Fall 2024

the Bridge

supporting, promoting, & advocating for professional social work practice & the social work profession

NASW-PACE Endorses Vice President Kamala Harris for President

NASW
National Association of Social Workers - Michigan Chapter

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NASW | MICHIGAN CHAPTER

National Association of Social Workers

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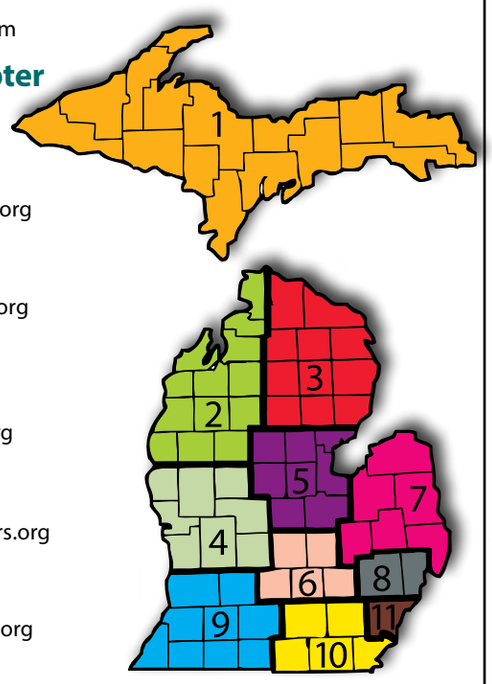

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Regional Programming

Region 1 - Upper Peninsula
Region 1 kicked off September with an in-person and virtual lunch and learn CE event on Tuesday, September 17, 2024 in Marquette and via Zoom. The presentation was on the Multidisciplinary Team Model and child advocacy and was a broader discussion about how this model is used in communities to help keep kids safe and ensure better outcomes for children who have been harmed. Thank you to all who attended! Please reach out to Region 1 Rep., Marie Ross, LMSW-Clinical, at mross@mqtco.org to connect or share an idea for programming in region 1.
Connect with social workers in your area!

Region 2 - Northeast
NASW-Michigan and region 2 social workers joined together to celebrate Up North Pride in Traverse City at the Visibility March & Rally on Saturday, September 28 and at the Big Gay Brunch on Sunday, September 29, 2024. Thank you to all who attended! Please reach out to Region 2 Rep., Lauren Berthelot, LMSW-Clinical, at laurenregion2naswmi@gmail.com to connect or share an idea for programming in region 2.
Connect with social workers in your area!

Region 3 - Northwest Lower Michigan
Happy fall to our social workers in Alcona, Alpena. Cheboygan, Crawford, Iosco, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle, and Roscommon counties! Are you a member of the *region 3 Facebook group*? If not, join today for networking opportunities with other local social workers, NASW events and CE opportunities, job postings, interesting topics for discussion, resources, and so much more. Please also feel free to share relevant social work resources you come across. Reach out to Region 3 Rep., Phyllis Schepke, LMSW-Clinical, C-SWHC, CSW-G, at topazgretchen@gmail.com to introduce yourself and share any ideas for programming in region 3.

Region 4 - Western Michigan
Thank you Region 4 for the meet and greet coffee events over the summer. I had a great time getting to know the social workers doing amazing work in the region and experiencing new coffee shops throughout our region. There are some really great places. I look forward to this fall and offering more events for social workers including events around criminal justice reform, helping social workers who experience suicidal ideation, getting updates on licensing moderization act, and other events for the region. We also have a Facebook group for Region 4 and I would love to have you join. The link to the group is *here*. Finally, if you have ideas, suggestions, topic areas you are an expert at or want to see, please reach out to me through the group or email: laurielee78@gmail.com.

Region 5 - Central Michigan
Join region 5 social workers at an upcoming regional event. *Fall Cider Mill Meet-Up* | Saturday, September 28th from 11am-12:30pm | Merry-Hearted Cidery in Gladwin. *Region 5 Presents: Decolonizing Social Work Book Club Series* (10 Free CEs). *Region 5 Presents: Social Work So White: Settler Colonialism, White Supremacy, and Social Justice in Social Work* (Virtual) | Friday, October 18 from 12-1pm | FREE | 1 Implicit Bias CE. Please reach out to Region 5 Rep., Chris Fike, MS, MSW, LLMSW-Macro, at dcfike@midmichpsych.com to introduce yourself and share any ideas for programming in region 5. *Connect with social workers in your area!*

Region 6 - Ingham, Eaton, Livingston, Clinton, & Shiawassee Counties
We are excited to introduce you to the new Region 6 Representative, Julia McClellan Presgrove, MSW! Julia McClellan Presgrove, MSW, is a graduate from Michigan State University School of Social Work with a macro focus. Julia currently works in a research lab at the University of Michigan School of Social Work towards improving employment opportunities with various populations. She has an interest in researching multiple forms of violence and aspires to pursue a PhD in Social Work.
Join Julia and region 6 social workers for a fall cider mill meet-up on Saturday, October 5th from 11am-12:30pm at Uncle Johns Cider Mill in St Johns. Bring your families and connect with other social workers in your area. Free + delicious donuts and cider will be available to enjoy. RSVP to juliampresgrove@gmail.com. We invite you to reach out to Julia to introduce yourself and share any ideas for programming in region 6.
Connect with social workers in your area!

Region 7 - Genesee, Lapeer, St. Clair, Tuscola, Sanilac & Huron Counties
We are excited to introduce you to the new Region 7 Representative,Teresa Crosby, LLMSW-Macro, CADC! Teresa Crosby is a compassionate and highly skilled social worker with extensive experience in mental health and substance use services. Teresa's professional journey includes contributions to program improvements and facilitation of workshops for community organizations on substance use prevention and intervention strategies. Teresa holds a Master of Social Work from Spring Arbor University. She is a Certified Alcohol & Drug Counselor by the Michigan Certification Board of Addiction Professionals. Her dedication to public health and community service is further demonstrated through her active involvement in professional organizations, including the American Society of Addiction Medicine.

Teresa is committed to advancing mental health and addiction services, with a particular emphasis on program development and community outreach. Her approach focuses on leveraging her knowledge and experience to improve service delivery for individuals and communities. Teresa plans to advocate for policy changes that increase funding and create innovative training programs for new social workers. Teresa's dedication to the social work profession is rooted in her belief that social workers are at the forefront of addressing societal challenges. She strives to create an environment where they can thrive, continuously learn, and feel supported in their mission to help others. We invite you to reach out to Teresa at teresapryor221@gmail.com to introduce yourself and share any ideas for programming in region 6. *Connect with social workers in your area!*

Region 8 - Oakland & Macomb Counties

NASW-Michigan celebrated the LGBTQ+ community at Macomb County Pride last month, and Region 8 promoted a community resource and health expo sponsored by Oakland County Health and Human Services. Region 8 members also recently participated in events through the NASW-Michigan Museum Series at both the Arab American Museum and the Holocaust Memorial Center, gaining expansive knowledge and insights about some of our Semitic communities. Additionally, on September 22, Region 8 hosted a tour of Friendship Circle, who have services and programming for special needs children and their families. Other areas of focus include Region 8 advocating with area nonprofit community supports toward coordinated emergency responses to the housing crisis and maintaining a representative presence on the NASW-Michigan Working Conditions and Workforce Committee.

Region 8 has also been working with the NASW-Michigan office to be more instrumental in amplifying established programs and resources toward accessible and affordable social work licensure opportunities. As an example of the results of these efforts, social workers are now able to earn credit toward licensure at no cost by participating with the live broadcast of the Washtenaw County Health Department's online "Cannabis in Practice" Series. These webinars offer vetted expertise in an area that has been very controversial within our profession, providing context and evidence based data to support responsible decision making, effective interventions and optimal outcomes with impacted populations.

We encourage you to reach out to Region 8 Rep., Miriam Halprin, LMSW-Clinical & Macro, at mshalprin@gmail.com to connect and share any ideas for programming in region 8. *Connect with social workers in your area!*

Region 9 - Southwest Michigan

Thank you to the region 9 members who joined us at the Region 9 hike at Saugatuck Dunes State Park in July! We loved exploring the trails and enjoying Michigan's outdoor wonders with you. You can connect and share region 9 programming ideas with Region 9 Rep., Holly Kymas, LMSW-Clinical, at hkrymis@gmail.com.

Connect with social workers in your area!

Region 10 - Jackson, Washtenaw, Monroe, Lenawee, & Hillsdale Counties

Happy fall to our social workers in Hillsdale, Jackson, Lenawee, Monroe, and Washtenaw counties! Are you a member of the *region 10 Facebook group?* If not, join today for networking opportunities with other local social workers, NASW events and CE opportunities, job postings, interesting topics for discussion, resources, and so much more. Please feel free to share relevant social work resources you come across! Reach out to your region representative, Adam Cecil, to introduce yourself and share any ideas for events you'd be interested in attending! You can reach Adam at acecil3@emich.edu.

Region 11 - Wayne County

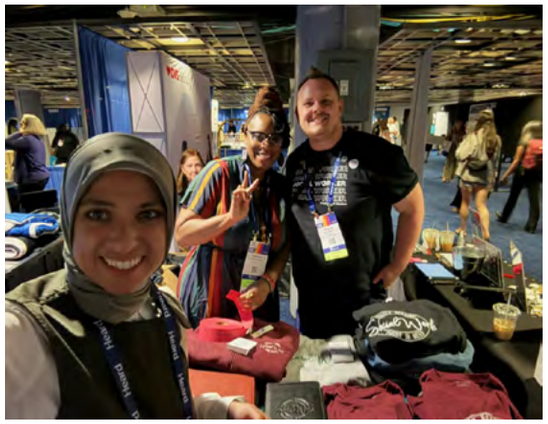
We are excited to introduce you to the new Region 11 Representative, Jessica Campbell, LMSW-Clinical!

Jessica Campbell, LMSW, is a dedicated mental health provider with extensive experience assisting youth who have experienced trauma, as well as students who have encountered foster care and homelessness. She holds a Master's degree in Social Work from Eastern Michigan University, alongside a Bachelor of Arts in Public Administration and Nonprofit Management, and a Certification in Nonprofit Leadership from Grand Valley State University. Prior to her role at the University of Michigan, Jessica developed and implemented Grand Valley State University's foster care support program, Fostering Laker Success. Her work has been recognized in the publication "The Child and Family Welfare: A Casebook" by Jerry L. Johnson and George Grant Jr.

As a committed advocate for the social work profession, Jessica is dedicated to championing policies and programs that promote diversity, address systemic inequalities, and uphold the highest ethical standards within the field. She also provides clinical supervision for aspiring social workers and has completed the MI Certificate in Core Supervision. Additionally, Jessica is deeply interested in the intersection of artificial intelligence (AI) and social work, recognizing the potential of AI-driven tools to revolutionize service delivery and client engagement. She endeavors to foster dialogue within NASW-Michigan about the ethical integration of AI in practice, leveraging these innovations to enhance the impact of social work. Through proactive engagement with experts, stakeholders, and policymakers, Jessica is committed to leveraging AI for social good, ultimately empowering social workers to navigate emerging technologies in their practice.

Thank you to the region 11 members who joined us on International Coastal Cleanup Day on September 21st for the Belle Isle Park and Canal volunteer clean up event in Detroit. We were so happy to be able to participate in a day of action with you! You can connect and share region 11 programming ideas with Jessica at campbelljes04@gmail.com. *Connect with social workers in your area!*

A Message from the President



Warm greetings to NASW-MI members and social workers across the state!

As the new Board Chair, I am eager to begin this journey with NASW-MI and want to take a moment to introduce myself. I earned my BSW from Oakland University and my MSW from Michigan State University. Over the past decade, I have held various roles in our profession, and I currently serve as the practicum coordinator for the OU social work program. I feel fortunate to be part of an organization that advocates for and supports over 30,000 licensed social workers and 6,500 social work students in Michigan. Since joining in 2016 and becoming a delegate in 2022, I have witnessed the profound impact our chapter has made through committees, regional events, advocacy, webinars, conferences, and networking opportunities.

Reflecting on my time as a student member, I want to highlight the numerous ways to engage with our chapter—such as through the Mind-Body in Social Work Interest Group, the Private Practice Workgroup, and committees like the Social Justice and Anti-Racism Committee and the Legislative and Social Policy Committee (LSP). I deeply appreciate the collective efforts that enhance the social work landscape in Michigan.

I also want to express my heartfelt gratitude to former Board Chair Fatima Salman and Executive Director Duane Breijak for their invaluable contributions and guidance. Their support has been instrumental in preparing me for this role. I am continually inspired by the dedication of our Board Members, whose commitment to advancing our profession motivates me to foster collaboration and innovation within our community. A heartfelt thank you to our former and current Board members for their warm welcome and support. I am eager to connect with our regional representatives as we move forward together.

Recently, I attended the NASW Conference in Washington, D.C., where I connected and collaborated with social workers nationwide. Advocating for our profession during Capital Action Day was particularly impactful, as I met with legislative aides to garner bipartisan support for federal legislation aimed at strengthening the social work workforce and supporting our clients and communities.

Looking ahead, we will finalize our chapter's strategic plan in the coming months, drawing on valuable feedback from our members and Board to ensure it aligns with the needs and aspirations of social workers across the state. Building on our previous plan—focused on anti-racism, workforce development, and enhanced membership benefits—we are committed to continuing these important initiatives. Your insights are vital as we strive to create a framework that reflects our collective vision and upholds the ethics and values that guide our profession.

As we enter the 2023-2024 legislative year, I remain dedicated to advocating for social workers and the communities we serve throughout Michigan. Our policy priorities this year include improving telehealth access and parity, advancing K-12 mental health initiatives, and expanding the behavioral health workforce—all of which resonate with our commitment to racial justice, diversity, equity, and inclusion.

For more information on how to get involved, please visit the NASW-MI Get Involved webpage and check out our Community Calendar. Together, we can make a meaningful impact!

Social Workers Descend on Washington DC for 2024 Advocacy Day

On June 18, 2024, hundreds of social workers from across the United States descended upon Washington DC to meet with Senate and House staff to advocate for critical legislation to support the social work profession at the 2024 NASW Advocacy Day.

Thank you to the offices of Representative Bill Huizenga, Representative Elissa Slotkin, Representative Haley Stevens, Representative Hillary Scholten, Representative Shri Thanedar, Senator Debbie Stabenow, and Senator Gary Peters, for taking the time to listen to our amazing social workers. Since our meetings, we have already seen Senator Gary Peters sign on as a cosponsor of the Telemental Health Care Access Act!

A special thank you as well to our Michigan social workers who spent the full day in nearly 100 degree weather advocating on behalf of your colleagues: Rae Johnson, Shannon Riley, Dr. Brittany Turner, Jennifer Klauth, Danielle Haskin, and Duane Breijak.

Our larger social work community can support these efforts as well and take action on the Improving Access to Mental Health Act, the Mental Health Professionals Workforce Shortage Loan Repayment Act, and the Telemental Health Care Access Act at *www.socialworkers.org/Advocacy*.

The Improving Access to Mental Health Act ***(S. 838/H.R. 1638)***

LEAD SPONSORS:

- Sens. Debbie Stabenow (D-MI) and John Barrasso (R-WY) and Reps. Barbara Lee (D-CA-12) and Brian Fitzpatrick (R-PA-01). Other Michigan co-sponsors: Sen. Gary Peters and Rep. Shri Thanedar

PROVISIONS:

- Increase Medicare Reimbursement Rates for clinical social workers (CSWs) from 75% to 85% of the Physician Fee Schedule.
- Increase Access to CSW Services for Skilled Nursing Facility (SNF)
- Residents by allowing CSWs to bill independently at SNFs.
- Provide Access to CSW Services that Help Medicare Beneficiaries Who are Coping with Physical Health Conditions by reimbursing CSWs for providing Health and Behavior Assessment and Intervention (HBAI) services.

Telemental Health Care Access Act ***(S. 3651/H.R. 3432)***

LEAD SPONSORS:

- Sen. Bill Cassidy (R-LA) and Rep. Doris Matsui (D-CA-07). Other Michigan co-sponsors: Sen. Gary Peters, Rep. Shri Thanedar, Rep. Debbie Dingell, and Rep. Rashida Tlaib

PROVISIONS:

- Remove barriers to care for Medicare beneficiaries by permanently removing the six month in-person requirement.
- This bill would align telemental health care with current policy for individuals seeking medical services or substance use disorder services, which have no in-person requirements.

Mental Health Professionals Workforce Shortage Loan Repayment Act ***(S. 462/H.R. 4933)***

LEAD SPONSORS:

- Senators Tina Smith (D-MN), Lisa Murkowski R-AK), and Maggie Hassan (D-NH) and Representatives Grace Napolitano (D-CA-31) and Annie Kuster (D-NH-02). Other Michigan co-sponsors: Rep. Shri Thanedar and Rep. Rashida Tlaib

PROVISIONS:

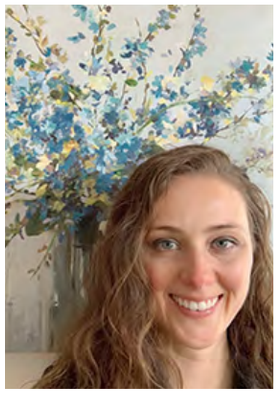
- Helps to expand the mental health care workforce, including social workers, in areas with the greatest need by expanding the Substance Use Disorder Treatment and Recovery Loan Repayment Program to relieve workforce shortages.
- Repay up to $250,000 in eligible student loan repayment for mental health professionals who work in mental health professional shortage areas.
- For each year of service, repay one-sixth of the individual's eligible loans. ☒

NASW ADVOCACY DAY 2024

Thank you to the Michigan social workers who advocated with Michigan Senate and House staffers to support the profession!

Private Practice: The Pros and Cons

the Bridge
supporting, promoting, & advocating for professional social work practice & the social work profession



Ashley Carter Youngblood is the owner of her private practice in Kalamazoo, Inner Peace Counseling, PLC, where she specializes in the connection between nutrition and mental health and counseling worrying women and highly sensitive people. Because of her love of private practice, she also offers consulting services for those who are interested in starting or growing their own private practice.

In my previous article in the Summer 2024 Bridges magazine, ***"Private Practice as a Social Worker: My Story, Getting Started, and What You Should Know"***, I covered considerations for social workers exploring the option of working in private practice. I even reviewed common business models for private practice offices (e.g. employees versus independent contractors). What I have not yet explored, however, are the pros and cons of actually doing social work in a private practice setting.

Private practice can be a difficult foray for any healthcare professional. This is because it is an area of practice where you do not know what you do not know until you know it. Because of this, often those considering private practice do not understand what questions to ask or what are the actual practical pros and cons to this area of practice until they take the formal steps to pursue private practice. With my passion for coaching therapists to create and maintain thriving private practices, I hope the following pros and cons are helpful to consider. I hope they will provide you with an exclusive peek into the realities of private practice so that you can confidently make the decision of if private practice is right for you.

In my previous article, I also openly shared my own bias that I personally believe private practice to be the area of social work where we can be most empowered for our self-care, most intentional about the clients we serve and the atmosphere we create, and most supported via financial stability. Again reflecting this bias, I will start with the cons. That allows us to get them out of the way so that we can get to the life-changing stuff. (I told you I am biased!)

The Cons of Private Practice as a Social Worker

Even despite my bias for private practice as a social worker, there are several challenges that come up even for those enjoying their professional life in private practice.

First, private practice can be isolating. Regardless of the business model of the practice, you work alone. If you are in a group practice, you may pass colleagues in the hall between sessions. You also will likely interact with the person doing your billing. Someone may even be scheduling your appointments.

At its core, though, private practice is really just you doing therapy in a room by yourself. You are rarely collaborating with others. This is in stark contrast with the traditional interdisciplinary setting of an agency where social workers are frequently found. For those laser-focused independent workers out there, this lack of distraction may be ideal. For others who have chosen private practice but who thrive on collaboration, they may need to actively network to connect with other professionals who can offer support for their work in private practice.

This isolation can also lead to safety concerns. What if you are the only person in the building providing therapy to a client with a serious mental illness or who has a history of violence who is becoming escalated? Because of this concern, private practice may not be ideal for the seriously mentally ill or for complex cases. If those clients are your jam, then you would likely need an extensive series of safeguards.

Other cons of private practice are personal ones. Rarely do private practices, even if their business structure has you working as a formal employee, offer health insurance. Paid time off, including holiday pay, is also a rarity. If you take days off and want to make up that income, it means you have to work more to make up the difference.

When considering the impact of insurance in the world of private practice, another consideration is how much private practice therapists depend on the often-unreliable and ever-frustrating world of health insurance. Credentialing (i.e. becoming an "in network" provider) with an insurance company takes time and, with only a few insurance carrier exceptions, can only be offered to those who are fully-licensed (although there is a method of billing where limited-licensed providers can bill under a fully-licensed provider to get paid).

In private practice, not only do you have to wait months to be credentialed so that you can see clients with a certain insurance, but it can take weeks to months to also get paid by insurance companies following submitting insurance claims. Granted, you can still collect copays, coinsurance costs, and deductibles from clients directly. But, weeks can feel like a long time to wait to earn the majority of your income, especially if you are newly transitioning to private practice.

Given that insurance payments are often the central source of income for a private practice social worker, this is an unattractive feature of private practice. It is also noteworthy that it is not uncommon for insurance companies to do things like "clawbacks" or "takebacks," where they suddenly report that they have overpaid you and decide to take money back for past dates of service. A therapist can make an appeal to fight this decision. But, those fights can last for months or years and, in the end, insurance always just does what it wants.

Depending on insurance network selections (some have better reputations than others), therefore, private practice can be overwhelming. Coupling that with the infinite options for business structures and policies, private practice may be too much for some.

As a coach to other therapy professionals, I can offer some practical suggestions here. There are some in private practice who only take self-pay clients. The feasibility of this largely depends on the part of the country in which you are practicing (e.g. How likely are clients to be able to afford your self-pay rate in your area?) and your specific niche. However, a way to address this concern is to be intentional about how you market yourself and what insurances you take. While what insurances you accept can be dictated by one's group practice, Lynn Grodzki's advice from ***Building Your Ideal Private Practice: A Guide for Therapists and Other Healing Professionals*** is good advice: do not make decisions out of fear. Instead, do them out of love.

Now, admittedly, no one loves working with insurance companies. But, one can choose to work with only the companies that pay well, pay promptly, and that have actual humans you can speak within a reasonable amount of time when you call their offices with a problem. For me, if the paperwork side of things begins to interfere with the quality of care I can provide a client, that is not an insurance company with which I will work. (Although I am jumping the gun a bit here, to put this into perspective, one pro of private practice is that the paperwork amount is miniscule compared to a traditional agency setting. Just a couple sentences for a session note is your average expectation.)

Another personal consideration is space. Most private practices will require therapists to share office space so that they can maximize the value they get from their lease. So, unless you are the leading earner therapist at a private practice who is always in session, you will likely not have your own office space and therapeutic tools (e.g. play therapy dolls) that are only used by you.

The key variable here is the growing popularity of telehealth. Since the COVID-19 pandemic, the ability for private practice therapists to be remote is unprecedented. However, it is important to note that interstate legislation still restricts where you and the client have to be physically located when providing therapy. And, every state has different legislation regarding allowances for telehealth therapy (Johnson, 2021). So, even telehealth private practice has many considerations.

Even if someone is amenable with all of the above cons, a common complaint about private practice is that, in a group setting, you do not get 100% of what you make. Whether it is supervision costs (e.g. if you are billing as a limited-licensed provider under a fully-licensed provider), fees from a billing company, or the percentage the practice earns from your work so that they can cover not only their business

VIRTUAL CONFERENCE

Legislative Education and Advocacy Day

Thursday, 17 Oct 2024

Starting At 9:00am

6.5 CE Credits - including Ethics and Implicit Bias

2024 TOPICS

9:30-10:30a	**Transforming Crisis Response: Michigan's Evolving Crisis System and Expanding the Workforce (1 General CE)**
10:40a-12p	*Morning Breakouts - Choose One* • **Navigating Legal and Social Systems: Social Work's Role in Immigrant Advocacy (1.5 Implicit Bias CEs)** • **Trusted Messengers: Social Workers and Voter Registration (1.5 Ethics CEs)** • **The Social Work Advantage: Leading Legislative Efforts with a Micro-Macro Perspective (1.5 General CEs)**
12:30-1:50p	**Criminalizing Homelessness: Legal Battles, Policy Advocacy, and the Path Forward (1.5 Implicit Bias CEs)**
2:00-3:20p	*Afternoon Breakouts - Choose One* • **Bridging the Gap: The Micro-Macro Role of Social Workers in Constituent Services (1.5 Ethics CEs)** • **Advocating for Impact: Social Work Policy Priorities in Michigan** • **Empowering Change: Social Work Advocacy for the Justice-Impacted in MDOC (1.5 Implicit Bias CEs)**
3:30-4:30p	**Beyond Politics: Social Work's Ethical Role in Non-Partisan Voter Outreach (1 Ethics CEs)**
4:30-5:30p	**Career & Resource Fair**

www.nasw-michigan.org/events

You're Invited: Decolonizing Social Work Book Club

(Free - 10 CEs)

The Decolonizing Social Work Book Club will meet virtually on the 3rd Wednesday of each month starting in September 2024 and concluding in June 2025. 1 CE Credit is available for licensed attendees per session. Presented by Chris Fike, Region 5 Representative on the NASW-MI Board of Directors.

Decolonization in social work is the undoing of hegemony, the latter being the process whereby white supremacist values impregnated foundational social work theories, research, and practices. In recognizing that white supremacy is a mechanism of social control, that our current social structure is grounded in liberal-patriarchal capitalism, and that social work confirms to prevailing social norms, we, as social workers, must acknowledge our complicity in perpetuating a white supremacist ideology (Crudup, Fike, & McLoone, 2021; Pewewardy & Almeida, 2014). One strategy for disrupting white supremacy in social work is to develop a counter-narrative (Crudup, et al., 2021; Pewewardy & Almeida, 2014), a history that details the experiences of perspectives of those who have been oppressed, excluded, and silenced.

The voices highlighted in this book club offer counter-narrative perspectives across a range of issues and topics immediately relevant to social work.

Register for individual meetings by clicking below:

- *October 16, 2024: Breaking the Cycle: A Guide to Healing Intergenerational Trauma by Mariel Buqué*
- *November 20, 2024: The Pain We Carry: Healing from Complex PTSD for People of Color by Natalie Y. Gutiérrez*
- *December 18, 2024: Becoming Kin: An Indigenous Call to Unforgetting the Past and Reimagining Our Future by Patty Krawec*
- *January 15, 2025: Confronting the Racist Legacy of the American Child Welfare System: The Case for Abolition by Alan Dettlaff*
- *February 19, 2025: As We Have Always Done: Indigenous Freedom through Radical Resistance by Leanne Betasamosake Simpson*
- *March 19, 2025: Emergent Strategy: Shaping Change, Changing Worlds by Adrienne Maree Brown*
- *April 16, 2025: Abolition and Social Work: Possibilities, Paradoxes, and the Practice of Community Care by Mimi E. Kim, Cameron Rasmussen, & Durrell M. Washington (Part 1)*
- *May 21, 2025: Abolition and Social Work: Possibilities, Paradoxes, and the Practice of Community Care by Mimi E. Kim, Cameron Rasmussen, & Durrell M. Washington (Part 2)*
- *June 18, 2025: Abolition and Social Work: Possibilities, Paradoxes, and the Practice of Community Care by Mimi E. Kim, Cameron Rasmussen, & Durrell M. Washington (Part 3)* ⊠

Get Involved: Check Out These Featured Chapter Workgroups & Committees

NASW-Michigan Aging & Gerontology Workgroup Revamped!

3rd Tuesday of October, January, April & July from 9-10:30am

This collaborative workgroup unites gerontology social workers from various professional backgrounds, such as hospitals, nursing homes, mental health, care management, private practice, government, management, and law offices. Together, they leverage their combined expertise to promote impactful social policies, exchange the latest industry developments, and establish valuable networks spanning different organizations and geographical areas.

Complete the ***Interest Form*** to receive monthly meeting reminders and updates via email.

Upcoming Meeting: *Tuesday, October 15, 2024 | Virtual | 1 Free Ethics CE*

This Ethics in Aging and Gerontology course provides an overview of the importance of ethics in gerontology. Its goal is to help learners understand ethical principles relevant to gerontology, identify common ethical dilemmas in aging services, and apply ethical decision-making frameworks to case studies. The course also addresses issues related to ethical dilemmas in end-of-life care, featuring case studies that highlight ethical issues in geriatric care and providing guidance on navigating ethical challenges. Ultimately, Ethics in Aging and Gerontology equips learners with the knowledge and skills necessary to navigate complex ethical issues in gerontology and aging services, fostering a deeper understanding of the ethical considerations surrounding care for the elderly.

Register for upcoming meetings and ***meet the leadership***!

Updates from the Social Work Workforce and Working Conditions Committee

Join us on the LAST THURSDAY of the month from 12-1pm for the Social Work Workforce and Working Conditions Committee! Meeting information will be emailed to all who complete this ***linked form***.

Are you passionate about the social work profession? Are you interested in helping improve working conditions across the state?

The Social Work Workforce and Working Conditions Committee may be the perfect way for you to get involved in making positive change for social workers in Michigan! The group has been meeting for a little over a year now and some of the goals and projects have really started to take shape. There are three main subcommittees right now all working on separate goals.

The Supervision Subcommittee is strategizing and working on toolkits for different people who find themselves supervising social workers - across the career lifespan of a social worker. As a core component of our profession we all know the importance of ongoing, lifelong supervision but it can be hard to find and hard to give. This group will be looking at social work supervision standards across the country to help develop regulatory recommendations for Michigan. As of 2024, Michigan does not require any specific training or education for those providing supervision across the state.

The Salaries Subcommittee is working on the development of a salary database that would provide the needed information that organizations and individuals could use to advocate for increased wages. We are in the process of identifying university partners who could support the development and ongoing management of this work.

The Working Conditions Subcommittee has been focusing discussions around social work collective bargaining, union organizing and developing tools to help social workers who are interested in advocating for themselves and their colleagues in the workplace. This subcommittee is working on a toolkit that would outline steps social workers may take to form unions in their organizations, provide resources on basic unionizing rights, and outline existing resources to support workers in Michigan. Beyond workplace organizing, the toolkit will provide helpful information on filing NLRB (National Labor Relations Board) complaints, legal resources, and considerations for current social work students navigating labor concerns in their field placements.

This committee recognizes that many social workers look to the NASW for signals about what forms of advocacy are okay to participate in and this committee hopes to show NASW's support for social workers organizing their workplaces. We recognize that managers in social work are some of the most frustrated with the institutional forces suppressing our wages and funding, and therefore seek to partner with managers and workers alike to advocate against these forces and encourage organizing in our field.

Introducing the Brand New NASW-Michigan Mind-Body in Social Work Interest Group!

We are excited to have recently kicked off a brand-new member-led group! This interest group aims to:

- Provide an international forum to network with social workers/clinicians who utilize mind-body approaches and techniques in service delivery
- Promote and support peers by sharing ideas, resources, expertise and encouragement
- Promote regular mind-body self-care routines to cope with occupational stress

NASW-Michigan held two introductory informational meetings for this interest group in September. Thank you to the nearly 100 people who joined us from across the country (and internationally) to learn more! We are so excited for what is to come and appreciate your support. As of now, the meeting schedule for this group will be quarterly (September, December March, and June) with a daytime and evening option each month: 2nd Monday @ noon ET and 2nd Thursday @ 7pm ET (Friday @ 9am AUST).

The next meetings will be Monday, December 9th from 12-1:30pm ET and Thursday, December 12th from 7-8:30pm ET (Friday, December 13th from 9-10:30am AUST), with the topic to be announced. 1 CEU is expected to be available for licensed attendees who attend.

If you are interested in receiving updates and meeting invitations via email, please complete this ***linked form***.

The Social Work Licensure Modernization Act: Where Does It Stand Today?

In June, the House Subcommittee for Behavioral Health Policy heard testimony on the Social Work Licensure Modernization Act (HB 5184 and 5185).

These bills propose crucial changes to modernize social work licensure in Michigan, including:

1. Removing the ASWB exam as a requirement for licensure.
2. Reducing required supervision hours for a clinical license from 4,000 to 3,000.
3. Introducing a more accessible and affordable open-book exam on Michigan specific laws and regulations.

NASW-Michigan's Executive Director, Duane Breijak, emphasized the dire consequences of the current licensure process, with social workers being forced out of their profession due to the exam's challenges. His testimony highlighted how modernization could alleviate workforce shortages while ensuring public safety.

The hearing included strong support from social work educators and advocates across the state, all urging reforms to address the inequities perpetuated by the ASWB exam, particularly for Black and older social workers. There was also opposition from ASWB representatives, although they were unable to provide substantial steps they've taken to address disparities.

Following the testimony in June, the legislature went on summer break and is just now returning in mid-September. With the legislative session back in full swing, now is a crucial time for the social work community to support these bills. We urge social workers to contact their legislators and share why these changes are essential for the profession and the communities they serve.

NASW-Michigan encourages social workers to continue advocating for this much-needed reform by writing to their legislators. If you'd like to share your story on how licensure has impacted your career, contact Jordan Freeman at jfreeman.naswmi@socialworkers.org.

For more details, including the full testimony and ways to get involved, ***visit our website*** or ***YouTube channel***.

Meet Dana Paglia-King, Your New Director of Policy & Advocacy!

Hello, NASW-Michigan community!

I'm excited to introduce myself as the new Director of Policy & Advocacy for NASW-Michigan. My journey in social work has been fueled by a deep commitment to equity and justice, and I'm thrilled to bring that passion to this role, where I'll be advocating for policies that champion fairness and inclusivity for social workers and the communities we serve.

Before joining NASW-Michigan, I spent nearly five years at Community Housing Network, supporting individuals and families in Oakland and Macomb counties who were experiencing or at risk of homelessness, domestic violence, and human trafficking. I also had the privilege of contributing to the Center for Behavioral Health and Justice's statewide naloxone vending machine project, working alongside a diverse range of organizations, including mental health agencies, tribal wellness courts, and libraries, to expand access to this life-saving resource.

My academic background includes a degree from Wayne State University's School of Social Work, where I focused on policy evaluation, policy formation, and public budgeting and finance. During my studies, I interned for two years with State Senator Stephanie Chang, gaining invaluable experience in legislative research, grassroots engagement, and constituent services.

Beyond my professional life, I hold degrees in Culinary Arts and Anthropology, and I'm an enthusiastic cook, baker, and reader. When I'm not advocating for social justice, you can find me playing video games or spending quality time with my partner and our pets.

In this new chapter, I'm dedicated to driving policy and system-level changes that uplift vulnerable communities and empower social workers like you. I'm here to ensure you have the resources and support you need to continue making a meaningful impact.

I'm eager to connect with each of you, so please don't hesitate to reach out to me at dpaglia.naswmi@socialworkers.org or 517-940-4684. Together, we can continue to advocate for a more just and equitable Michigan.

Warm regards,

Dana Paglia-King

A Letter to the Social Work Community Ahead of the 2024 General Election

Dear NASW-Michigan Community,

Throughout my journey from social work student to nonprofit advocate to my current role, I've often encountered reluctance and even apathy when it comes to voting and political engagement. Questions like, “Can I be involved while staying nonpartisan?” “Is it worth voting in such polarizing times?” and “Does my vote even matter?” are common. The answers to these questions are both simple and profound: Yes, absolutely.

Let’s turn to the Social Work Code of Ethics, which states: “Social workers should be aware of the impact of the political arena on practice and should advocate for changes in policy and legislation to improve social conditions to meet basic human needs and promote social justice” (National Association of Social Workers, 2021). Our very profession calls us to care deeply about politics and legislation, as they directly affect the communities we serve. It’s not just an option; it’s our obligation.

In these divisive and polarizing times, our role as social workers is more crucial than ever. We must encourage each other, our families, friends, clients, and communities to be informed and prepared voters. It’s well within our scope—and indeed, our duty—to assist our communities and clients with voter registration and to guide them in understanding what’s on their ballot. This empowerment is key; every vote is a voice.

Every single vote matters. Elections have been decided by the slimmest of margins. The outcomes of our local, state, and federal elections will shape the course of the next few years. Elected officials influence our communities by passing legislation, and each law that is enacted or rejected is a direct result of who we choose to represent us. Here in Michigan, our votes have led to significant progress: protecting reproductive health, expanding the Elliott-Larsen Civil Rights Act to include our LGBTQIA+ community, banning conversion therapy, and strengthening gun safety regulations. These achievements were made possible by each and every one of our votes.

So, whether you choose to vote early, by absentee ballot, or in person on November 5th, I strongly encourage you to cast your vote. Empower your clients, communities, families, and everyone in between to do the same. Every vote counts, and every voice makes a difference.

Dana Paglia-King
Director of Policy & Advocacy, NASW-MI

For more information and resources on voting in Michigan, please check out our NASW-Michigan Resources for Voters & Social Workers guide.

NASW·MI

RESOURCES FOR VOTERS & SOCIAL WORKERS

IMPORTANT DATES

Early Voting: October 26 - November 3
Election Day: November 5

ELECTION PROTECTION

Call or text **866-OUR-VOTE (866-687-8683)** to speak with a trained Election Protection volunteer.

VOTING IS SOCIAL WORK

The National Social Work Voter Mobilization Campaign integrates nonpartisan voter engagement into social work education and practice. Founded in 2016, the campaign aims to raise awareness of the importance of voting, provide voter mobilization skills, and ensure access to voting for all social workers and the communities they serve. By promoting voter registration and turnout, the campaign enhances civic participation, social justice, and individual well-being.

For more details, visit Voting is Social Work.

MICHIGAN VOTER INFORMATION CENTER

Where to register, vote, what’s on the ballot, and more - **Michigan’s one-stop shop for all things voting and election related at mi.gov/vote**

PROMOTE THE VOTE MICHIGAN

Promote the Vote is a coalition of partner organizations dedicated to making Michigan's voting system accessible and fair for everyone. Their partners include:

- ACCESS
- ACLU Michigan
- AFT Michigan
- America Votes
- APIA Vote Michigan
- Detroit Action
- Detroit Disability Power
- Detroit Hispanic Development Corp.
- League of Women Voters Michigan
- Miigwech Inc.
- Michigan League for Public Policy
- NAACP Michigan Conference
- Proactive Project

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The Impact of Fentanyl on the Opioid Crisis and Role of Social Workers

Makeba Royall, *LCSW - NASW Senior Practice Associate, Behavioral Health*

July 1, 2024

Fentanyl has been permeating the illicit drug market causing an increase in dependency and high rates of overdose. The opioid crisis has been compounded with the increased misuse of fentanyl and the mixing of it with other dangerous substances. Heroin and illicit fentanyl have been a common mix; however, it has also been found in supplies of cocaine, methamphetamine, counterfeit prescription pills, laced with oxycodone, morphine, Xanax, stimulants such as cocaine and methamphetamines and consumed while also drinking alcohol. Individuals have unknowingly used fentanyl while consuming other substances resulting in a need for public awareness. This has become of great concern because individuals who *do not use opioids lack tolerance*, placing them at high risk of fatal overdose unknowingly. Fentanyl cannot be seen, taste or smell resulting in unwanted use by those who may be consuming what they thought might have been something else. The potential for overdose is high. This Practice Perspectives shares information on what fentanyl is, its impact on communities, and the role of social workers.

What Is Fentanyl?

Fentanyl is a synthetic opioid, not from the opium poppy plant, made in laboratories. Its origin dates to 1959 when it was developed to be used as an anesthetic and later began to be used for chronic pain for health purposes. Although there seems to be a rise in the use of fentanyl, the drug has been around and has been overused for many years. At that time, the drug itself was overused because of its intense potency and rapid effects for pain management. Around the 1980s synthetic fentanyl became a popular street drug.

According to the *United States Drug Enforcement Administration (DEA)*, fentanyl is approximately 100 times more potent than morphine and 50 times more potent than heroin as an analgesic. Illicitly manufactured synthetic fentanyl can be in the forms of powder, dropped onto blotter paper, eye droppers, nasal sprays, candies, or tablets. Because of its potency, illicitly manufactured fentanyl is being used to replace or adulterate other drugs of abuse. As a result, there has been a rise in mixing the drug with other substances causing an increase in overdose.

With the use of fentanyl, it takes little to produce a "high," which is one of the reasons it has been a popular mix for heroin and cocaine. Additionally, it has been used to create counterfeit prescription pain pills and sedatives. These common yet dangerous mixes have led to faster addiction, an increase in overdoses and has had a major impact on communities.

The Impact of Fentanyl on Communities

With the increased use of fentanyl and the mixing of fentanyl to enhance the potency of substances on the market, the opioid crisis began to take a turn. According to the *Centers for Disease Control and Prevention (CDC)* fentanyl was the cause of approximately 2,600 deaths in both 2011 and 2012, however the rates increased tremendously between 2012 through 2018 resulting in approximately 31,335 overdose fatalities. Accordingly, the increase between 2012 through 2018 was in part due to a rise in trafficking and the use of illicit fentanyl. According to the National Institutes of Health fentanyl was involved in *more deaths* than prescription opioids (40% in 2016) or heroin (36.6% in 2016). Overdose rates increased by 21.5% year-over-year from *June 2018 to June 2019*. While the overdose rates were increasing and *data lagged in overdose surveillance*, fentanyl seemingly impacted some groups more than others.

During 2015-2017 opioid-involved deaths *increased amongst minority populations* including non-Hispanic blacks and Hispanics, groups that have historically had low opioid-involved overdose death rates. Non-Hispanic Black people had the largest annual percentage rate, followed by Hispanics, however; in 2016 the rate was highest for non-Hispanic whites. According to the study from the National Vital Statistics System, the rate of overdoses by fentanyl continued to climb over the course of years and fentanyl was the leading cause of deaths in comparison to other drugs amongst non-Hispanic Black, American, Indian, Alaska Native, non-Hispanic White, and Asian people. *During 2011-2016 drug overdose deaths increased* for both sexes, increasing more rapidly for males than females. Rates increased across all age groups with the greatest increases for those aged 15-24 and 25-34. However, by 2021 according to a study from the National Vital Statistics System, the drug overdose death rates were highest for fentanyl for those aged *25–34 and 35–44*. In *large central metro areas*, persons aged 45-54 years of age where synthetic opioids were involved resulted in 70% of deaths among blacks, 54.2% among whites, and 56% among Hispanics. The *National Forensic Laboratory Information System (NFLIS)*, a voluntary program of the Drug Enforcement Administration (DEA) Diversion Control Division, report in 2019 that four of the five states with the most fentanyl reports are the same states with the most heroin reports including New Jersey, New York, Ohio and Pennsylvania. Most regions saw an increase, however, the areas with the most impact were Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont, New York to include NYC, New Jersey, Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia, Illinois, Indiana, Michigan, Minnesota, Oklahoma, and Wisconsin [The East Coast and Upper Midwest Regions].

Fentanyl has exacerbated the opioid crisis. The influx use of illicitly manufactured synthetic fentanyl, the increase in overdose rates, and the disproportionate impact fentanyl has had on communities requires social work involvement. Social workers can help with and do have a role in the opioid crisis.

Role of Social Workers

Social workers have the skill set and knowledge to help with the opioid crisis. With the use of evidenced based practices, social workers provide assessment, support, and follow-up treatment to individuals in recovery. Cognitive behavioral therapy (CBT) has been utilized by social workers to help individuals manage their substance use behaviors, triggers, and stress. This treatment modality allows social workers to explore both internal and external triggers that evoke cravings for use. Negative feelings, thoughts and behaviors are explored to help develop mechanisms to address issues of concern while also helping to diminish or alleviate the need to use substances. McHugh et al. noted in, Cognitive Behavioral Therapy for Substance Use Disorders, the core elements of CBT aim to mitigate the strongly reinforcing effects of substances of abuse by either increasing the contingency associated with non-use or by building skills to facilitate reduction of use and maintenance of abstinence, and facilitating opportunities for rewarding non-drug activities. CBT combined with other tools such as motivational interviewing, contingency management which provides incentives for targeted goals, and harm reduction efforts can play a vital role in the journey to recovery.

As social workers engage with individuals who are in recovery or seeking treatment, discussing the dangers of mixing fentanyl with other drugs could be lifesaving.

To help with the opioid crisis social workers can also do the following:

- Assess substance use and misuse.
- Have knowledgeable conversations about fentanyl to diminish high risk use and reduce potential overdose.
- Enhance their knowledge and understanding of the health and pharmacological aspects of substance use.
- esearch treatment options available in local communities.
- Be accessible and available to those seeking help.

Social workers are encouraged to stay informed and up to date on current trends, issues and policy efforts related to substance use. This can be done by attending substance use conferences, taking continuing education courses, and reading peer review journals and articles. Social workers are essential and have a crucial role to play in the opioid crisis.

See References

Meet NASW-Michigan's New Student Interns, Board Representatives, & Election Organizers!

Chelsea Campbell - NASW-Michigan Membership & Communications Intern

My name is Chelsea Campbell and my pronouns are she/her. I am 37 years old and from Macomb County. I have one biological daughter and one step-son who are my world. My daughter is starting college this year and is attending college on a volleyball scholarship. My step-son is starting 4th grade this year and is a constant ball of energy! I also identify as a woman in long-term recovery from substances. I am coming up on 7 years of sobriety on September 24.

Last spring, I graduated with my BSW from Oakland University. To say that the social work program at OU completely changed my life would be an understatement, so it was a no-brainer for me that I would continue my education and move into the advanced standing MSW program at Oakland the following summer. My expected graduation date from the MSW program is April 2025. After graduation, my hopes are to find a career advocating for those dealing with substance use disorder or those who have been affected by the criminal justice system.

Janelle DeClerg - NASW-Michigan Membership & Communications Intern

Janelle DeClerg is a MSW student at Michigan State University specializing in macro social work. She was inspired to pursue social work because of her passion for social justice specifically with the LGBTQ+ community. In the future, Janelle hopes to work with organizations in an advocacy role.

Outside of school, Janelle is a high school Algebra 1 and Geometry teacher at Carman-Ainsworth High School. She loves working with her students and helping them grow and develop not just as math students but as human beings.

Susan Depowski - NASW-Michigan Policy & Advocacy Intern

Susan Depowski (she/her) serves as the Policy & Advocacy Intern for NASW-Michigan Chapter. Susan is working on her masters of social work with a macro focus at Grand Valley State University, set to graduate in April 2025. She has a background working in healthcare at Corewell Health West as she pursues her masters. Susan is looking to take the experiences that she has gained and apply them towards advocating for policies that will help improve the overall mental health and healthcare system that we currently have in place.

Outside of work and being an intern at NASW, Susan enjoys spending her free time outdoors, traveling, playing kickball as well as just hanging out at home with her 3 cats. She is excited to see where her time at NASW will lead to.

Roberto Frausto - NASW-Michigan Education Intern

Roberto Frausto is a MSW Candidate at Eastern Michigan University in the concentration of Mental Health and Substance Use Recovery. Professionally Roberto is highly focused on Macro level social work practice, particularly when it comes to policy research and development. As a United States Army veteran, Roberto has served all across the world and seen the commonalities in mental health challenges, where they now leverage their social work understanding to assess and dismantle the challenges preventing those from seeking and receiving the support they need. In their free time Roberto enjoys collaborating with activists across a myriad of social justice topics to try and identify synergistic opportunities that build solidarity and facilitate greater social networking.

Cami Edmonds - NASW-MI BSW Student Representative

Hello! My name is Cami Edmonds (she/her) and I am a senior majoring in Social Work at the University of Michigan-Flint. In addition to serving as your NASW-MI BSW Student Representative, I am also the President of Phi Alpha Honor Society, Zeta Lambda Chapter, a Peer Mentor through the UM-Flint Success Mentorship, and a licensed substitute teacher in Michigan and Ohio. In my free time, I enjoy relaxing with my two rescue dogs, fuzzy blankets, watching football (Go Lions!), a good documentary or binge watching Frasier.

My goal as your representative is to provide effective advocacy and support for you. I invite you to reach out and let me know your concerns, questions or comments. You can email me at camied@umich.edu. Please remember that there are a number of resources available to you as a student with the NASW-MI, *click here* for more information. As a student you can also gain experience and learn more about the social work field by *getting involved* with advocacy efforts.

There are a number of events sponsored by the NASW-MI that students can participate in, *click here* to look over the calendar of events. Each month the *NASW Student Series* is held on the third Thursday of each month from 6-7:30pm.

During this important election season, social work students can help by encouraging others to get out and vote! Check out Prepping for the 2024 Elections: What Social Work Students Can Do | October 17, 2024. 6-7:30pm ET

Social work students are invited to a critical discussion with national social work organizers to explore ways to make an impact this November! *Register here*.

Remember that while it is important to attend classes, study and be involved as an emerging social worker it is equally important to practice self care. Read a good book, listen to some music, take a walk or watch a good movie!

Meet NASW-Michigan's New Student Interns, Board Representatives, & Election Organizers!

Steph Thornton - MSW Student Representative

Love and Light, amazing future change-makers! I hope this message finds you thriving as we journey through the semester together! My name is Steph Thornton, and I'm thrilled to serve as your MSW Student Representative. Currently, I'm navigating through the middle of my degree at Capella University while working full-time as a Community Health Worker in a Maternal-Infant Health Program. My passion lies in empowering others—I'm a doula dedicated to educating our community about the Social Determinants of Health.

Beyond that, I enjoy gardening and love teaching seniors and individuals with disabilities how to cultivate small-space gardens. As your representative, my goal is to elevate the field of social work, shatter stigmas, and inspire everyone to recognize the boundless opportunities within our profession. I know firsthand the hurdles many face when pursuing education and following their dreams, especially as first-time college graduates. In addition to my MSW role, I proudly serve as an MDHHS SDOH Community Influencer, a Birth Detroit Speaker's Bureau member, a CFAF Parent Food Advocate, and an MPHI Parent Leader. I'm eager to engage with MSW and BSW students to create enriching events, activities, and training opportunities that align with our long-term goals and career aspirations. I would love to hear from you on how I can best support you during my term and beyond! Feel free to reach out to me at iamstephthornton@gmail.com. Don't forget to check out the fantastic resources on our website: ***NASW Michigan Student Center***. I encourage you to participate in our advocacy efforts—your voice matters! You can find out more about Advocacy Opportunities ***here***.

As we progress through the year, I'll share updates about what our student ambassadors are working on and exciting events. Speaking of events, don't miss our upcoming Chapter Meetings & Events listed on the ***Chapter Community Calendar*** and be sure to join our ***Monthly Lunch & Learn Series*** (virtual) happening on the second Tuesday of each month from 12-1pm. Let's make this year an impactful one together! ***Increase Vote Participation***.

I look forward to connecting with each of you. Thank you for all you are and do.

Meet our PACE Field Organizer, James Rawson!

James Rawson, MSW, is the Political Action for Candidate Election Field Organizer for NASW-Michigan Chapter. During his time with NASW, James will be working to mobilize voters towards the 2024 November elections. His organizing experience includes the "Macro Social Work Student Association", "Game Night" club, and "Feed CMU". Applying his education and experience, James is establishing the nonprofit Business Charity Directory.

James began his social work path at Lansing Community College when a social worker observed his interest in people rather than numbers. Following his passion, James earned his Bachelor's Degree in Social Work from Central Michigan University. Afterwards he earned his Master's Degree in Social Work from Michigan State University, focusing on organization and community leadership. "It always about the interaction", James says, meaning that he loves multiplayer games and the experience of traveling. Connect with James at jrawson.naswmi@socialworkers.org about the 2024 elections, federal level candidates, and ways social workers can be mobilized in electoral politics.

Timicka Rice

Timicka is a graduate of Michigan State University. She is the mother of two children, one of whom followed in her footsteps to attend Michigan State University. As a lifelong Spartan, Timicka was thrilled to return to MSU in the Spring of last year.

Before her time at MSU, Timicka worked for the Historical Society of Michigan as the Coordinator for Michigan History Day. During her time there she worked to empower young people to engage with history through various mediums. She also worked as a Graduate Program Coordinator at University for Michigan before accepting her current position in the International Studies program at MSU.

Timicka currently works in International Studies Programs at Michigan State University. She was also accepted into the MSW program at MSU for Fall 2024. Outside of work she enjoys spending time with family, traveling and roller skating. She is preparing to travel to Kampala, Uganda this fall.

Taylor Vanderlaan - NASW-Michigan Policy & Advocacy Intern

Taylor VanderLaan (He/Him) serves as the Policy & Advocacy Intern for the NASW-Michigan Chapter. Taylor is working on his masters degree in social work with a macro focus at Michigan State University, set to graduate in April, 2025. He has a background in working harm reduction at Red Project and disability rights with the Disability Advocates of Kent county; both he serves on the board for. Taylor also has experience running for public office as he ran for Kentwood City Clerk in 2021. Taylor is looking to take the experiences that he has gained and apply them towards advocating for policies that will improve the opportunities for success to the most vulnerable communities.

Outside of work and being an intern at NASW, Taylor enjoys traveling, playing sports such as rugby, or spending time in nature. He is excited for what his experience at NASW will lead to. ⊠

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2024 Pride Recap

This summer, thousands of Michiganders from across the state gathered to joyfully celebrate all of the beautiful identities of our LGBTQ+ community. Pride events (from rallies, to parades, to picnics, to festivals) create spaces where LGBTQ+ individuals and their family and friends can bring their whole selves to celebrate, advocate and march in the streets and declare:

We are here. We are visible. We are proud!

This season, NASW-Michigan and dozens of members of our social work community were excited to attend and support 6 Pride events across the state: Ferndale, Lansing, Ann Arbor, Macomb, Bay City and Traverse City. We hope to continue to expand our presence moving forward and we are always looking for volunteers to connect with - please email Kaelyn Lewis at klewis.naswmi@socialworkers.org if you'd like to be contacted about volunteer opportunities next Pride season!

Opinion: I Am Not the Exam

While we were working on this op-ed Michael passed the ASWB exam. Despite passing he still wanted to share his story - to help bring a voice to the growing number of social workers who are struggling with the exam.

My name is Michael Dubose. I graduated from Wayne State University with both my Bachelor's and Master's in Social Work. I have Graduate certifications in Alcohol and Substance Abuse and Gerontology. I completed my MSW in 2016 and have been working in case management and therapy services mostly serving dually diagnosed clients. I have worked in clinics and outpatient services. I also have worked with COPE for suicide prevention. Despite these credentials and years of experience I have had to step away from my practice as a result of continuing to miss a passing score on the ASWB exam by 3-5 points.

I have spent money on tutoring, mentoring, supervisors, study groups, practice exams and prep courses to only continue to fall short by 3 to 5 points. This has hurt my ability to become gainfully employed. I have worked hard and have over 200k in student loans for my social work degree which appears to be useless. I failed the exam 10 times so at a minimum I've spent $2,600 on the exam fee alone! It makes me feel inadequate as a person and professional. I don't believe passing the exam would make me a better social worker.

Before losing my LLMSW I worked with many clients (under supervision) in private and non profit organizations and received feedback saying that I have saved and changed lives. When I lost my LLMSW I had to turn away clients who likely will never receive services again because of the impact of this broken relationship when I had to stop seeing clients. While this is a whole issue in and of itself I mention it to display my effectiveness as a clinician and productive member of our society. I've done this over and over as a social worker, before, during and after the pandemic.

While the loss of income, professional identity and knowing that I have had to terminate services with my clients has been significant enough - I have a family with 4 children and it's a struggle to hide this from my family. While I try to protect them from this I know there is mental anguish as their sense of normalcy has been destroyed as we've had to try to compensate for the financial hardships we've faced since I have had to change course professionally. All of this was taken by this exam not only from myself and my clients, but my family as well.

The exam asks trick questions that are not culturally competent. Often asking what you should do first, next, or for the best answer amongst a list of choices that would all be reasonable given different cultural dynamics or scenarios. I have spoken with other test takers who agree that from their perspective some questions aren't very logical. I support continued education but to stop me from using my degree based upon a bias test is cynical.

Me not passing the exam has caused me anxiety and panic which are documented. It's caused me to go into debt and creditors call me non-stop, sue me and are garnishing my wages - all as consequences of the loss of income I have had since being unable to renew my LLMSW or apply for my LMSW because of the barrier of the ASWB exam.

I would encourage students to take the test as soon as possible. Don't wait! I want readers to know that this test should not define our worth! Knowing this is important but as it stands as a barrier to practicing in our field it kind of does define our worth to the licensing board and employers.

I know that this is NOT an accurate measure of our worth even if our licensing process is using it as such. I know that I genuinely want to help people and provide for myself and my family by working as a social worker - what I am educated and trained to do. We are seeing so many mental health cases on the news. Imagine a world where social workers like myself are able to give a positive word to someone before they are at their edge, or to make a referral so that someone can get the medication they need, or make a report of abuse or assess a threat on the community by a mentally unstable person.

I'm into the thousands paying for testing and exam prep. I'm into the hundreds of thousands with student loans.

I am not the EXAM.

I AM A PROFESSIONAL SOCIAL WORKER WITH EXPERIENCE AND COMPASSION.

I AM A PROFESSIONAL THERAPIST/CLINICIAN, SOCIAL WORKER THAT DESERVES TO ADVANCE IN MY CAREER WITHOUT A EXAM THAT HAS NOTHING TO DO WITH MY GROWTH AS A PROFESSIONAL HOLDING ME BACK!

If you're interested in sharing your story check out the NASW-Michigan's new Op-Ed Toolkit! You can also reach out to the Workforce Program Manager, Jordan Freeman, LMSW-Clinical at jfreeman.naswmi@socialworkers.org for assistance.

Private Practice: Students and New Graduates *(Part Two)*

Malinda Dobyne, *LMSW, ACSW, QCSW*

Welcome back to part two of Private Practice: Students and New Graduates. If you missed part one, click here to read the previous article. I concluded that article with our integrity and competency being a "ART" form that develops over time. This article will explore the influence of these characteristics in the context of social workers' ethical responsibilities to their clients, colleagues, and the practice setting.

Integrity, competence, respect, education, training, supervision, and consultation are interwoven throughout our ethical responsibilities. I view integrity as the foundation and competence as the brick and mortar for the work we do as social workers. The Oxford Learner's Dictionaries defines integrity as "the quality of being honest and having strong and moral principles" (Oxford University Press, n.d.). It further defines competence as " the ability to do something well" (Oxford University Press, n.d.). These definitions align with the NASW Code of Ethics. Our professional integrity and competence development start with academic coursework and continues through internships or field placements. Internships are opportunities to apply academic knowledge in real time under the guidance of an experienced supervisor or field instructor. Professional growth continues through consultation, gainful employment, volunteering, training, and continuing education.

Supervision and consultation are instrumental in strengthening and maintaining our social work ethical responsibilities. According to the NASW Code of Ethics, supervision is "the relationship between supervisor and supervisee in which the responsibility and accountability for the development of competence, demeanor, and ethical practice take place" (2024). In this article, I define consultation as a collaborative interaction between colleagues. Consultation is used for discussing difficult cases, diagnostic clarity, and treatment strategies amongst other topics. At the core of successful supervision and consultation is self-reflection. Self-awareness is the result of self-reflection and cultivates integrity and competence.

My position is that private practice should not be an option as a field placement or employment for a new graduate. Through consultation with other field instructors and supervisors, there is a current trend that supervisees are more focused on fulfilling academic or licensure requirements rather than learning and applying knowledge in real-time. It's difficult to imagine this mindset in the least structured of available placements. The inherent challenges of this setting are supervisors being less accessible for immediate guidance, less opportunity to learn and practice, and high appointment no-show or cancellation rates.

In review of the literature, the no show or cancellation rate at best is 10-20% with 50% being typical. These statistics include both in-person and telehealth. A supervisee is missing valuable hands-on experience with these rates. I find these rates to be significant and warrant further discussions on filling this gap with other experiential options. Lastly, the other observation with supervisees is the lack of respect for supervisors' time and guidance. Supervision is an added responsibility for most and without additional compensation. Supervisees should be mindful that they are learning and practicing under supervisors' license. And it's important to use supervision for its intended purpose.

The no-show rate coupled with the lack of commitment to supervision may explain my growing observation of inadequate client care by limited licensed mental health professionals as a whole. Specifically for social workers, it's incongruent with our ethical responsibilities. During my work as an emergency room social worker, there were countless times outpatient therapists would send their client for a safety assessment. My colleagues and I noticed clients were sent prior to completing the initial intake. The intake was stopped at the point clients were providing current and/or past suicidal thoughts, suicide attempts, and self-harming behaviors information. Many times, our assessment identified low or no evidence of risk. My experiences and consultations with colleagues, the patient would've been spared a five-hour emergency room visit had the intake been completed. Although we appreciated and understood therapists' caution, there are other implications this scenario raises. Therapists' competence to assess risk. The likelihood of therapists caring for clients with no too mild risk levels is a thing of the past. Other implications include impeding therapeutic rapport, clients' fear of disclosing future safety concerns, belief they're too bad to be helped, and reluctance to engage in mental health treatment. Therapists' comfort in assessing risk can mitigate these implications.

Additionally, inadequate assessment skills contribute to the undertreatment of clients. Unfortunately, I'm witnessing this more and more in my current position. Clients are being referred to the partial hospitalization program for concerns of worsening psychiatric symptoms. Skill development/refresher, diagnostic clarification, medication recommendations/ management, structure, and case management assistance are the outcomes therapists are seeking. Cognitive Behavioral Therapy and Dialectal Behavioral Therapy skills are taught in the program which many therapists acknowledge limited proficiency in one or both. Few engage in care coordination with their clients' other providers, re-evaluate interventions in the absence of improvement, or refer out when needed. This information is confirmed by clients and apparent during program treatment. This is disheartening and leaves the following questions; 1) how many clients are undertreated? 2) why aren't basic skills being taught in therapy? and 3) how will therapists foster ongoing skill development with their limitations?

In conclusion, the world of private practice can be a very lonely whether you are practicing solo or within a group. The lack of inherent support makes it important that therapists have the required knowledge, skills, and competence. Students and new social workers should have more time developing these required attributes before engaging in private practice. If private practice remains a viable employment option, consultation should be required for a specified time for new fully licensed social workers. Supervision and consultation with trained and competent social workers are avenues for development and support. Without utilizing these supports, upholding our commitment to promote clients' wellbeing is futile. More importantly, we aren't adhering to our ethical responsibilities as social workers. In the words of Warren Buffett, "risk comes from not knowing what you're doing" BrainyQuote.com, n.d.). Development is an ongoing process. We all need support regardless of competence, experience, and expertise.

Malinda Dobyne, LMSW, ACSW, QCSW, has provided mental health care for over 30 years in home and hospital settings, as well as 20+ years in the private practice setting. Currently, she is employed full-time as a Clinical Director and Social Work Supervisor for a partial hospitalization program in Michigan.

Additionally, Malinda is the founder and owner of Inner Guidance Therapy and Consultation Services, PLLC and provides psychotherapy, clinical supervision, peer consultation, and mental health awareness workshops. She can be contacted at (734) 740-3371.

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Private Practice: The Pros and Cons

expenses but also make a profit, therapists find it very frustrating to see the potential of what they could make if they were simply working for themselves.

This, of course, is where the "pros" of private practice for social workers come in!

The Pros of Private Practice as a Social Worker

Because I was raised by two business people who work for themselves, I have a naturally business-oriented mind. Despite this, I was surprised by the amount of empowerment and pure joy I felt when I finally took the leap to start my own private practice. It took me many months to research and consider the cons but also to recognize that the pros of private practice far outweighed them for my situation.

Unless required by your group practice to fill certain in-demand slots (e.g. evenings and weekends), you work when you want in private practice. Want to have a three day weekend every week so that you can travel more? You can work four 10 hour days. Want to pay off your mortgage quicker? Move from part-time to full time. Burned out? See only a max of four clients a day. Tired? Take a nap during the session you had scheduled for the client who cancelled last minute. Since your income in private practice is based on the amount of billable sessions you provide, it's that simple.

In private practice, you can also be the kind of social worker that you want. Although clients served can be dictated by group practices (e.g. a children only practice), in general, you can specialize in what you want. You can even create a supportive interdisciplinary community around yourself based on your niche, especially if you are feeling a bit isolated.

If you like the power of having your success depend on you but you do not want to be a business owner, join a group practice you trust. After the COVID-19 pandemic, private practices are desperate to expand to meet client demand. In a group practice, someone else takes on the business liability, finds the office space, collects from clients who do not pay, and creates the policies so that you can do the important healing work you are doing with clients. That may be the best of both worlds for some.

Similarly, the marketing aspect of private practice may be intimidating. If you are a part of a group practice or networking community, you should (the key word here is "should"! Check back in for my next article about what questions to ask of a potential private practice for which you would be interested in working so that you are not taken advantage of) have referral support to create a buffer and a consistent client schedule. It does take time to build a steady client schedule. But, especially since the COVID-19 pandemic, when the demand for mental health support has skyrocketed, I do not know of any therapist who has started in private practice who has not been full with a consistent client schedule within a month or two.

It is possible to be successful in private practice! And, the time is ripe for social workers just like you! Unlike other healthcare professionals who need inventory and exam tables, social workers just need two chairs. The overhead, both material and emotional, is very low in private practice. So, consider the pros and the cons. For me, my final decision came when I realized there were just too many costs to not being a social worker in private practice. I hope you will join me!

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- Byline: "Ashley Carter Youngblood is the owner of her private practice in Kalamazoo, Inner Peace Counseling, PLC, where she specializes in the connection between nutrition and mental health and counseling worrying woman and highly sensitive people. Because of her love of private practice, she also offers consulting services for those who are interested in starting or growing their own private practice." ⊠

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An Inside Look: The 49th Annual National Institute on Social Work & Human Services in Rural Areas

Susan Depowski, *NASW-Michigan Policy & Advocacy Intern*

I was given the amazing opportunity to attend The 49th Annual National Institute on Social Work and Human Services in Rural Areas, titled "On the Road to Thriving Rural Communities,. This conference was hosted by the Department of Social Work at Fort Hays State University (FHSU) in Hays, Kansas, from June 27-28, 2024.

Throughout this conference I was met with several prevailing themes, as well as a greater realization of what the everyday American citizen needs in our present time from our elected officials in power through partisanship that occurs in our local, state, and federal governmental bodies. As well as the dangers of mainstream media news sources and their need to invoke fear and panic on the general public for financial gain. The conference gathered social work professionals, educators, and students from across the country via the in person conference as well as the virtual meetings sessions. to discuss and address the unique challenges and opportunities in rural social work.

The session of the conference titled "Increasing Access to Behavioral Health through Student Training in Telehealth & Technology," help by Jason Matejkowski, PhD, MSW, and Michelle Levy, MA, helped underscore the growing importance of integrating telehealth competencies into social work education to address the unique challenges faced by rural populations.The presentation went into detail on a potential training program partnership that is designed to equip social work students with essential telehealth skills. With the growing rise of technology becoming an integral part of our society, it is critical that current as future social workers become well versed in telemed in order to reach out to the population that doesn't have the means to make it to an in person appointment.

The growth of telemed will be revolutional for the rural community of our country. Farmer suicide rates have been rising in recent years as growing crops and making a profit has become a harder thing to do with each year based on the current state of our climate. Most farmer's come from 5 generations of farmers, where the farm is passed down from generation to generation within the family line, this presents as an intergenerationally connected problem the mental health impact from the farm impacts nearly everyone within that farming family.

It is important to take a step back and realize how much the rural community has been the backbone for our country for the majority of its existence. They help provide the food that goes on the table of nearly every American, while helping to keep high prices from even going higher in our stores. If their mental health is not properly addressed soon, if it is not the financial component but it will be the mental component that takes down our countries' farm lands.

The next session that stood out from the conference was titled "Better Together: Brown v. Board of Education & the Future of Inclusion in Rural Areas" .The session began by providing a historical overview of the Brown v. Board of Education case, which declared racial segregation in public schools unconstitutional. Despite the progress made in our country since the Brown decision, rural communities still face significant challenges related to inclusion and equity. The session discussed how issues such as racial segregation, economic disparities, and limited access to resources continue to affect rural schools. These challenges are often exacerbated by geographic isolation and a lack of policy attention.

The speaker also brought up a great point by examining how historical opposition to the Brown decision has shaped present-day realities in rural areas. There has been persistence of segregationist attitudes and policies, as well as the ways in which these historical forces continue to impact rural education and social work. Coming from the perspective of being a Michigan resident my whole life, this perspective and take on this bill's effects on these communities was a bit disheartening. It is easy to believe that a federal bill is beneficial when it provides the area that one resides in with more of an advantage after its passing, unfortunately with the complexity of the various needs throughout the country federal bills often disadvantage an underrepresented population as they tend to support the suburban ideals over the rural ones.

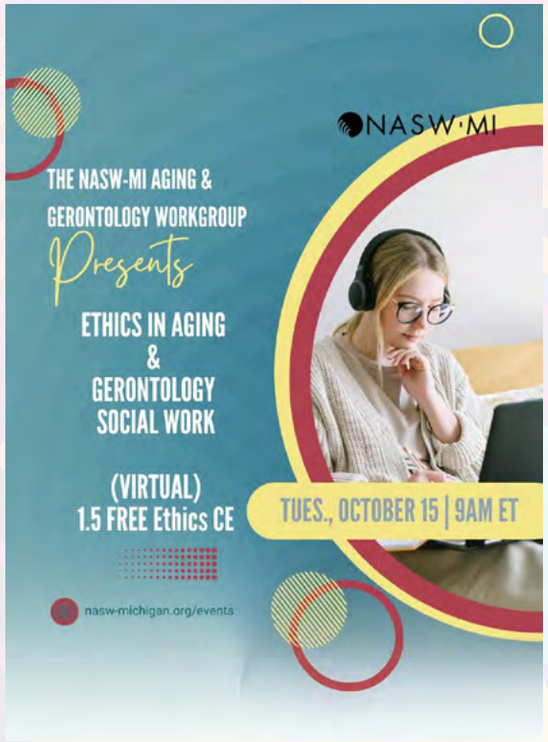
The final session that I attended was called "Using Experiential Learning to Increase Social Empathy of Educators in High Poverty Rural Regions" presented by Rebecca Davison, EdD, MSW. This session highlighted the significance of experiential learning as a powerful tool for enhancing social empathy among educators. Experiential learning involves active participation in real-world scenarios, which helps educators understand the lived experiences of students in high-poverty rural areas. This approach contrasts with traditional classroom-based learning, offering a more immersive and impactful way to grasp the complexities of poverty.

One of the main experiential learning activities discussed was poverty simulations. These simulations place educators in the roles of individuals living in poverty, allowing them to navigate various challenges such as limited resources, financial instability, and bureaucratic hurdles. By experiencing these difficulties firsthand, educators gain a deeper empathy for their students' struggles and a better understanding of the systemic barriers that affect their lives. I have been able to partake in a poverty simulation at my place of employment within the past month where I was able to gain a better understanding and depth of empathy in regards to what keeps people in poverty, the challenges and adversity they face as well as my own implicit biases.

The presentation provided practical guidelines for implementing experiential learning programs in rural schools. This includes collaborating with local community organizations, training facilitators to conduct simulations, and integrating these activities into professional development curricula for educators. The goal is to create a supportive environment where educators can continuously develop their empathy and understanding of poverty-related issues. It has been shown that with enhanced social empathy social workers are able to be more compassionate and have effective teaching practices. I believe that it is critical for not only those working in career fields that are designed to help the betterment of others, but the greater population partake in these social experiments to gain a better understanding of our own implicit biases and how those impact the level of care we give our patients.

Overall it is clear that a lot of the core fundamentals that I hold as a moderate-liberal are similar values to those of the conservative party. In the end we are all humans just trying to get by in this world, and instead of focusing on all of the differences we should come together just as our political leaders do in bipartisanship and identify what will be the best for our country as a whole on an individual level versus favoring major corporations.

Upcoming Events



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Supervision for licensure by NASW certified CORE supervisor/clinical. 35 years experience in private practice. Reasonable. Kathyprevostacsw@aol.com | 989-792-2811

We invite you to visit the Mid-Michigan Business Charity Directory. Researching 24 Michigan counties, the directory lists all known businesses that offer grants, sponsorships, or donations. Also, the site includes philanthropy tools for your nonprofit that can enhance your organization. Developed by an MSU MSW alumni, it evolved into an expansive resource for the Mid-Michigan area. Visit the Mid-Michigan Business Charity Directory to sign up for free and explore!

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