice; sharing knowledge with colleagues; staying current with emerging knowledge; directing supervisors in the application of knowledge; and contributing to the profession’s knowledge base. NASW also expects practitioners to critically examine knowledge relevant to social work. However, the profession provides little guidance in discriminating between ‘good’ and ‘bad’ knowledge. This workshop will introduce a critical thinking approach to using professional value preferences, ethical guidelines, and standards of science for appraising explanatory and practice theories.

Learning Objectives
1. Identify the standards in the NASW Code of Ethics and the Board of Social Work Examiners (BSWE) Code relevant to knowledge.
2. Understand a critical thinking approach to the appraisal of theory and theory use.
3. Learn to use NASW’s core ethical guidelines and value preferences as standards for judging theory and theory use.
4. Develop skill in using professional preferences, guidelines, and standards to appraise a range of theory use scenarios.
This year’s movie night is a film re-enactment of Mary Todd Lincoln’s insanity trial in 1875. Dr. Munson will provide background information about the life and times of Mary Todd Lincoln leading up to her insanity trial by jury that very few people knew about until recently. After watching the film we will poll the participants and determine whether the audience sides with Robert Todd Lincoln or Mrs. Lincoln.

Learning Objectives

Following the movie and discussion, participants will:
1. Develop an understanding of the role of mental illness in the life of Mrs. Lincoln.
2. Become acquainted with the literature about Mary Todd Lincoln’s mental illness.
3. Learn how personal tragedy complicates mental illness diagnosis.
4. Learn the role of clinical utility in mental health practice.
5. Acquire understanding of the role of clinical significance in diagnosis.
6. Become familiar with the impacts of clinical judgment.
7. Learn the historic changes in the relationship between mental health professionals and the courts in assessing mental illness.
8. Develop sensitivity to the negative impact on families of involuntary mental illness certification.
9. Gain practice in deciding when a person is a threat to self and others.

**DAY TWO SCHEDULE**

**Friday, September 27, 2013**

9:15 a.m. – 12:15 p.m.

**Workshop K – Part I**

**A Neuro-Narrative Theory of Clinical Social Work Supervision**

Focused on Ethical Competency in Supervision Practice – Part I

Carleton Munson, Ph.D., LCSW-C

This two part clinical supervision seminar, led by Dr. Carlton Munson, focuses on his conceptualization of supervision as mentoring and monitoring. Dr. Munson has devoted his career to advancing clinical social work practice and supervision, and has published more on clinical social work supervision than any scholar in the history of clinical social work literature. In this seminar Dr. Munson will focus on a comprehensive view of clinical supervision for licensure and non-licensure supervision. Content will include specific coverage of requirements for conducting supervision for licensure. Dr. Munson will demonstrate the latest concepts and practices in clinical supervision in his new book, *Contemporary Clinical Social Work Supervision*, which was recently published. The seminar is designed to be interactive as well as having lecture content. Copies of Dr. Munson’s book will be available for purchase at the session.

**Learning Objectives**

Specific topics and objectives are:
1. Review of the first comprehensive code of ethics for clinical social work supervisors developed by Dr. Munson.
2. Differentiating mentoring and monitoring in clinical supervision.
3. Dr. Munson’s theory of narrative based clinical supervision that has evolved from his earlier theory of supervision style. The narrative theory is a practical approach to supervision that draws on the latest research on the neurobiology of mental illness and mental health intervention.
4. Supervision of diagnostic activity with emphasis on the DSM-5 that was released in May 2013. Dr. Munson participated in the DSM-5 clinical field trials and he will demonstrate for clinical supervisors how to assist supervisees in transitioning to the DSM-5 system. The seminar content is not focused on learning the criteria for DSM-5 disorders. The focus is on how to teach diagnostic skills for supervisees who use the DSM-5.
6. Practical guidelines for meeting ethical mandates and managing stresses of professional functioning in the exploding technological world that is impacting clinical social work practice and supervision practice.
7. A common sense approach to evidence based practice and supervision with emphasis on the value and limitations of evidence in practice and supervision.
8. Cultural competency guidelines for large agencies and small practices.
9. Review of standardized forms used in supervision based on Dr. Munson’s neuro-narrative supervision model. The standardized forms explained in the session are: a supervisor self-assessment form; measuring readiness to supervise; a form for assessing supervisee needs and goals; a supervisee self-assessment form for addressing therapy session struggles; a contract form; and a scale that measures knowledge of the NASW Code of Ethics.

*Please note: This is part I of a two-part workshop which will be continued in the afternoon session under Workshop K Part II.*

**Workshop L**

**Prescription Drug Abuse/Emerging Drugs of Abuse (Including Smoking Alcohol)**

*Dr. Joseph Gagliardi, M.D.*

**Prescription Drug Abuse:** In this workshop we will review how prescription drugs became a major source of abuse and addiction, how to screen for such abuse, and the therapist’s role in addressing chronic pain.

**Learning Objectives**

At the end of this program, the participant will be able to:
1. Define: drug abuse, addiction, physical dependence.
2. Take a brief medical history.
3. Discuss the three sources of pain origination.
4. Discuss the signs/symptoms of possible drug abuse.
5. Discuss red flag situations that may lead to initiation of prescription drug abuse.
6. Discuss red flag behaviors that may signal abuse of prescription pain medication.
7. Discuss the three-tiered approach to chronic pain management.
8. Discuss the necessity of a chronic pain management contract.
9. Discuss the role of the therapist as consultant to the patient(s) of chronic pain clients.
10. Discuss at least 3 non-controlled medications prescribed for chronic pain control.

**Emerging Drugs of Abuse Including Smoking Alcohol:** Will provide therapists with an overview of various emerging drugs of abuse, their basic physiology, their desired and undesired effects, signs and symptoms of drug abuse, screening tools for the clinician.

**Learning Objectives**

At the end of this program, the clinician will be able to:
1. List at least three emerging drugs of abuse.
2. Define smoking alcohol.
3. Discuss the basic desired effects of each new drug of abuse.
4. Discuss the undesired effects of each new abused drug.
5. Discuss the medical complications.
6. Describe how a client might present when under the influence of a drug.
7. Discuss screening for emerging drugs of abuse.

**Workshop M**

**Foundations of Disaster Mental Health – Red Cross Training**

Pamela Evans, MSW, LCSW-C

**Please note:** If you want to be certified as a Disaster Mental Health responder, you must also take Workshop R on Friday afternoon (as well as a 1 hour online pre-workshop course). Details can be found in article on page 1.

This workshop is a basic level, instructor-led course that introduces the key concepts, knowledge and skills required of anyone assigned to the Disaster Mental Health (DMH) Activity. It provides participants the opportunity to apply their learning to real-world examples that reflect challenges experienced by DMH workers, be it on a Disaster Action Team response or serving on a large disaster relief operation. This revised version of the course includes:

- Information related to Functional Needs Support Services (FNSS) requirements
- Recorded content related to DMH interventions based on a three-element approach
- Information regarding Post-Start Trauma and mental health surveillance
- Information related to Force Health Protection

**Learning Objectives**

1. Describe the mission of disaster mental health and how it fits into the array of Red Cross services provided by chapters and on disaster relief operations.

2. Explain the psychological impact of disaster and how to apply the three elements of disaster mental health intervention.

3. Discuss strategies to assist disaster survivors and Red Cross workers including addressing functional needs and incorporating cultural awareness.

**Workshop N**

**Shame, Guilt and Fear: Working with Clients who Self-Harm and Self-Mutilate**

Sue Cox, LCSW-C

There is a population of people who engage in self-harming acts, often in response to or to re-create traumatic life experiences. Providers are often unsure about working with individuals who self-harm or self-mutilate as this may bring up within the therapist difficult feelings including inadequacy, discomfort, and fear.

This workshop will provide information on the assessment and treatment of clients who engage in acts that are harmful to self. Evidence based treatment modalities and their application to self-harming clients will be presented and explored. Case examples will be provided to analyze examples of successes of and challenges to the treatment modalities. In addition, potential therapist pitfalls and care of oneself when working with this difficult population will be addressed.

**Learning Objectives**

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

1. Define self-harm and self-mutilation from both personal and cultural perspectives and compare this with culturally acceptable body modifications.

2. Examine the role of traumatic experiences across the lifespan and how history of trauma may relate to self-harming or mutilating behaviors.

3. Recognize the role of clinician self-care in effective treatment of this client population.
This workshop is geared toward social workers who are considering starting a part time or full time private practice. We will discuss how to join managed care panels and how to establish and maintain fees for service practice. We will discuss the challenges private social workers face in today’s economy.

**Learning Objectives**
- 1. To gain understanding about how to establish private practice
- 2. To gain more information about how to market new private practice
- 3. To learn business skills used to establish and run a small private practice
- 4. To discuss ethical dilemmas that private practitioners face

**Workshop P**

**Your Ethical Responsibility: Duty to War or Duty to Act?**

Ellen Fink-Samnick MSW, ACSW, LCSW, CCM, CRP

There has been grand confusion over the years regarding how clinicians implement their legal and ethical Duty to Warn. Some perceive this as fulfillment of professional obligation, while others as a breach of trust with potential to negatively impact the client relationship. Factors such as evolving health information technology, social media use, and new HIPAA regulations have heightened both accountability for practice and levels of concern for how Duty to Warn is addressed. A vast gap has emerged in levels of concern for how Duty to Warn and new HIPAA regulations have heightened levels of concern for how Duty to Warn is addressed.

- Why Duty to Warn evokes confusion in the health and mental health industry
- Impact and exploration of the HIPAA Omnibus Act (HITECH 3)
- Duty to Warn: Defined, Discussed, Demonstrated
- Critical Thinking
- Ethical Decision Making, and supervisory consultation and professional mentoring
- Defined strategies to implement Duty to Act in one’s unique practice setting

**Learning Objectives**

- 1. To gain understanding about how to establish private practice
- 2. To gain more information about how to market new private practice
- 3. To learn business skills used to establish and run a small private practice
- 4. To discuss ethical dilemmas that private practitioners face

**Workshop O**

**Starting and Maintaining a Small Private Practice: Working with the Adult Population**

Darina Alban LCSW-C and Alison Humphreys, LCPC

**Learning Objectives**

- 1. To gain understanding about how to establish private practice
- 2. To gain more information about how to market new private practice
- 3. To learn business skills used to establish and run a small private practice
- 4. To discuss ethical dilemmas that private practitioners face

**Workshop W**

**Working With Juvenile Sex Offenders**

Victoria Venable Ph.D., MSW, MA

- 1. To gain understanding about how to establish private practice
- 2. To gain more information about how to market new private practice
- 3. To learn business skills used to establish and run a small private practice
- 4. To discuss ethical dilemmas that private practitioners face

**Learning Objectives**

- 1. To gain understanding about how to establish private practice
- 2. To gain more information about how to market new private practice
- 3. To learn business skills used to establish and run a small private practice
- 4. To discuss ethical dilemmas that private practitioners face
NASW-MD is committed to ensuring that individuals with disabilities are able to fully participate. Please call the office at least 30 days in advance at 410-788-1066, ext. 11, or 1-800-876-6776, ext. 11 (Maryland only) for service accommodations.

Please complete the registration form below and mail with credit card information or your check payable to NASW-Maryland Chapter at 5750 Executive Drive, Suite 100, Baltimore, Maryland 21228.

You may also register on-line at www.nasw-md.org

Early Bird Registration Deadline
Friday, September 6, 2013 at 5 p.m.

Name: _______________________________________________________
Job Title: ______________________________________________________
Organization: ___________________________________________________
Day Phone: ____________________________________________________
E-Mail: _______________________________________________________
Address: ______________________________________________________
______________________________________________________________
NASW Membership # ______________________________________________

If you are not a member, would you like an application? ______

WORKSHOP SELECTIONS
Please indicate your first and second choices for each workshop time slot. All workshops will be filled on a first-come, first-served basis. We will attempt to honor each participant’s selection; however, participants will be issued their second choice if the chosen workshop is already full.

Thursday Morning  10:00 a.m.-1:00 p.m. _______ First Choice _______ Second Choice
Thursday Afternoon  2:00 p.m.-5:00 p.m. _______ First Choice _______ Second Choice
Friday Morning  9:15 a.m.-12:15 p.m. _______ First Choice _______ Second Choice
Friday Afternoon  1:15 p.m.-4:15 p.m. _______ First Choice _______ Second Choice

CONFERENCE FEES**

EARLY BIRD REGISTRATION FEES
(Received in NASW-MD office by 5 p.m., Friday, September 6, 2013)

_________ Entire Conference Early Bird: $239 NASW Members/$299 Non-Members (13 CEUs)

_________ Entire Conference With Thursday Evening Movie and Discussion
Note: Movie earns 2 extra CEUs under Category I; Two-day workshops earn 13 total CEUs under Category I—All for the same price!

_________ Thursday Only Early Bird: $139 NASW Members/$179 Non-Members (7 CEUs)

_________ Friday Only Early Bird: $139 NASW Members/$179 Non-Members (6 CEUs)

REGULAR REGISTRATION FEES
(Received in NASW-MD office after 5 p.m., Friday, September 6, 2013)

_________ Entire Conference Regular Rate: $349 NASW Members/$419 Non-Members (13 CEUs)

_________ Entire Conference with Thursday Evening Movie and Discussion
Note: Movie earns 2 extra CEUs under Category I; Two-day workshops earn 13 total CEUs under Category I—All for the same price!

_________ Thursday Only Regular Rate: $199 NASW Members/$249 Non-Members (7 CEUs)

_________ Friday Only Regular Rate: $199 NASW Members/$249 Non-Members (6 CEUs)

Total Payment for the Conference:  ______________

CONFERENCE FEE INCLUDES THE FOLLOWING:
All workshops and CEU certificates for the day(s) you registered; continental breakfast and lunch on Thursday and Friday; and the keynote speaker on Thursday morning and movie and discussion on Thursday night.

PAYMENT METHOD

Check: $_________
Credit Card: _____MasterCard    ______Visa
Card Number: ___________________________________________________
Expiration Date: __________________  3-digit Security Code: ________________
Name as it appears on front of Card: _______________________________________
Signature: _____________________________________________________
Today’s Date: _________________________________________________

COMFORT ZONE REMINDER
Although every effort is made to have a comfortable temperature in the meeting rooms, everyone’s comfort level is different. Please bring a jacket or a sweater to account for room temperature fluctuations.

Thank you!
NASW-MD Sponsored Continuing Education
Fall 2013

Additional courses may be scheduled. Please check the continuing education link on the chapter website for updates.

You save $20 per 3-hour workshop as a NASW member!

CONTINUING EDUCATION POLICIES
- NASW-MD will not honor fax registrations.
- Registration is required online, by mail or by phone. Registrations are made on a first-come, first-served basis. You can pay for your registration by check, MasterCard or USA.
- Registrations that are received less than 2 business days/48 hours prior to the program date will be admitted as space allows for an additional $10 late charge. (One week prior registration is required for programs providing lunch, with the late fee in effect of $20 for registrations less than one week in advance.)
- NASW-MD will only refund registrations for cancellations made at least 2 business days/48 hours in advance of the workshop, minus a $10 administrative processing fee. If lunch or continental breakfast is provided, cancellations must be made at least one week in advance and there will be a $20 administrative processing fee per cancellation.
- NASW-MD is not responsible for refunds if registrants do not attend a program and do not immediately follow-up for refund information or to switch to another course; if registrants do not immediately follow-up on an absence, no refund/switch is allowed.
- Please note that continuing education credits are granted based on participation, NOT on payment. All workshop participants arriving late will receive a reduction in credit units granted.
- If you would like an email confirmation of workshop registration, please include your email address on the registration form.

SOUTHERN MD - BRANCH A
Charles, Calvert, and St. Mary’s Counties

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

#1759 “Social Work and Social Media: A Macro Perspective on Advocacy, Organizing and Ethics”
Date: Saturday, October 5, 2013; 2:00 p.m. – 5:00 p.m.
Location: Charlotte Hall Veterans Home
29449 Charlotte Hall Road
Charlotte Hall, MD 20622
Presenters: Erin Walton, MSW, LCSW-C
Adrienne Kivilo, MSW, LGSW
Synopsis: This workshop is an examination of social media as a movement, from a Macro perspective. Learn the history of social media and the reciprocal impact of social media on social work practice and vice versa. Examine the 6 Core Values and Ethical Principles of the NASW Code of Ethics and how they apply to social media in Macro practice. Discuss social media movements and campaigns, both successful and unsuccessful, and their integrity. Understand the changing nature of social media and explore various strategies to maintain integrity in engaging in social media in practice.
Learning Objectives:
1. Explain the importance of social media as a movement, as well as the history of social media;
2. Discuss the 6 Core Values of the NASW Code of Ethics and how they apply to and interact with aspects of social media in practice with individuals, groups, and communities; and
3. Identify and discuss ethical approaches to news and current events in social media with social work students.
CE: 3 Cat.
Cost: $45 for members; $65 for non-members
Please note: This workshop qualifies for the Maryland Board of Social Work Examiners 3-hour ethics requirement for licensure renewal.

Register for one or both workshops and attend lunch as our guest!

#1760 “Movie and Discussion: Featuring the Film “Silver Linings Playbook”
Date: Saturday, October 5, 2013; 2:00 p.m. – 5:00 p.m.
Location: Charlotte Hall Veterans Home
29449 Charlotte Hall Road
Charlotte Hall, MD 20622
Presenters: Erin Walton, MSW, LCSW-C
Adrienne Kivilo, MSW, LGSW
Synopsis: Attendees will watch a feature length movie followed by a 1-hour discussion. “Silver Linings Playbook”
Starring: Bradley Cooper, Jennifer Lawrence, Robert DeNiro
The Weinstein Company; Directed by David O. Russell
Rated R, 122 minutes; 2012
Life doesn’t always go according to plan. Pat Solatano has lost everything—his house, his job, and his wife. He now finds himself living back with his mother and father after spending eight months in a state institution on a plea bargain. Pat is determined to rebuild his life, remain positive and reunite with his wife. When Pat meets Tiffany, a mysterious girl with problems of her own, things get complicated. Tiffany offers to help Pat reconnect with his wife, but only if he’ll do something very important for her in return. As their deal plays out, an unexpected bond begins to form between them, and silver linings appear in both of their lives.
Learning Objectives:
1. Understand key concepts that will reduce your risk of being sued for malpractice and the triggers that constitute malpractice;
2. Learn numerous methods and strategies for better protecting yourself from a malpractice suit and for quickly exonerating yourself if you are sued; and
3. Understand the special aspects of professional liability insurance and the implications for continuous coverage of your practice, past and future.
CE: 3 Cat.
Cost: $40 for members; $65 for non-members
Please note: For more information about this event see article on page 21. This workshop qualifies for the Maryland Board of Social Work Examiners 3-hour ethics requirement for licensure renewal.

WESTERN MD - BRANCH B
Garrett, Allegany, Washington, and Frederick Counties

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

#1788 “Ethical Practice: A Social Worker’s Best Defense Against Malpractice”
Date: Friday, September 20, 2013, 8:00 a.m.-1:30 p.m.
Location: Hood College, Whittaker Campus Center
401 Rosemont Avenue
Frederick, MD
Presenter: Dr. Ann A. Abbott, LCSW, ACSW
Synopsis: This session, developed especially for social workers, is sponsored by Hood College Dept. of Social Work and NASW Assurance Services, Inc. (ASI) and describes the most significant malpractice risks in social work today and numerous methods of mitigating and reducing one’s risk of being sued for malpractice. The presentation is intended for social workers in all settings and positions, not just the clinical, therapeutic mental health setting. The session will cover key concepts in risk management, such as confidentiality and its exceptions, duty to warn, and informed consent. The seminar will reveal the major reasons why social workers are sued and what you can do about those risks. We will define what constitutes a malpractice case and emphasize important recordkeeping issues, guidelines for supervision, special tips for clinical and private practitioners, and brief you about your malpractice insurance, its special features and implications for your practice. A free attendee toolkit will be distributed at the workshop.
Learning Objectives:
Upon completion of this course, participants will be able to:
1. Understand key concepts that will reduce your risk of being sued for malpractice and the triggers that constitute malpractice;
2. Learn numerous methods and strategies for protecting yourself from a malpractice suit and for quickly exonerating yourself if you are sued; and
3. Understand the special aspects of professional liability insurance and the implications for continuous coverage of your practice, past and future.
CE: 3 Cat.
Cost: $40 for members; $65 for non-members
Please note: For more information about this event see article on page 21. This workshop qualifies for the Maryland Board of Social Work Examiners 3-hour ethics requirement for licensure renewal.

NASW-MD RESERVES THE RIGHT TO CANCEL WORKSHOPS DUE TO LOW REGISTRATION.
We welcome your ideas or suggestions for future workshops. If you are interested in presenting a workshop, or know of a possible presenter or topics of interest, please contact Jenni at 800-867-6776, ext. 13.

#1763 “A Framework for Thinking Ethically”
Date: Saturday, October 5, 2013; 2:00 p.m. – 5:00 p.m.
Location: The Professional and Community Education Center at Holy Cross Hospital
1500 Forest Glen Road
Silver Spring, MD 20910
Presenter: Veronica Cruz, LCSW-C
Synopsis: This workshop will explore the numerous ethical and cultural issues that can arise in a healthcare setting. The diverse and complex role of a healthcare social worker will be emphasized, in particular working with diverse ethnic groups. This is an interactive workshop where case vignettes will be presented and group discussion will take place. The workshop will cover the necessity of translating, ethical dilemmas and ethical decision making models. The presenter is a bicultural, forensic social worker experienced in providing mental health services to people from many diverse cultures. This workshop will explore the numerous ethical and cultural issues that can arise in a healthcare setting.

Date: Sunday, September 15, 2013; 2:00 p.m. – 5:00 p.m.
Location: The Professional and Community Education Center at Holy Cross Hospital
1500 Forest Glen Road
Silver Spring, MD 20910
Presenter: Rob Scuka, Ph.D., MSW, LCSW-C
Synopsis: An interesting development in psychotherapy is the increasing move toward mindfulness, a practice taken from Vippasana-Buddhism, as a psychotherapeutic technique in its own right. In this we have a particularly clear example of how the traditions of Buddhism and psychotherapy interrelate. If you type “mindfulness” into an internet search engine it is a fascinating exercise to see how this one technique bridges not only Buddhist and psychotherapy, but the broader field of spirituality and therapy in general. With a variety of processes to help us define what ethics is and is not, reviews the sources used to determine an ethical point of reference, as well as proposes a series of questions to help determine ethical responses to daily decision making.

Date: Saturday, October 5, 2013; 2:00 p.m. – 5:00 p.m.
Location: The Professional and Community Education Center at Holy Cross Hospital
1500 Forest Glen Road
Silver Spring, MD 20910
Presenter: Ed Geraty, LCSW-C
Synopsis: This workshop will present an introduction to theories and methods of psychodrama developed by Moreno (1946) and followers (Blatner, 2000; Dayton, 2005; Keilfelter, 1992). Congruent with the content, the workshop design will be interactive and experiential, enabling participants to experience, first-hand, psychodrama’s utility and effectiveness.

Date: Saturday, October 5, 2013; 2:00 p.m. – 5:00 p.m.
Location: The Professional and Community Education Center at Holy Cross Hospital
1500 Forest Glen Road
Silver Spring, MD 20910
Presenter: Catherine D. Nugent, LCPC, TEP
Synopsis: This workshop will present an introduction to theories and methods of psychodrama developed by Moreno (1946) and followers (Blatner, 2000; Dayton, 2005; Keilfelter, 1992). Congruent with the content, the workshop design will be interactive and experiential, enabling participants to experience, first-hand, psychodrama’s utility and effectiveness.

Date: Saturday, October 5, 2013; 2:00 p.m. – 5:00 p.m.
Location: The Professional and Community Education Center at Holy Cross Hospital
1500 Forest Glen Road
Silver Spring, MD 20910
Presenter: Catherine D. Nugent, LCPC, TEP
Synopsis: This workshop will present an introduction to theories and methods of psychodrama developed by Moreno (1946) and followers (Blatner, 2000; Dayton, 2005; Keilfelter, 1992). Congruent with the content, the workshop design will be interactive and experiential, enabling participants to experience, first-hand, psychodrama’s utility and effectiveness.

Date: Saturday, October 5, 2013; 2:00 p.m. – 5:00 p.m.
Location: The Professional and Community Education Center at Holy Cross Hospital
1500 Forest Glen Road
Silver Spring, MD 20910
Presenter: Catherine D. Nugent, LCPC, TEP
Synopsis: This workshop will present an introduction to theories and methods of psychodrama developed by Moreno (1946) and followers (Blatner, 2000; Dayton, 2005; Keilfelter, 1992). Congruent with the content, the workshop design will be interactive and experiential, enabling participants to experience, first-hand, psychodrama’s utility and effectiveness.

Date: Saturday, October 5, 2013; 2:00 p.m. – 5:00 p.m.
Location: The Professional and Community Education Center at Holy Cross Hospital
1500 Forest Glen Road
Silver Spring, MD 20910
Presenter: Catherine D. Nugent, LCPC, TEP
Synopsis: This workshop will present an introduction to theories and methods of psychodrama developed by Moreno (1946) and followers (Blatner, 2000; Dayton, 2005; Keilfelter, 1992). Congruent with the content, the workshop design will be interactive and experiential, enabling participants to experience, first-hand, psychodrama’s utility and effectiveness.

Date: Saturday, October 5, 2013; 2:00 p.m. – 5:00 p.m.
Location: The Professional and Community Education Center at Holy Cross Hospital
1500 Forest Glen Road
Silver Spring, MD 20910
Presenter: Catherine D. Nugent, LCPC, TEP
Synopsis: This workshop will present an introduction to theories and methods of psychodrama developed by Moreno (1946) and followers (Blatner, 2000; Dayton, 2005; Keilfelter, 1992). Congruent with the content, the workshop design will be interactive and experiential, enabling participants to experience, first-hand, psychodrama’s utility and effectiveness.
**#1782**  
**“DMS-5 Diagnostic Criteria and Diagnostic Formulation Strategies”**  
**Date:** Sunday, October 20, 2013; 2:00 p.m. – 5:00 p.m.  
**Location:** The Professional and Community Education Center at Holy Cross Hospital  
1500 Forest Glen Road  
Silver Spring, MD 20910  
**Presenter:** Carlton E. Munson, PhD, LCSW-C  
**Synopsis:** Mental health providers across the United States face a significant challenge related to the changes in delivery of mental health services that accompany conversion to use of the DSM-5 which was released in May 2013. This seminar is designed to aid mental health practitioners in implementation of the DSM-5 in a range of practice settings. Dr. Munson will participate in the clinical trials for the DSM-5 and he will present what practitioners need to know and do as they transition to the new DSM system. Dr. Munson will review changes in how diagnoses are recorded and changes in the organization and content of specific DSM Disorders. His presentation covers major and minor changes in the DSM-5’s 20+ categories of disorders including explanation of disorders new to DSM-5, conversion of DSM-Iv-TR disorders retained in the DSM-5. There will be an explanation of a method for recording diagnostic formulations that are compliant with the new nonaxial, narrative recording system which replaces the DSM-IV multiaxial recording system. Dr. Munson will explain conversion to DSM-5 through use of updated visuals from his widely used book, *The Mental Health Diagnostic Desk Reference.* There will be a Q & A session.  

**Learning Objectives:** Participants in this workshop will:  
1. Become familiar with the changes in the definition of mental illness;  
2. Learn the changes in how diagnoses are recorded including a nonaxial recording method devised by Dr. Munson that is compliant with the new DSM-5 narrative recording system;  
3. Become acquainted with DSM-5 cross-cutting measures and severity measures; and  
4. Become acquainted with new criteria for the most used and most severe disorders (neurodevelopmental, schizophrenia, bipolar, depressive, anxiety, trauma, dissociative, substance, and personality disorders).  

There will be brief review of the other categories.  

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

---

**#1786**  
**“Negotiating End of Life Care”**  
**Date:** Sunday, November 10, 2013; 2:00 p.m. – 5:00 p.m.  
**Location:** The Professional and Community Education Center at Holy Cross Hospital  
1500 Forest Glen Road  
Silver Spring, MD 20910  
**Presenter:** Mike Allen, MSW  
**Synopsis:** Grief is something every person will experience in his or her lifetime. Negotiating and preparing for a loved one or a resident’s death can be challenging. With increasing diversity in the United States, there is the increased risk for cross-cultural misunderstandings surrounding end-of-life care.  

**Learning Objectives:** Participants in the workshop will learn to:  
1. Recognize family-centered decision making and surrogate decision making in the cultural context;  
2. Learn about end-of-life traditions including: beliefs on death and dying, end-of-life care, funeral preparation, and funeral costs; and  
3. Understand how we can bridge the gap in cultural competency and end-of-life care.  

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

---

**#1777**  
**“Borderlines: Understanding the Gray Spectrum”**  
**Date:** Sunday, December 8, 2013; 2:00 p.m. – 5:00 p.m.  
**Location:** The Professional and Community Education Center at Holy Cross Hospital  
1500 Forest Glen Road  
Silver Spring, MD 20910  
**Presenter:** Veronica Cruz, LCSW-C  
**Synopsis:** This workshop will define Borderline Personality Disorder (BPD). Treating someone with BPD is extremely challenging and requires a certain skill level to engage a client in therapy. Issues discussed will include: setting boundaries, splitting, pharmacology, and dialectical behavioral therapy. Participants will be able to identify best treatment modalities for treating someone with BPD. Current literature will be discussed and participants will be able to articulate the importance understanding best treatment modalities. The presenter is a bi-cultural forensic social worker who specializes in criminal defense mitigation, dual diagnosis, crisis intervention, addictions, trauma, and working with diverse ethnic groups. This is an interactive workshop where cases vignettes will be presented and participants will work in a group setting.  

**Learning Objectives:** Upon completion of this intermediate course, participants will be able to:  
1. Define Borderline Personality Disorder and articulate the importance and need for competency in the assessment process;  
2. Increase participant’s knowledge of various treatment techniques and modalities that are effective in working with someone with BPD;  
3. Understand the connection between trauma and social stressors as it relates to treating and understanding someone with BPD; and  
4. Articulate essential clinical skills needed to work with someone who has Borderline Personality Disorder.  

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

---

**#1761**  
**“Diversity, Ethics, and Integrated Dual Disorders Care: The Challenge of Providing Culturally-Competent Treatment”**  
**Date:** Saturday, October 12, 2013; 10:00 a.m. – 1:00 p.m.
Learning Objectives:
Upon completion of this advanced course, participants will be able to:
1. Understand the advantage of happiness and its implications for the treatment of a wide variety of mental health issues.
2. Discuss the similarities and differences among generational work styles that bring strength to an organization or raise challenges;
3. Identify practical strategies for success in a multigenerational workplace;
4. Explore ideas of cultural competency as they relate to a multigenerational workplace; and
5. Increase awareness of the needs created by inter-generational collaboration, with a specific focus on technology, and ways to develop more effective communication.

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

#1757 “Social Work Exam Prep”
Date: Friday, September 20, 2013; 9:30 a.m. – 4:00 p.m.
Location: American Red Cross Office
5750 Executive Drive Suite 100
Baltimore, MD 21228

Presenter: Pamela Evans, LCSW-C
Synopsis: This highly focused one day session will concentrate on study skills and preparation necessary to pass all levels (LSWA, LCSW, LCSW-C) of the ASWB social work licensing exam. Participants will practice test questions individually and in small groups in the following areas of social work practice: Ethics, Research, Diagnosing and Assessments, Diversity, Clinical Practice, Communication, Supervision, Human Behavior, and Social Policy.

Learning Objectives:
This course enables the attendee to:
1. Identify ASWB testing strengths and weaknesses;
2. Prioritize study time;
3. Learn best practices for passing the social work licensing exam; and
4. Learn effective ways to reduce test anxiety

CE:
5 Cat I
Cost:
$90 for NASW Members; $130 for non-members

#1789 Disaster Mental Health Simulation
Date: Friday, Sept. 20, 2013; 9:00 a.m. – 5:00 p.m.
Location: American Red Cross Office
4800 Mt. Hope Road
Baltimore, MD 21215

Presenter: Pamela Evans, LCSW-C
Synopsis: The American Red Cross (ARC) will be hosting a full scale disaster mental health simulation in conjunction with the Department of Health and Mental Hygiene-MD Responds. There will be a variety of community partners participating in the exercise so this will be an excellent learning and networking opportunity. CEUs will only be given when a participant is present for the full day. A full day is defined as from 9:00 a.m. - 5:00 p.m. or dismissal if the event ends earlier and includes presence at the reporting site for orientation, activity site(s) (as assigned) and debriefing session (ending). CEUs will not be available for partial participation. Breakfast, Lunch and afternoon snacks will be provided.

Learning Objectives:
1. Train and expose Disaster Mental Health (DMH) staff to working in different disaster response situations;
2. Train and expose DMH staff to the different roles and tasks carried out based on the nature of the disaster and response setting;
3. Train and expose DMH staff to the reporting forms to be completed during a disaster and the paper work flow process for each form;
4. Train and expose DMH staff to the mixture of disaster responders and agencies with whom they will need to effectively interact in order to carry out their functions; and
5. Train and exposure DMH staff to ARC protocols for working in, reporting data, and interacting during a disaster.

CE:
6 Cat. I
Cost:
Free (Must be pre-registered by August 31st)

#1758 “First Sunday Matinee—Featured film: “Silver Linings Playbook”
Date: Sunday, October 6, 2013; 2:00 p.m. – 5:00 p.m.
Location: NOTE NEW LOCATION! UMBC-ENG Building Room 027 NEXT TO ITE BUILDING WHERE WE PREVIOUSLY HELD MOVIES
1000 Hilltop Circle
Baltimore, Maryland 21250

Discussant: Erin Watson, LCSW-C
Synopsis: Attendees will watch a feature length movie followed by a 1-hour discussion.

“Silver Linings Playbook”
Starring: Bradley Cooper, Jennifer Lawrence, Robert DeNiro
The Weinstein Company; Directed by David O. Russell
Rated R; 122 minutes

Life doesn’t always go according to plan. Pat Solatano has lost everything—his house, his job, and his wife. He now finds himself living back with his mother and father after spending eight months in a state institution on a plea bargain. Pat is determined to rebuild his life, remain positive and reunite with his wife. When Pat meets Tiffany, a mysterious girl with problems of her own, things get complicated. Tiffany offers to help Pat reconnect with his wife, but only if he'll do something very important for her in return. As their deal plays out, an unexpected bond begins to form between them, and silver linings appear in both of their lives.

Learning Objectives:
1. Identify and discuss issues of diagnostic relevance to the characters’ mental illness and patterns of behavior;
2. Compare and contrast the actors’ portrayal of mental illness with other popular movies addressing the issue;
3. Identify and discuss themes of family dynamics, self-destructive behavior, resilience, and stigma; and
4. Emphasize ways that therapeutic intervention did help or could have helped patient with various situations, discuss your own practice in terms of how you may have handled situation in the movie, or how you may handle situations differently in the future with clients presenting in a similar fashion

CE:
3 Cat I
Cost:
$25 for members; $35 for non-members

#1773 “Ethical Dilemmas in Working with Older Adults”
Date: Friday, October 11, 2013; 9:30 a.m. – 12:30 p.m.
Location: NASW-MD Chapter Office
5750 Executive Drive Suite 100
Baltimore, MD 21228

Presenter: Jennifer Lubaczewski Fitzpatrick, MSW, LCSW-C
Synopsis: When healthcare professionals work with seniors, gray areas are constantly encountered. We treat seniors who are legally competent but not decisional. But even if a senior is considered legally incompetent, are they still entitled to voice opinions about their care? How do you juggle adult children who are at conflict with each other and the parent? What are the best practices when seniors are self-neglecting? Join us for this interactive discussion on professional ethics, personal values and practical strategies for social workers related to senior issues.

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

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

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

#1778 “The Power of Happiness: Positive Psychology and its Implications for Treatment”
Date: Friday, October 18, 2013; 9:30 a.m. – 12:30 p.m.
Location: NASW-MD Chapter Office
5750 Executive Drive Suite 100
Baltimore, MD 21228

Presenter: Reghina Simonchiz, MSW, LCSW-C
Synopsis: This workshop will help clinicians improve the services they offer clients and will highlight the outcome of treatment for their clients regardless of the treatment modality used. The field of psychotherapy has long focused on the disease model of mental health; on finding and ‘fixing’ what is broken in our clients. Positive psychology shifts that paradigm as it seeks to find the strengths as well as the weaknesses and to build the best in our clients’ lives as vigorously as we seek to repair the worst. Happiness is one of the most powerful and proven interventions for permanent change in health and mental health. In this workshop you will learn hands on, experiential techniques for increasing your clients’ and your own happiness, thus leveraging their chances for successful therapeutic outcomes.

Learning Objectives:
Upon completion of this course, participants will be able to:
1. Understand the advantage of happiness and its implications for the treatment of a wide variety of mental health issues;
2. Learn the biochemistry of happiness and how happiness affects the brain;3. Name 3 resources to consult when encountering ethical dilemmas with older adults; and
4. Gain practical understanding of positive psychology and the paradigm shift it represents in how we understand mental health and treatment; and
5. Learn and be able to effectively apply at least 3 clinical interventions for increasing happiness in their clients.

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

#1779 “Autism and the Systems”
Date: Friday, October 25, 2013; 9:30 a.m. – 12:30 p.m.
Location: NASW-MD Chapter Office
5750 Executive Drive Suite 100
Baltimore, MD 21228

Presenter: Angela Blake, MSW
Synopsis: Clinicians will understand the unique challenges persons with Autism have in interfacing and interacting with the basic systems that commonly impact people. Gain understanding of the social worker’s role and how our “system” can create limitations for assistance. Learn creative interventions, expand services, and increase advocacy.

CONTINUING ED Continued on page 16
Learning Objectives:
Upon completion of this course, participants will be able to:
1. Clearly define Autism and the spectrum by DSM IV.
2. Understand how basic systems uniquely impact a person with Autism (family, community, and services); and
3. Understand at least three ways a clinician can help pave a more manageable path for persons with Autism.

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

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

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

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

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

#1769 "First Sunday Matinee Featuring the film 'Life Support' "
Date: Sunday, December 1, 2013; 2:00 p.m. – 5:00 p.m.
Location: NOTE NEW LOCATION! UMBC-ENG Building Room 027 NEXT TO ITE BUILDING WHERE WE PREVIOUSLY HELD MOVIES
1000 Hilltop Circle
Baltimore, Maryland 21250
Discussant: TBA
Synopsis: Attendees will watch a feature length movie followed by a 1-hour discussion.
"Life Support": Based on a true story Ana is a woman who contracted AIDS but then overcame an addiction to crack and became a positive role model as an AIDS activist in the black community. Ana lives with her husband and her youngest daughter but we are introduced to Ana’s estranged oldest daughter who is angry with her mother’s past in this emotional life story.

CE: 3 Cat I
Cost: $25 for members; $35 for non-members

#1771 "The Juvenile Justice System and its Impact on Black Youth"
Date: Friday, December 13, 2013; 9:30 a.m. – 4:00 p.m.
Location: NASW-MD Chapter Office
5750 Executive Drive Suite 100
Baltimore, MD 21228
Presenter: Mike Allen, MSW
Synopsis: All children deserve to be treated fairly, regardless of race or ethnicity. Policy makers, social workers, supervisors, and clinicians are seeing startling increases in the number of minority youth coming before the court system. As we look at the documented racial and ethnic disparities that exist in the juvenile justice system, we see that these trends have been consistent over the past 30 to 40 years. The research continues to show that the court system is more punitive towards black and minority youth. The scourge of this justice system also provides us with an opportunity to develop new strategies and policies to address current and future disparities.

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

CE: 6 Cat I
Cost: $90 for members; $130 for non-members
First Sunday Matinees Resume in October

October 6: Silver Linings Playbook
Starring Bradley Cooper, Jennifer Lawrence, Robert DeNiro
The Weinstein Company
Directed by David O. Russell
Rated R; 122 minutes; 2012

Life doesn’t always go according to plan. Pat Solatano has lost everything - his house, his job, and his wife. He now finds himself living back with his mother and father after spending eight months in a state institution on a plea bargain. Pat is determined to rebuild his life, remain positive and reunite with his wife. When Pat meets Tiffany, a mysterious girl with problems of her own, things get complicated. Tiffany offers to help Pat reconnect with his wife, but only if he’ll do something very important for her in return. As their deal plays out, an unexpected bond begins to form between them, and silver linings appear in both of their lives.

November 3: The Messenger
Starring Ben Foster, Woody Harrelson, Samantha Morton
Oscilloscope Pictures
Directed by Oren Moverman
Rated R; 90 minutes; 2001

This powerful and tender story is about a returned war hero making his first steps toward a normal life. Will Montgomery, a U.S. Army officer who has just returned home from a tour in Iraq and is assigned to the Army’s Casualty Notification Service. Partnered with fellow officer Tony Stone he has to bear the bad news to the loved ones of fallen soldiers. When he finds himself drawn to Olivia, to whom he has just delivered the news of her husband’s death, Will’s emotional detachment begins to dissolve and the film reveals itself as a surprising, humorous and very human portrait of grief and survival.

December 1: Life Support
Starring Queen Latifah, Wendell Pierce
HBO Pictures
Directed by Nelson George
88 minutes; 2007

Based on a true story Ana is a woman who contracted AIDS but then overcame an addiction to crack and became a positive role model as an AIDS activist in the black community. Ana lives with her husband and her youngest daughter but we are introduced to Ana’s estranged oldest daughter who is angry with her mother’s past in this emotional life story.

January 5: Iris
Starring Judi Dench, Jim Broadbent, Kate Winslet
Miramax Films
Directed by Richard Eyre
Rated R; 90 minutes; 2001

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

Beginning in the spring of 2010, Illinois Department of Public Health began working on implementing Fetal Infant Mortality Review for HIV, as recommended by the CDC (see www.fnhriv.org). The Case Review Team (CRT) co-chaired by Dr. Mildred Williamson from the Illinois Department of Public Health, included representatives from 13 public and private organizations, including the IL Department of Human Services, HIV/OB specialty care centers, intensive perinatal case management, the Illinois 24/7 Perinatal HIV Hotline, statewide rapid testing on Labor and Delivery, a Maternal Fetal Medicine physician, the Illinois Perinatal Network system, surveillance, and the citywide FIMR project. The CRT reviewed cases that met the following criteria: an infant with a confirmed HIV positive diagnosis; the death of a pregnant mother who was HIV positive; death of an infant born to an HIV positive mother; and a known missed opportunity in an otherwise successful birth to an HIV positive mother. Over the first three months, fifteen cases in total were reviewed, 8 of which included maternal interviews. The following are the most frequent findings:

1. Most providers that encounter a pregnant HIV + woman do the right thing and follow standard of care, once they know the pregnant woman is HIV-positive.
2. Not all medical personnel are aware of how to appropriately treat and discharge pregnant HIV+ women. Amongst providers, stigma and insensitivity continue to be an issue at certain hospitals.
3. Across the state, timely rapid testing is not consistently offered to all pregnant women who present to labor and delivery without a record of their status. We noted several cases where a delay in testing of a pregnant woman resulted in delayed antiretroviral treatment in the critical period before delivery.
4. High-risk HIV+ women experience a host of issues that adversely complicate their ability to care for themselves and their infants before, during and after their pregnancy. These include mental health conditions, homelessness, drug abuse & addiction, incarceration, incarcerated partners, lack of transportation and domestic violence.
5. Adolescents and youth living with HIV, particularly those perinatally infected often lack age and developmentally sensitive services, programs and support to address their needs. Based on these findings, the CRT developed recommendations for intervention divided into five categories: Testing, Screening, Training and Education; Quality Assurance and Medical Records; Specialized Resources and Outreach; Case Management; and Legal Mandates. There are 50 recommendations in the full report, under the sub-headings of Testing, Screening, Training, Education, and Outreach; Quality Assurance and Medical Records; Specialized Resources and Outreach; and Case Management.

These recommendations were all presented to our Community Action Team (CAT). In considering a complete list of recommendations, the CAT focused on issues that could get a quick “win” and issues that had resources. Our current accomplishments are as follows:

1. Protocols for the rapid identification of HIV status among presenting pregnant women at L&D or in triage were collected from each institution and reviewed by a nurse for completeness.
2. Using the Perinatal Network system, information about HIV of a pregnant woman was stressed as important to add to transfer logs.
3. Ryan White case managers throughout the state of Illinois were trained on the basics of perinatal HIV case management.
4. Work has begun on a comprehensive case management training module for Family Case Management, Healthy Start and Ryan White.
5. An agreement with Walgreens was executed to provide AZT syrup for hospitals without an outpatient pharmacy, to ensure that no woman will be discharged with a paper prescription for infant.

For more information on any of the above or to for a FIMR HIV review in your jurisdiction, contact the National Resource Center at www.fnhriv.org and for a complete list of recommendations, please contact Anne Statton at Anne@pacpi.org.

Submitted by Anne Statton, Pediatric AIDS Chicago Prevention Initiative

NEW MEMBERS from page 6

Rebecca is a grief counselor at Hospice of Queen Anne’s in Centreville, has worked in hospice organizations for over 15 years, and has learned that no organization can succeed without team work and collaboration. She plans to bring these invaluable skills to her position as the new Branch D Representative.

Angela Blake has been a licensed social worker working with families and children since 1992. She opened a private practice in 2007 which has been her greatest accomplishment and her greatest challenge. As a Branch D Representative Angela wants to work on unifying the Eastern Shore’s social workers and organize a united front when advocating and lobbying the state for funding, expanded services, and easier access for mental health services to our most vulnerable populations.

Our Branch E representatives, Kim Flash and Paulette Hendricks, continue their second years as representatives in the Baltimore Metro Area. Donna Wells was just re-elected to a second term. All three of our Branch E Reps are great leaders, and we appreciate all they contribute to NASW.

The new Graduate Student Representative, Kimberly Solovy, just completed her first year as a MACO student at the University of Maryland School of Social Work. She is currently an International Disaster Response Research Intern with the American Red Cross national headquarters in D.C. Kimberly brings a vast amount of leadership experience from working in community non-profit organizations, the government sector, and Fortune 50 companies to her new board position because she enjoys working collaboratively to accomplish shared goals, and utilizing teamwork to effectively and efficiently accomplish tasks.

The new Undergraduate Student Representative is Danielle Bouchard, a BSW Student at the University of Maryland, Baltimore County (UMBC). Danielle was an AmeriCorps member who worked in a school in South Central Los Angeles where she worked to improve the lives of children through strong academic support, positive behavior encouragement, and community outreach. Danielle says, “My AmeriCorps experience has shaped me into the effective and efficient leader I am today. I have learned to be flexible, understanding, and empathetic in all different types of situations.” Before she decided to pursue social work Danielle was a full-time working artist. She hopes to bring new, innovative ideas to the board and to work efficiently and effectively with all of the other members.

Congratulations to all of our new board members! We cannot wait to see what you will bring to the organization.
Discussing Tough Topics With Your Older Parent

While many people consciously plan for having children, most do not consider that they may someday be “having” an elderly parent. Adult children of older loved ones often report being caught off guard by their older parent’s needs. Many families deny the changes taking place with their elderly parents, even when role reversal has clearly begun. Most people don’t recognize what normal aging really looks like so they have trouble distinguishing illnesses from the norm. It can also be hard to comprehend how much Medicare, Medicaid or private insurance won’t be paying for when significant help is needed for the senior.

Adult children often report one of the most uncomfortable parts of this role reversal is discussing tough topics with their parents. Some of these loaded topics include finances, memory and mental health, driving, moving, bringing help into the home and end of life.

Here are seven tips to improve communication with your older loved one:

1. Create an Agenda

When you decide that it’s time to discuss some tough topics with your older parent, set an agenda for yourself. Think about what your goals are for the conversation. Consider whether a public setting, such as a restaurant, would be a better location for the conversation rather than at home. Changing the venue to Mom’s favorite cafe rather than the kitchen in which you spent your childhood can make the discussion less intimidating.

In planning an agenda, it is important to contemplate the desired outcome of this particular conversation. Are you hoping Mom will agree by the end of the conversation to make a change or is this conversation going to be the first gentle introduction of a complex topic?

2. Educate Yourself

Learn about the aging process as much as you can. When you understand what normal aging truly looks like, it will help you to determine what is going on with your older loved ones. Dementia, depression and anxiety disorders are not part of the normal aging process. On the other hand, some functions like reflexes and metabolism are less efficient for everyone as we get older. When you understand more about what’s to be expected at your parent’s age, you will have an easier time helping them to understand. When you are researching aging online, be sure to visit websites established by credible organizations such as National Institute on Aging (www.nia.nih.gov) and Alliance for Aging Research (www.agingresearch.org).

3. Set a Good Example

If you want to discuss your parents’ end of life plans, show them a copy of your will and advance directives. Everyone over eighteen years old should have these documents. When your older loved one sees that you have your finances and healthcare decisions in order, particularly when you are several decades younger, it may motivate them to do the same. This can easily segue into a conversation about money and wishes about end of life care.

4. Be Persistent

Understand that most of the time these tough conversations will require several attempts before you get results. Be on the lookout for situations that provide natural openings for revisiting a difficult topic. A frequent catalyst for a productive change discussion is when a peer of the older parent is hospitalized, becomes ill or moves.

5. Empathize

While persistence is necessary with these tough conversations, empathy and patience are important too. Through your body language, tone of voice and word choices, show that you understand your parent may feel uncomfortable discussing some of these subjects. For example, maybe your mother is ashamed of her recent car accident and is terrified of losing the independence driving represents. It is important to acknowledge her feelings while discussing the reality of her diminishing abilities behind the wheel.

6. Explain How it’s Affecting You

If you are asking your mother to see a doctor because she seems to lack energy, explain why it’s important to you and others she cares about. Have her granddaughters noticed that she hasn’t been coming to their softball games anymore? Have you been late to work four times in the past month because Mom calls you each morning to discuss worries about her health? Consider keeping a written log of how the issue is affecting you and other loved ones and refer to it before the conversation. Often specific examples of how a parent’s behavior is impacting others can prompt change better than conversations on why taking action would be best for the parent.

7. Involve Others Who Care About Your Parent

Sometimes the person closest to the older loved one is not always the most effective communicator during these conversations. Often persons less involved with the senior’s daily life can be invaluable in emphasizing the need to discuss these tough topics. Perhaps a trusted minister or rabbi can help a senior understand the benefits of addressing end of life decisions ahead of time, while acknowledging fears around death. A respected friend of the family who works in healthcare may be able to better explain the age-related changes that make driving more difficult without making the senior feel guilty. Perhaps you have a brother that lives across the country and Mom tends to listen more closely to what he says because she sees him less frequently.

Some adult children are reluctant to involve others in these important conversations because they don’t want to violate the parent’s privacy or because there is some embarrassment that they can’t get through to them. Ultimately, the results of the conversations are what matters.

Most of us have heard the quote “it takes a village to raise a child.” With tough and sensitive topics such as driving, memory, finances and end of life, adult children need to apply this concept when attempting to help their older parents. Seeking help from trusted friends, family and professionals can help you prepare for the tough conversations facing anyone dealing with an aging parent.

Jennifer FitzPatrick, MSW, LCSW-C is a speaker, psychotherapist and expert consultant on elder generations, retirement, caregiving & dementia. She is the President of Generations Health Education & An Instructor at Johns Hopkins University. For more information please visit www.generationhealth.com.
Introduction

Social workers are increasingly using electronic communications technologies to expand and refine their practices, including psychotherapy performed via videoconferencing, and this has raised many questions about professional social work standards. Use of videoconferencing technology in mental health service delivery is variously referred to as "telepsychiatry," "telemedicine," "telehealth," "e-therapy," "distance counseling" and other terminology. One of the most widely available videoconferencing technologies is an online service and software program known as Skype. Its wide acceptance as a consumer technology has made telenental health services readily available for clients in their own homes and for solo and private practice clinicians without a burdensome investment in new technology. This first of two articles will review some of the emerging legal and professional issues involved in the use or potential use of Skype or similar technology as a communications modality for clinical social work assessment and treatment of clients. Part II will review legal cases and statutes, including state social work licensure.

Background

Six-hundred and sixty-three (663) million registered users of Skype services were reported by the company in corporate filings covering 2010 (Skype, 2011). An uncounted segment of these were mental health professionals and their clients, engaged in interactive psychotherapy sessions. Information about the conduct of distance counseling via Skype is widely reported (Strong, P., 2010; Hoffman, J., 2011) and the use of this modality appears to be increasing rapidly, although precise statistics about the phenomena are not readily available. The Social Work Encyclopaedia (Finn, J., 2008) acknowledges that online therapy is used in a wide variety of clinical interventions with a range of mental health professionals and describes online therapy as a "promising, but yet unproven intervention," suggesting the need for further research about clinical effectiveness and national standards and national licensure for online practice. Since the date of that publication, research regarding the efficacy of telehealth-based interventions, as well as technological advances, has expanded considerably (American Telemedicine Association, 2009). One of the key issues for professional practice is how the security of data-based interventions, such as Skype, compares to established telemedicine videoconferencing centers and "plain old telephone services" (POTS). This is further addressed in the discussion on HIPAA, below.

Does HIPAA Apply to Skype Sessions?

A key to answering any HIPAA question is first determining whether or not the practitioner is subject to HIPAA. Is the clinical social work practice billing any clients' health insurance electronically (or using a billing service that submits claims electronically)? If so, then HIPAA applies to all of the social workers' confidential client information, even for those clients who self-pay. The HIPAA privacy and security standards apply to healthcare providers who conduct electronic claims transactions with third-party payers (45 CFR § 160.103). Thus, clinical social workers or other health care providers who bill clients' health insurance electronically are considered "covered entities" subject to the full panoply of HIPAA requirements. Covered entities are responsible to ensure compliance with HIPAA when they create, store, maintain or transmit clients' individually identifiable health information (also known as "protected health information" or PHI). If covered entities conduct electronic claims transactions for any clients then those entities are subject to the HIPAA requirements, which would likely include Skype transmissions conducted by those practitioners.

Skype psychotherapy sessions (and sessions conducted via other forms of videoconferencing) contain confidential client health/mental health information and when such sessions are conducted by providers who are subject to HIPAA, then HIPAA standards would apply.

Does Skype Technology Meet HIPAA Standards?

This is an unresolved topic of discussion among mental health and technology experts who utilize or study telemedicine. The HIPAA security standards cover four basic areas of responsibility for electronic health information. Entities subject to HIPAA are required to:

- Ensure the confidentiality, integrity, and availability of all electronic protected health information the covered entity creates, receives, maintains, or transmits.
- Protect against any reasonably anticipated threats or hazards to the security or integrity of such information.
- Protect against any reasonably anticipated uses or disclosures of such information that are not permitted or required under the privacy regulations.

Complying with these standards requires that clinical social workers who seek to use Skype or other videoconferencing technology be familiar enough with the privacy and security policies and practices of the host company to understand what threats might be anticipated and how to protect against them. Here are a few of the potential concerns that should be addressed:

- What type of encryption technology is used by Skype?
- Are other sensitive documents maintained on the same computer as that which is used for Skype sessions? Are these encrypted so that if the system is compromised a hacker would not be able to gain access to clients' records? Has the social worker considered using a dedicated computer for Skype communications?
- What are Skype's privacy policies in the event the content of a psychotherapy session was subpoenaed? Is this congruent with the practitioner's policies?

Professional Standards

In 2005, NASW and the Association of Social Work Boards (ASWB) issued standards for the use of technology in social work practice; however, the fast pace of technological developments requires that social workers are able to analyze how the professional standards, which are rather broad and general, apply to the details of the technology they would like to use in daily practice. Some of the relevant requirements for use of technology by social workers identified in the NASW and ASWB standards are listed here:

- Accurate documentation of services provided electronically, including client authorization for disclosure and informed consent
- Development of guidelines for electronic communication with clients (timing and completeness of responses, protocols and technologies)
- Compliance with applicable federal and state laws, such as HIPAA.

Santhiveeran (2009) reviewed the compliance of social workers' online therapy Websites according to the NASW Code of Ethics standards and found that:

- Less than half of the sites studied (44%) provided information to clients about how to safeguard their privacy while engaging in the online mental health services;
- Barely half (49%) provided statements about the duty to maintain confidentiality;
- Only one-third (32%) included specific emergency protocols (beyond a bare reference to 911), for local emergency back-ups such as hospital, physician or close friend information that was taken at the time of intake.

In 2009, the American Telemedicine Association (ATA) developed detailed standards relating to "telenental health. However, these were not designed to specifically apply to Internet counseling or Web-based therapy. Use of Skype and other online technologies has proceeded rapidly since then. The ATA standards identify some of the technical specifications for videoconferencing in the mental health context. According to the ATA, in addition to the capacity to support interactive, synchronous video and audio signals, telenental health technologies should have the ability to:

- Display pictures, diagrams or objects
- View and share a computer desktop or applications
- Play videos or CDs for viewing at other locations

By Sherri Morgan, Associate Counsel, LDF and Office of Ethics and Professional Review and Carolyn I. Polowy, NASW General Counsel

©2011 National Association of Social Workers. All Rights Reserved.
I thought it would be the end of my career—my social work license (LISW) had expired, and when I called the Ohio Social Work Board for information on how to react, they said, “No problem; all you have to do is take the test.”

“Test! What test?”

I had been licensed for decades and had never even heard about the licensing exam. After recovering from the shock and shaking off the spell of self-blame, I reluctantly began to search for information and resources to prepare for this exam. Strengthened by many years of clinical experience and the good fortune to have plenty of free study time to study, I decided I could deal with this challenge. Though I wasn’t really sure how being 38 years post-Master’s would affect my recall, (I had received my MSW from the University of Michigan in 1971) I did consider that perhaps I could re-create it using a national record, so I went to try.

I reviewed the ASWB site (www.aswb.org – the test writers), checked online resources as well as hard-copy books and chatted with a few social work colleagues. Ultimately, I bought some guidebooks written specifically for the test, studied many hours daily for three weeks, took the test in February 2009 and passed.

During this time I learned some important things:

- The exam has a reputation of being both comprehensive and challenging. Most social workers realize that it pays to prepare carefully.
  - Many social workers discover that they are uptight, anxious, and downright intimidated by the prospect of preparing for and taking the exam.
  - There seemed to be vast differences among the resources. Take a one-day course, buy some books and study on your own, find a study group? Some materials are prepared by social workers, others from allied professions. Does that matter? How do I determine what I need to do and prepare to pass?

I became interested in exploring these issues, as well as in directly helping other social workers by sharing my discoveries. After attending a two-day course in NYC, generously provided to me by a test-preparation book publisher, I began to tutor individuals in Cincinnati, then throughout the country via Skype. Eventually I designed a three-week, 12-hour small group course for potential test-takers. Teaching both individuals and in small groups has helped me learn more about what test-takers need to know, including: how to reveal the thinking behind each question, identify tools to replace anxiety’s negative effects with constructive behaviors, and how to detect the clues in each question.

I realized then that this “crisis” (having to pass the test) was perhaps an opportunity; not only was my career not “over” when I lost my license, but in fact, this challenge was leading me on a path to help many of my social worker colleagues successfully prepare for the license exam.

But how best to help? Gradually I concluded that creating an online course complemented by online study groups would offer a spectrum of learning tools, and provide some unique advantages:

1. Repetition, repetition results in information securely lodged in memory. The content of an online course can be listened to over and over. Specific sections can be chosen to review as frequently as desired.
2. The clues are there! Analysis of how questions are constructed, and how basic social work concepts are being tested reveals patterns that can help the test-taker choose the correct answers.
3. Reviewing sample questions is the essential bridge between learning a concept, and seeing how it is transformed in an “application” question.
4. But I still have a question! Live interaction with a teacher in a small group is the gold standard; you have time and a place to ask your specific question, and the teacher can look at your face to make sure that you really understand the answer.

The Solution

The Social Work License Exam: Idelle Explains It All. Take the online course and register for one free 90min Skype-based study group at www.lisw.net to review sample questions, to get expert answers to your specific questions, and to learn from your peers. This is a comprehensive, “all bases covered” approach that provides the essentials for success.

Help your chapter: you may register for this course via the link on our website at NASW-MD.org. When you register, indicate that you learned about the course from the MD chapter and we will receive a small referral fee.

I received the Kathleen Kennedy Townsend Award of Excellence, and two years later the Rotary Club’s “Service Above Self Award.” In 2004, LaFrance was honored to receive the Lifetime Achievement Award from the National Association of Social Workers, Maryland Chapter, and in 2006, she was named one of Maryland’s Top 100 Women by the Daily Record.

On a more personal note, on first meeting the woman I came to know as Frenchie, I was admittedly more than a bit intimidated. LaFrance was always impeccably dressed, a stickler for policies and rules, and the consummate professional. She was also wise, warm, gracious, and kind. She quickly put me at ease with her engaging personality, direct way of communicating, and unexpectedly irrelevant sense of humor. Knowing that my own child had no grandmother, LaFrance stepped in, traveling with us to a colleague’s home on the Eastern Shore for outings, coming to birthday parties, and attending every school graduation.

Along with numerous devoted friends and colleagues, LaFrance is survived by her son, Ackneil (Trey) Muidell, III, a partner at Akin, Gump, Straus, Hauer, and Feld in New York City, and his wife, Dana, a Senior Manager in Public Relations at Deloitte Consulting. She was “Grand Frenchie” to her two much adored granddaughters, Carlyle, age 5, and Rory, 9 months. Her parents, Arthur J. and Frances LaFrance should be directed. If you would like to make a donation in her name, please check the chapter website. We will post the information as soon as it is available.
HELP WANTED

JSSA provides services and support to nearly 37,000 most fragile senior citizens, from individuals to entire families. We are a growing Agency and strive to be an Employer of Choice. As such we offer a competitive salary and benefits package, a healthy work-life balance and a range of opportunities for personal growth and professional development. We pride ourselves on our mission to be there for the community, as well as to invest in the community at large, to turn for clinical and social services.

We are an Equal Opportunity Employer. Learn more about us at www.jssa.org.

COMMUNITY SCHOOLS SITE COORDINATOR

Social Worker to work with parents, comm. members, & students to meet the needs of students, families & the community. FT position, MSW req, SW license pref. Sal mid $35k/eq $2 ps, avail. Contact letter & resume to: kgaram@jsw.suw.umd.edu.

For a detailed job description visit: http://um.umd.edu/swe/conico.

PROGRAM MANAGER

Manage Public Allies (Am erCorps) program, with a focus on training, BSW or related field. MSW or MA req, passion for work with individuals with developmental disabilities and those on the autism spectrum. Case management expertise and an overall understanding of life span development strongly desired. LCSW-C or LCAT license required for initial appointment. Minimum of 3 years of clinical experience required. Occasional home visits in Montgomery County and some evening hours required. Location: 200 Wood Street Road, Rockville, MD 20850. Apply Now: Please submit the following application materials to hr@jssa.org:

• Cover letter with salary requirements
• Resume
• Contact information for 3 supervisory references

We are an Equal Opportunity Employer. Learn more about us at www.jssa.org.

BALTIMORE COUNTY HEALTH AND HUMAN SERVICES

Department of Social Services seeks two highly experienced LCSW-C level professionals to join our leadership team. These positions are responsible for the administration of social services programs and oversight of professional and support staff engaged in the practice of social work in the areas of Adult Protective Services, Child Protective Services, In-Home Aide Services, Homelessness Services, In-Home Aide Services and Family Violence Services, among others. To learn more about available employment opportunities, please visit the following links: Job Openings for Baltimore County Social Services: Administrator and State of Maryland. Job Openings - State of Maryland. Program Manager II

Baltimore County Department of Social Services: PROMOTES individual well-being, stronger families and communities; PROTECTS vulnerable children and adults from abuse and neglect; and, PROVIDES the tools to help people achieve economic independence. We are a public social services agency serving the citizens of Baltimore County with staff who are employees of the health, family, and income office. Baltimore County Md. Social Services - Overview Maryland Department of Human Resources » Baltimore County Baltimore County Health and Human Services » Drumcote Government Center, 6401 York Road #1 Baltimore, Maryland 21212 Equal Opportunity Employer

PHYLIS GOLDF

is looking for associates, preferably Spanish speaking, to write psycho evaluations for persons subject to deportation by immigration. For more information contact Robert at 773-991-4845

OUTPATIENT CHRISTIAN COUNSELING PRACTICE

has pt/ft openings for LCSW-C. Locations throughout DC/Baltimore metro regions. To apply go to www.safefamily.org and email resume to Erik@safefamily.org. Practice utilizes Christian based- Clinically sound treatment approach.

FOR RENT

ELLIOTT CITY

Sound Proofed Furnished and/or Unfurnished office. Full time and/or Shared Offices in a very pleasant and quiet neighborhood. Includes reception, conference room, kitchen, ample parking, private office, suite with established social worker, computer & printer. Close to 495 and 95. Contact: Dr. Mike Boyle: 410-465-2500

BETHERESA OFFICE SPACE

Sunny, large, handicap accessible with free parking. Ten minutes from metro. Full time or part time. Furnished or unfurnished. Tom Walsh 302-656-6402 #1, at Tom@walsh765@gmail.com

CATONSVILLE, MD


WHITE OAK/SILVER SPRING SPACE AVAILABLE

Welcoming spacious offices available for hourly/PT/Full time in serene, collegial mental health professional suite. Convenient to 495/295/650. Free parking. Wireless, utilities, name plates included. Please contact Anne Regan at 301-989-9145 or anregan@verizon.net

CATONSVILLE, MD


SERVICES

SUPERVISION FOR LCSW-C LICENSEES

Thirty years diverse experience–individual, couples, family, group psychotherapy. Yoga/meditation teacher, certified Equine Assisted Psychotherapist. Web site: www.silverbaytherapies.com. All who seek assistance. We are an Equal Opportunity Employer of Choice. As such we offer a competitive salary, supervision and full benefits.

PROFESSIONAL DEVELOPMENT

THREE-DAY BASIC PARENTING COORDINATION TRAINING


COMPARING THE DYING

Opening Fully to Living is a year-long program offering formation, basic skills, contemplative practices, and ongoing support to participants in conflict, and compassionate companionship of the dying and living fuller, more courageous lives through the integration of this experience into their own spirituality. Category I available. For more information: http:// www.comparingthedying.org

JOIN 30,000+ BOARD-CERTIFIED CASE MANAGERS


CBP SEMINARS


MISCELLANEOUS

LCSCW-C

interested in acquiring an established psychotherapy practice in NW/ Baltimore. If you are relocating, downsizing or retiring and want to offer continuity for your clients, please send an email to: psychotherapyservices18@yahoo.com

CLINICAL SOCIAL WORK SERVICES, LLC

For services dedicated to social workers. License preparation MD approved LCSW, individual & group supervision, and personal counseling services. www.clinicalsocialworkservices.org

LIKE US ON FACEBOOK!
system, it is important to understand the history of DSM coding. It is my experience that many clinicians who use the diagnostic and statistical manual (DSM) code are not familiar with the origins of the code systems. Therefore, before explaining the changes, I will provide a brief history of the coding systems that may help clarify the situation in the DSM-5.

There are two recognized systems for coding mental disorders—the International Classification of Diseases (ICD) and the APA diagnostic and statistical manual (DSM). The ICD system was first published by the World Health Organization in 1968 and is now developed every 10 years, hence the designation ICD-10-CM codes. The ICD-10-CM code is a guide to differential diagnosis for both DSM-5 disorders, but does not contain any disorder descriptive text or Section III DSM-5 content. I purchased this app, and it has flaws that need correction. For example, the videos that accompany the app have a likelihood of technical errors and strange application, make sure this problem has been corrected before making your purchase. Later this year APA plans to publish the following books that may be of interest to practitioners who want to learn more in depth about the DSM-5 and diagnostic criteria for DSM-5 Clinical Cases. APA reports this book can also serve as a training supplement to DSM-5 or used as a companion learning tool for the DSM-5 Clinical Cases: DSM-5 Handbook of Differential Diagnosis by Michael First is a guide to differential diagnosis for both clinicians and students learning to perform diagnoses. APA describes this book as using the perspective that psychological disorders created a rubric, and clinicians must have empathy, listening skills, ability to identify symptoms, and familiarity with the body of knowledge represented by DSM-5 to do effective diagnosis and intervention.

Other helpful resource books are Joel Paris and James Phillips, Making the DSM-5: Concepts and Controversies (published by Springer) and Joel Paris, The Intelligent Clinician’s Guide to the DSM-5 (published by Oxford University Press). Paris’s books are nice narrative approaches to DSM-5 diagnosis with an emphasis on diagnostic conservatism that highlights issues of clinical utility, clinical relevance, clinical significance, and clinical judgment. I will cover these topics in the next issue of this series. I enjoyed reading both of Paris’s books.

What’s Next?

In the next issue, I will cover examples of my model of a diagnostic formulation on the broad description of diagnostic formulation in the DSM-5 along with the concepts mentioned above of clinical utility, clinical relevance, clinical significance, and clinical judgment. I look forward to seeing you at the 8th Annual NASW-MD Clinical Conference at Maritime Institute in September.

References

Welcome New Members!  
Summer 2013

BRANCH A
Ira Bennett  
Robert Berry  
Sarah Ring  
Susan Wisniewski

BRANCH B
Heidi Banielos  
Dana Bauer  
Susan Cruz  
Heather Finch  
Ebony Maynard  
Katherine McVicker  
Christina Wolfe

BRANCH C
Joy Ashcraft  
Michael Barga  
Diane Bertran  
Hilary Bobbinko  
Sierra Brewer  
Sara Cartmill  
Susilla Conchola  
Andrew Darby  
Hannah Davis  
Maria Diaz  
Leah Glass  
Sarah Harris  
Gwendolynn Harter  
Dominic Jarvis  
Stephanie Kukelka  
Emily Leiner  
Leah Lyons

BRANCH D
Marketa Matthews  
Casey McIntosh  
Neha Mistry  
Atibeeba Ogugufure  
Lorraine Pianarc  
Renee Perry  
Meghan Renzi  
Miriam Schwartz  
Monica Slade  
Baldowsa Sofola  
Jennifer Souers  
Fiona Williams  
Rosalee Zuniga

BRANCH E
Ryan Jesien  
Rachel Lakshay  
Charlotte Pierce  
Rena Terry

BRANCH F
Laura Anderson  
Marla Arroyo  
Shanna Bittner-Boreli  
Cynthia Bonner  
Reginald Cobert  
Anna Cook  
William Crow  
Elizabeth Cullar

Welcome New Members: 
Susan Wisniewski  
Gwendolyn Harter  
Ebony Maynard  
Katherine McVicker  
Christina Wolfe

BRANCH A
Ira Bennett  
Robert Berry  
Sarah Ring  
Susan Wisniewski

BRANCH B
Heidi Banielos  
Dana Bauer  
Susan Cruz  
Heather Finch  
Ebony Maynard  
Katherine McVicker  
Christina Wolfe

BRANCH C
Joy Ashcraft  
Michael Barga  
Diane Bertran  
Hilary Bobbinko  
Sierra Brewer  
Sara Cartmill  
Susilla Conchola  
Andrew Darby  
Hannah Davis  
Maria Diaz  
Leah Glass  
Sarah Harris  
Gwendolynn Harter  
Dominic Jarvis  
Stephanie Kukelka  
Emily Leiner  
Leah Lyons

BRANCH D
Marketa Matthews  
Casey McIntosh  
Neha Mistry  
Atibeeba Ogugufure  
Lorraine Pianarc  
Renee Perry  
Meghan Renzi  
Miriam Schwartz  
Monica Slade  
Baldowsa Sofola  
Jennifer Souers  
Fiona Williams  
Rosalee Zuniga

BRANCH E
Ryan Jesien  
Rachel Lakshay  
Charlotte Pierce  
Rena Terry

BRANCH F
Laura Anderson  
Marla Arroyo  
Shanna Bittner-Boreli  
Cynthia Bonner  
Reginald Cobert  
Anna Cook  
William Crow  
Elizabeth Cullar

Welcome New Members: 
Susan Wisniewski  
Gwendolyn Harter  
Ebony Maynard  
Katherine McVicker  
Christina Wolfe

BRANCH A
Ira Bennett  
Robert Berry  
Sarah Ring  
Susan Wisniewski

BRANCH B
Heidi Banielos  
Dana Bauer  
Susan Cruz  
Heather Finch  
Ebony Maynard  
Katherine McVicker  
Christina Wolfe

BRANCH C
Joy Ashcraft  
Michael Barga  
Diane Bertran  
Hilary Bobbinko  
Sierra Brewer  
Sara Cartmill  
Susilla Conchola  
Andrew Darby  
Hannah Davis  
Maria Diaz  
Leah Glass  
Sarah Harris  
Gwendolynn Harter  
Dominic Jarvis  
Stephanie Kukelka  
Emily Leiner  
Leah Lyons