

# OHIOUPDATE

NASW is the Largest Organization of Professional Social Workers with Over 150,000 Members.



## NASW Ohio Chapter Newsletter

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## NASW ENDORSES AN IMPROVED PROFESSIONAL LIABILITY INSURANCE FOR MEMBERS

NASW Assurance Services (NASW ASI) recently announced an enhanced NASW member professional liability insurance program. The program, which began enrolling members in September, offers significant discounts, new and additional coverages, expert customer service, and expanded online capabilities with immediate proof of coverage. Many of the new improvements are the result of the NASW Risk Retention Group (RRG) – a liability insurance company owned by NASW member insureds.

Just one month into the program, NASW ASI has already helped thousands of members enroll in the NASW-endorsed policy. For members interested in obtaining coverage, the NASW ASI website has developed detailed information and application forms. Visit them online at <http://www.naswassurance.org/pli/professionals.php>. Or, for questions about changes to your policy, contact NASW ASI at 855-385-2160.

Members who recently renewed their policy with APA still have valid coverage; however, with NASW ASI no longer managing the program, the association is

unable to advocate for members in instances of unfair coverage denial or renewal.

According to NASW ASI, the RRG was first explored years ago at the instruction of the NASW and NASW ASI board of directors. During that time, the nation was suffering an economic downturn and NASW ASI's then insurance provider was part of a company that experienced extreme financial difficulties and a near collapse which required federal bailout. To protect member policyholders and identify other, more stable options, NASW ASI researched different carriers and insurance models.

"We determined that RRGs offered a number of advantages for NASW members, chapters and the association," said Elizabeth J. Clark, chief executive officer of NASW. "Because of the RRG's structure, NASW and NASW Assurance Services are able to retain more program control and ensure greater financial transparency. For our members, this means more flexibility to offer new program benefits."

For several years, NASW ASI worked with insurance program administrator American Professional Agency, Inc. (APA) to develop the NASW RRG. The

program, which included APA continuing in its administrative role, was planned to launch in 2013.

This year APA requested a significant increase in its commission. Later, in June, APA advised NASW ASI that it would no longer represent NASW in this professional liability insurance program. According to NASW ASI, these events left the association without a program administrator at a very critical time – just one week from the licensure and incorporation of the NASW RRG.

"APA's actions put us in a very difficult position," said Tony Benedetto, executive vice president of NASW Assurance Services. "But because of NASW's reputation and experience, several companies jumped at the opportunity to work with us. After careful consideration, we selected CPH and Associates to administer the new program and they have been a valuable addition in helping us customize a program just for NASW members."

NASW ASI selected new partners and experts to help design and customize an enhanced professional liability insurance product for members. The program

**SAVE THE DATE!**  
**2013 Advocacy Day**  
**March 14, 2013**  
**at the Ohio Statehouse**

Spots fill up fast.  
Register online  
[www.naswoh.org](http://www.naswoh.org)

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## Victoria Marion

MSSA LISW, LCDCIII

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## Self-care

My two areas of interest this year are self-care and mentoring. I began my online research by simply typing “self-care for social workers” in the browser, and several interesting articles appeared. The self-care policy statement by NASW states: “NASW recognizes and acknowledges the unique and valuable contributions of the professional social worker. NASW supports the practice of professional self-care for social workers as a means of maintaining their competence, strengthening the profession, and preserving the integrity of their work with clients. Education, self-awareness, and commitment are considered key to promoting the practice of professional self-care. In recognition of social workers as valued professional resources across diverse practice settings, NASW supports the establishment and implementation of social workers and self-care.”

Because NASW supports social workers practicing self-care and in an effort to better understand what was happening, they initiated a study to review the issue more closely. The NASW Center for Workforce Studies conducted an anonymous online survey in 2007 to which 3,653 NASW members responded. The “Stress at Work: How Do Social Workers Cope?” report revealed some important insights.

“We learned that it was not the clients themselves who were causing the major portion of the stress, but the work environment itself,” said Tracy Whitaker, director of the Center. “The primary stress social workers face is that they don’t have enough time to do their jobs, and related to that, have too heavy a workload. This was true across practice areas.”

Thirty-one percent of respondents said they did not have enough time to do their jobs; 25 percent acknowledged that a heavy workload was a primary contributor to their stress; comparatively, just 16 percent cited their clients as a significant source of their stress. Although the report indicated that many have found effective ways to help manage stress, especially through exercise, 70 percent of survey respondents indicated they were fatigued on the job. Another 38 percent said they experience psychological problems in relation to their work; and 25 percent of those working in child welfare settings suffer from sleep disorders. This information was copied from the November 2008 NASW News. For more information, visit [www.socialworkers.org](http://www.socialworkers.org).

For seasoned professionals, it is hard to break a habit that has been embedded in our work pattern for so many years. We read about self-care, but unfortunately continued education hours in self-care are not mandated along with continued education hours with supervision and ethics.

In my search, I came across a website from the University of Buffalo School of Social Work that provided self-care exercises and activities for students. The exercises begin with a self-care assessment. Then there are a list of topics that provide materials to review and use, including healthy eating, physical fitness and immunity, reducing stress, time management, relaxation, mindfulness, avoiding compassion fatigue, assertiveness and being good to you.

Please take a little time and visit [www.socialwork.buffalo.edu/students/self-care/exercises.asp](http://www.socialwork.buffalo.edu/students/self-care/exercises.asp). You may not find new information, but you may finally find some time to care for yourself.

## Danielle Smith

MSW, MA, LSW, Ohio Chapter Executive Director



## Join in our Advocacy Work to Benefit the Profession and the Clients We Serve

In July, the NASW Ohio Chapter created a new advocacy group to better plan and execute advocacy at the local, state and national levels related to social work professional issues and issues that affect clients. This new group, the Social Work Advocacy Group (SWAG) combined the efforts of the Emerging Leaders for Social Work Advocacy Group and the Chapter's Legislative Committee. The new group is open to all who wish to participate. The group now meets quarterly via conference call and an in-person meeting at the Ohio Chapter offices in Columbus (33 N. Third St., Suite 530). We repeat the same meeting twice—once during the evening on a weekday and once during the afternoon on a Sunday to allow as many people to participate as possible. The meeting schedule is:

**Special Meeting: November 30** (at the NASW conference)

This meeting will occur on the second day of the conference at 8:30am. We will provide breakfast.

**Tuesday, December 4** from 6:00-8:00pm OR **Sunday, December 9** from 3:00-5:00pm

**Wednesday, February 6** from 6:00-8:00pm OR **Sunday, February 10** from 3:00-5:00pm

**Wednesday, April 10** from 6:00-8:00pm OR **Sunday, April 14** from 3:00-5:00pm

If you would like to participate just show up or call in by using 1-800-689-4374, passcode: 323046.

At the last meeting of SWAG in September we discussed two issues: Medicaid expansion and issues affecting the state's Ohio Works First (OWF) program, Ohio's cash assistance program. Both require social workers and our allies to come forward and advocate for services to benefit our clients. For more information about Medicaid expansion read the front cover article from the last newsletter. In this newsletter I will focus on what you need to know about issues impacting OWF.

In Ohio, TANF (Temporary Assistance to Needy Families) or "welfare" is called the Ohio Works First program (OWF). The program has been under attack recently as legislators and other decision-makers want to drastically reduce the number of people who receive cash assistance. Since January 2011, the number of people receiving cash-assistance welfare in Ohio has been reduced by more than 75,000. This has occurred through families being diverted from enrolling in the program or being removed, primarily for not meeting the program's work requirements. Diversion is occurring at some county Job and Family Services offices that are mandating full-time work training programs prior to enrollment in the program or slowing down the processing of paperwork.

Families have been removed from the program for not meeting the work requirements as a method to meet the state's obligation to the Federal government for a 50 percent work rate among total adult welfare recipients. Ohio has been threatened with \$130 million in sanctions by the Obama administration for failing to meet work-participation-rate targets. Ohio is among 11 states that failed to meet work requirements for 2007, and one of three currently at risk of the multimillion-dollar penalty if they do not meet the goals. But none has slashed their rolls to the extent Ohio has. Since Ohio did not meet the work requirements by the end of the fiscal year (September 30, 2012) Ohio will lose the \$130 million unless the Federal Government allows the state another arrangement.

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**Correction:** In the last newsletter I incorrectly stated that school board member, Richard Birt, had directly contacted me asking to testify at the meeting regarding the school social worker. The contact was made by Mr. Birt contacting the Ohio School Social Work Association (OSSWA) who then contacted me. I apologize for the oversight. For more information on OSSWA visit [www.osswa.org](http://www.osswa.org).

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#### NLIC

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#### PROGRAM PLANNING & BUDGET COMMITTEE

Chair, Peggy Anderson  
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#### HEALTHCARE INTEREST GROUP

#### SOCIAL WORK ADVOCACY GROUP

#### PUBLIC RELATIONS GROUP

Visit [www.naswoh.org](http://www.naswoh.org) for descriptions and details to get involved.

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Thank you to Idelle Datlof (Region 6) for serving as a proofreader for the newsletter.



## NASW Mission

Founded in 1955, the National Association of Social Workers (NASW) is the largest membership organization of professional social workers in the world, with more than 150,000 members. NASW works to enhance the professional growth and development of its members, to create and maintain standards for the profession, and to advance sound social policies. NASW also contributes to the well-being of individuals, families, and communities through its work and advocacy.

# 2012 NASW OHIO CHAPTER ANNUAL CONFERENCE

## EMPOWERING OTHERS, EMPOWERING OURSELVES: MOVING SOCIAL WORK FORWARD

**NOVEMBER 29-30, 2012** Quest Conference Center, Columbus, OH | 8405 Pulsar Place, Columbus

**REGISTER NOW!** visit [www.naswoh.org](http://www.naswoh.org) or complete the form on page 27 of this newsletter.

The annual NASW Ohio Chapter annual conferences provide you with a great opportunity to learn about a myriad of subjects, network with social work professionals from across the state and connect to organizations and agencies that can provide you with places to make referrals or even work! Here are a few highlights of the upcoming conference on November 29 and 30.

### 2012 NASW OHIO CHAPTER CONFERENCE HIGHLIGHTS:

Earn 12 social work CEUs in two days! CEUs are also available for counselors (12), and chemical dependency licensees (9). Earn 3 hours of Supervision and 3 hours of Ethics CEUs over the two days. One of the three hour workshops on Ethics is provided by NASW Assurance Services, which will qualify you for 10 percent off your professional liability insurance premium.

### HEAR INSPIRING KEYNOTE SPEAKERS:



**NOVEMBER 29  
Keynote Speaker:  
Dyann McDowell**  
is an insightful and compassionate training and development consultant who engages her audience with thought-provoking insight and humor that helps others

contemplate the changes necessary to achieve success. She will be speaking on the conference theme of Empowering Others, Empowering Ourselves: Moving Social Work Forward. She is passionate

about success and is frequently recognized as the catalyst for change. Dyann has been the program administrator for the Drug-Free Workplace program for fourteen years. She is a training developer, assessment provider and has twenty years of frontline supervisory/management experience. Dyann also has been involved in the healthcare industry for fifteen years, and has spent ten years doing business and human resource consulting. Dyann's straight from the heart approach is high-energy, filled with passion, motivational and engages others to step into their full-potential, providing them with a greater vision for their lives.



**NOVEMBER 30  
Keynote Speaker:  
Stephani Victor**, an Olympic Gold medalist, will talk about perseverance and empowerment. While loading her car in 1995, she was pinned against her vehicle when an out-of-control car veered into

her driveway. In order to save her life both of her legs were amputated. Stephani's will to live was astonishing, and she was determined to overcome this unthinkable, catastrophic experience. Three years and 12 reconstructive surgeries later, she took her first adaptive skiing lesson. Since then she has won five Paralympic medals, four World Champion titles and five Overall World Cup titles. She now travels the world speaking to audiences about her experiences.

### CELEBRATE THE SOCIAL WORK PROFESSION:

#### Attend the 2012 Awards Banquet

The awards banquet is a time to honor those within and near the social work profession who

go above and beyond the required job duties to serve others. At the 2012 awards banquet we will also be honoring one agency that embodies the values of social work. The 2012 honorees are:

**Social Worker of the Year—Cindy Webb**  
**Lifetime Achievement Award—Gregory Keck**  
**Outstanding Service Award—John Hostetler**  
**Emerging Leader Award—Brad Smith**  
**Public Elected Official of the Year—**  
**Representative Denise Driehaus**  
**Public Citizens of the Year—Harriet and**  
**Harloe Cutler**  
**MSW Student of the Year—Emily Panzeri**  
**BSW Student of the Year—Samantha Kauf**

### PROFESSIONAL DEVELOPMENT SERIES

NASW Ohio Chapter is offering a professional development series during this year's annual conference. To coincide with the theme of empowering others, empowering ourselves, we move social work forward by providing social workers an opportunity to grow not just in their clinical skills, but also in their professional careers. These workshops are for both professionals and students. If you are wondering how to get into a MSW program or whether to do an online program, there is a workshop for you. If you wish you had negotiated your salary when you started your current job or during your last performance review, we have a workshop for you. One thing we teach our clients is self-reliance and empowerment. As YOUR professional association, NASW Ohio Chapter hopes to empower and help you reach your professional goals. Unfortunately no CEUs can be offered for these workshops.

#### Getting into a MSW Program

This workshop is geared toward students and professionals who want to pursue their MSW. This is a panel discussion focused on ways to increase your chances of acceptance, preparing you for



## EARN 12 CEUS:

SOCIAL WORK AND COUNSELOR  
CEUS AVAILABLE (CHEMICAL  
DEPENDENCY CEUS PENDING)

a MSW program and ways to succeed/get the most out of your MSW program.

### Getting into a PhD Program

This workshop is for those wanting to pursue their PhD in Social Work. This panel discussion will focus on the benefits and potential drawbacks of getting your PhD, ways to increase your chances of acceptance, what to expect in the program and ways to succeed/career paths available after you receive your PhD.

### Is an online MSW program right for me?

"Can I get licensed if I participate in an online MSW program?" "Which programs are approved by Council of Social Work Education?" "What are the benefits of an online program vs. going in-person to classes?" "Will I still get field placement experience through an online program?" Answers to these questions and more will be the focus of this workshop.

### Tools for success: Finding and getting a social work job

A panel of experts will provide the dos and don'ts in the interview process, how to best market yourself coming out of school and or switching professional areas and creative ways to job search and get the job you want.

### Tools for success: Self-advocacy during the hiring process & selling the social work brand

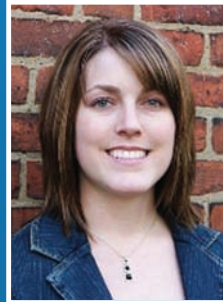
We hope to provide you the courage and motivation to advocate for yourself during the hiring process and how to sell the social work brand. Come to learn best tips and tools to market your social work degree and how to negotiate for salary and other benefits during the hiring process.

### Tools for success: Self-advocacy throughout your career

We will provide you with the needed information and tools to advocate for yourself and your clients throughout your career. Negotiation does not just end at the hiring process. Cuts are often made to programs in which we work and agency demands sometimes interfere with our client-level work. This workshop will help you identify steps to take to ensure that you are advocating for yourself in every step of your career.

# YOU'RE A WHAT? SOCIAL WORKER?

By: Adrienne Gavula, MSW, LSW, Relationship Manager,  
NASW Ohio Chapter



We all know that once you tell someone you are a social worker the responses vary greatly – anything from "Ahhh, that's nice" to "You take kids out of homes" to "So you help people?" The holiday season has arrived and with it comes questions from family about life, careers, children... I urge everyone to use this holiday season to educate those closest to you about what we do as social workers.

One of the great reasons people choose social work is because of the diversity in jobs. We can work in schools, mental health clinics, hospitals, military, corporations, advocacy organizations, prisons and more. Because of the diversity in jobs available to us, often our titles may not say social worker.

I have held the titles field organizer, case manager and now relationship manager. None of these jobs have social work in the title, but that is exactly what I did (and do!). It is imperative for our clients and people we work with to know we are a social worker; that they've come into contact with and their lives have been touched by a social worker. Start introducing yourself as a social worker, in addition to your job title!

It is important for people, especially decision makers, to understand the value of social work. Because when the value of social work is fully realized then it's likely that programs will be funded; that our jobs will be valued at the salary level of other helping professions like nursing and teaching; and that educational debt relief, workplace safety, salary and caseload sizes will become important because securing a workforce of social workers is important.

When someone asks what I do, I proudly say I am a social worker. No matter the reaction, I take this opportunity to educate the person I'm talking to about the profession for which I care so deeply. If someone asks you this holiday season, what is a social worker, here are some facts you can use.

Social workers are the largest group of mental health providers in the U.S., and according to the U.S. Bureau of Labor Statistics, social worker is one of the fastest growing careers in the U.S. More than 40 percent of all disaster mental health volunteers trained by the American Red Cross are professional social workers.

Only those who have earned social work degrees at the bachelor's, master's or doctoral levels and completed a minimum number of hours in supervised fieldwork are professional social workers. We are a profession that is highly education, licensed and adheres to a strict Code of Ethics.

Many of the programs we take for granted today—minimum wage, child labor laws, Social Security, Medicare, Medicaid, unemployment insurance, humane treatment for persons with mental illness, child abuse reporting—came about because social workers saw a need and fought to fix it. Social workers help people navigate life's challenges and address gaps in social systems that prevent people from reaching their full potential.

We work with clients in every stage of life to overcome poverty, stress, discrimination, addiction, abuse, depression, physical illness, unemployment, divorce, disability, death, mental illness and more. There are more than 640,000 social workers in this country. Chances are you've been helped by one!



# PASSING THE BATON: What Supervision is, Where it Comes From, and How it Continues

By: Douglas Warne, MSW, LISW-S & Andy Miller, Social Work Licensure Coordinators at the Counselor, Social Worker, and Marriage & Family Therapist Board



If you are a LISW today or a LISW-S, you had some help getting there. In times past, LSW licensees needed to be supervised by a LISW before they could become independently licensed. Then in 2008, the CSMFT Board created the LISW-Supervisory designation for the sole purpose of providing that training supervision for the LSW to upgrade their license.

Right now there are more than 23,000 licensed social workers in the state of Ohio. Included in this number are more than 5,000 LISW-S licensees, an incredible amount that really speaks to the helping spirit of the profession. There are also approximately 2,600 LISW licensees who do not have the supervisory designation, and we suspect some of that number may simply be due to licensees not knowing how quickly they can become a LISW-S.

To qualify for a LISW-S you must have at least one year of experience as a LISW, must complete a 14-question online application and have completed nine CEUs in supervision OR a master's-level supervision course taken within the last three years. This is the only paperwork requirement needed to become a LISW-S and to begin providing training supervision and contributing to the professional development of the more than 3,800 LSW/MSW-MSSA licensees across Ohio.

Taking the nine CEUs is a major part of the application process, so you want to ensure you are taking the right courses. When deciding which supervision CEUs to take, it is important to understand that the training supervision provided by a LISW-S does not include administrative or personnel supervision. A LISW-S might be the boss of the agency, but when it comes to training supervision the role of the LISW-S is not employee management. Training supervision is all about the professional development of a social worker, aided by another more experienced social worker. Courses that have "clinical supervision" or "field instructor training" in the title are always a safe bet, as are courses focusing on the supervisor-supervisee-client relationship. Specific rules about supervision CEU content can be found in the OAC (Ohio Administrative Code) 4757-23-01 (E)(3)(b).

We have addressed the requirements for becoming a supervisor, we have talked about the CEUs needed to provide supervision, but there's still a big question left to be answered: What is supervision?

Social work clinical supervision and training supervision are defined in the OAC 4757-23-01

(A)(1)(2). As stated above, these are different from the other type of supervision, which we will call "management." Management is being a boss, making sure your employees sign their time cards, educating them about what to do when the fire alarm goes off, maintaining the harmony and culture of the agency, making sure their footwear is appropriate for the workplace, etc... Workers in these positions are generally called "supervisors," and we want to be clear about the distinction between this type of workplace supervision, and clinical or training supervision as defined and required by the Board.

Clinical supervision is defined in the OAC as follows: "Clinical supervision" of social workers performing social psychotherapy and social workers employed in a private practice, partnership, or group practice means the quantitative and qualitative evaluation of the supervisee's performance; professional guidance to the supervisee; approval of the supervisee's intervention plans and their implementation; the assumption of responsibility for the welfare of the supervisee's clients; and assurance that the supervisee functions within the limits of their license. The assessment, diagnosis, treatment plan, revisions to the treatment plan and transfer or termination shall be cosigned by the supervisor and shall be available to the board upon request."

For a LSW, it is not necessary that the clinical supervisor be a LISW-S. Clinical supervision can be provided by a LISW or LISW-S, a professional clinical counselor, a psychiatrist, psychologist or a registered nurse with a master's degree and specialty in psychiatric nursing. Many LSW licensees are fortunate enough to have a LISW-S working at their agency, and can have clinical supervision and training supervision provided by the same person. However, not every agency has the same resources, and a LISW-S may not always be available. A LSW can receive clinical supervision from one of the above mental health professionals, and go outside the agency to receive training supervision from a LISW-S if necessary. Here the clinical supervisor and the training supervisor are different people, and a separate definition for training supervision is needed.

According to the OAC, "Training supervision" means supervision for the purposes of obtaining a license and/or development of new areas of proficiency while providing services to clients. Training supervision may be individual supervision (face-to-face contact between a supervisor and an

individual supervisee in a private session wherein the supervisor and supervisee deal with problems unique to the practice of that supervisee) or group supervision (face-to-face contact between a supervisor and a small group, not to exceed six supervisees, in a private session wherein practice problems are dealt with that are similar in nature and complexity to all supervisees in the group). This is the specific type of supervision that must always be provided by a LISW-S. Social workers, for their unique professional growth, ultimately need to be supervised by other social workers and not by members of other professional disciplines. That's why a LISW-S can provide clinical supervision and/or training supervision, but a LISW, PCC, psychiatrist, psychologist, or registered nurse with mental health master's degree can provide clinical supervision but not training supervision.

The role of training supervision should not be taken lightly. The training supervisor is responsible for recommending the supervisee for independent practice and must be confident that the supervisee has proficiency in providing master's-level interventions. In addition, the training supervisor must have demonstrated competence in the area in which they are supervising, and must have training in supervision theory and practice, as well as the legal and ethical issues relevant to counseling, psychosocial interventions and social psychotherapy.

Supervision can be a complex issue, but its complexity shows its absolute importance. Social workers strive to maintain the highest standards of professional ethics, and supervision is an essential part of continuing that standard. We hope this has provided some clarity for those who may be supervising in the future (and a little refresher for our present supervisors), and as always feel free to contact the Board with any questions you may have as you help to guide the next generation of social workers.



# THE LEGAL CORNER

By: Glenn Karr, Attorney at Law

## DEALING WITH CHILDREN

Frequent questions arise about how to deal ethically and legally where children are involved. Questions in this area particularly arise when there is a divorce or separation of the parents. Basically under Ohio law, in terms of access to records, Section 3109.051 of the Ohio Revised Code applies:

(H) (1) Subject to section 3125.16 and division (F) of section 3319.321 [3319.32.1] of the Revised Code, a parent of a child who is not the residential parent of the child is entitled to access, under the same terms and conditions under which access is provided to the residential parent, to any record that is related to the child and to which the residential parent of the child legally is provided to access, unless the court determines that it would not be in the best interest of the child for the parent who is not the residential parent to have access to the records under those same terms and conditions. If the court determines that the parent of a child who is not the residential parent should not have access to records related to the child under the same terms and conditions as provided for the residential parent, the court shall specify the terms and conditions under which the parent who is not the residential parent is to have access to those records, shall enter its written findings of facts and opinion in the journal, and shall issue an order containing the terms and conditions to both the residential parent and the parent of the child who is not the residential parent. The court shall include in every order issued pursuant to this division notice that any keeper of a record who knowingly fails to comply with the order or division (H) of this section is in contempt of court.

For purposes of this article I will use the singular version "child" to stand for either a single child or more than one child. Knowing that both parents have access to all of the child's records, unless blocked by a court order, mental health therapists who take a child after talking to and seeing only one of the parents does so at some risk. The first thing you should review with divorced or separated parents is the legal document that grants to one or both parents the right to determine the child's medical/mental health care. In the divorced situation that is generally found in the shared parenting plan, which is part of the divorce decree, although I have seen some court documents that grant exclusive authority to only one parent. If you do not review the decree and the other parent is actually in charge of the care for the child or in selecting the therapist, then you could be looking at a Board complaint. At the very least, when the parent having the power to make that decision learns about the therapy they will feel blindsided. Often parents in a divorce situation, particularly when they are high-conflict situations, will feel paranoid to begin with, so by inviting the

other parent in at the beginning of the therapy, you will go a long way toward engaging that parent in the child's therapy or at least calming their fears that you may not have their best interests at heart.

As previously stated, if a child is a client, then both parents have access to the child's records, unless there is a court order blocking one or both of the parents' access to those records. With the child as the only client, you should carefully explain to both parents that they each control the child's privilege and anything either of them says in the sessions will be available to the other parent. An exception to this would be where you are involved in family therapy, in which case you should have one or both parents sign on as patients in addition to having paperwork filled out on the child. That would include making sure the parent(s) sign separate informed consent documents as well as Notice of Privacy Practices forms on behalf of themselves and their child. Then bill insurance companies according to the way you have the clients set up or you could be risking a fraud charge, e.g. if you are billing for the child only but are actually doing family therapy that could present a problem.

There is a statute found at § 5122.04 of the Ohio Revised Code, Confidential Outpatient Services for Minors, which states that a minor 14 years of age or older may seek therapy on their own behalf without their parents' knowledge. The therapy allowed, however, must last no longer than either 30 days or six sessions, whichever is less, and if there appears to be a substantial probability of harm to the child or others, the therapist must talk to the child and then report the information to his or her parents. If you do engage in this type of therapy, only the child is liable for paying the bill, so you might want to collect money up front and hope the child has a bank account or job.

When I first became involved in teaching ethics to mental health therapists I learned that many therapists like to have an agreement that the parents sign that states when dealing with teens that the parents agree not to request the child's records. This is fine as long as you understand that the parents might later change their mind, revoke their consent and then they will be able to legally obtain the records, and you will be required to disclose them. So you cannot guarantee that the parent(s) will honor their agreement, and the child should be made aware of this at the beginning. You could also provide the child, if they are 14 or older, with the option listed in the statute above. One way to avoid problems in this area is to carefully take notes ensuring that anything extremely sensitive is handled in a way to protect confidentiality as much as possible. I once had to defend a therapist who refused to provide a father with his child's records. In the records the

therapist had written how the daughter had called the father a liar. The record contained a lot of other very derogatory comments that the daughter made about her father. Ultimately the records had to be turned over to the father, and the psychologist had to respond to a board complaint on this issue for not turning over records in a timely manner. If the therapist had worded the record more carefully, stating only that they worked on issues between the child and her father, all of this could have been avoided. Your duty as a social worker is to include sufficient information to allow for another therapist to continue therapy based on your notes, while protecting confidentiality as much as possible. I have a rule that a therapist should always assume that his or her records will become available to their clients as well as third parties and to take notes keeping that in mind. That will also help you avoid a lot of problems regardless of who requests the records.

There is a statute and a court decision that may allow a social worker to withhold records to parents on their minor child. The court case only definitely applies in the Cleveland area, and I do not recommend that you attempt to use that argument by denying a parent a child's records. However, in the exceptional situation it does provide an opportunity for you to deny one or both parents the child's records (in addition to the statute allowing sessions within 30 days or six sessions, whichever is less), but necessarily one that will probably also involve some legal costs and a court battle that might take years to resolve.  
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Glenn Karr's practice areas include: CSWMFT Board complaint defense; Types of entities - corporation, LLC, or sole proprietorship; Independent Contractor vs. Employee Issues; Leases and Contractual Documents; Practice Forms Review, including HIPAA issues and audits; Advice on Duty to Protect, Abuse Reporting Situations; Other laws and rules affecting your practice; Employment issues, ADA, Age Discrimination, Unemployment Compensation; Non-competition issues; Responding to Subpoenas and Court Testimony; How to Leave a Practice and Set Up Your Own; Multi-disciplinary Practice Issues; Medicare and Medicaid issues; and Dealing with Managed Care Plans and Insurance Companies.

GLENN KARR is presenting his 3-hour ethics approved workshop: 9 MAJOR PRACTICE PROBLEM AREAS FACING MENTAL HEALTH THERAPISTS/ CHEMICAL DEPENDENCY PROFESSIONALS at various locations throughout Ohio. Check the NASW Ohio Chapter website for details and registration. Typically the workshop is coupled with another 3-hour workshop on supervision. My workshop qualifies as 3-hours ethics credit for Social Workers, as well as Counselors, M&FTs and Chemical Dependency Professionals. The next presentation is at the NASW Fall Conference in November 2012.



# From the NASW Legal Defense Fund

## SOCIAL WORK ETHICS AND NON-COMPETE CLAUSES IN EMPLOYMENT CONTRACTS AND INDEPENDENT CONTRACTOR AGREEMENTS

By: Sherri Morgan, JD, MSW, Associate Counsel, LDF and Office of Ethics & Professional Review and Carolyn Polowy, JD, NASW General Counsel

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### INTRODUCTION

Social workers who are leaving employment for a new work setting or private practice are sometimes surprised and dismayed to discover that they may face legal limitations on their ability to transfer clients to the new work setting due to an existing non-compete clause contained in an employment contract or agreement signed months or years earlier. The legal status of non-compete provisions varies considerably based on a number of factors including state law, the profession or business at issue, the nature of the non-compete's limitations, and the specific facts of the case. Concerns about continuation of treatment for clients who are receiving mental health services are frequently raised by the clinical social worker who is planning a career transition. This article will address the legal status of non-compete provisions applied to mental health professionals within health care and the applicable ethics considerations for social work practice.

### BACKGROUND

Many social workers are required to sign a written contract as a condition of employment or to participate as an independent contractor provider in a private group practice. In some respects the employment contract may be considered to be a "contract of adhesion," that is, "a standardized contract drafted by the party of superior bargaining strength that relegates to the weaker party only the opportunity to adhere to the contract or reject it" (Sanford v. Castleton Health Care Ctr., L.L.C., 2004). One legal commentator has noted, "Most contract terms are offered by employers on a take-it-or-leave-it basis, and are set under the shadow of employment at will - the employer's presumptive power to fire employees for any reason at all, including refusal to accept the employer's proffered or modified terms of employment" (Estlund, C.L., 2006). In the case of the unemployed social worker seeking work, she is not likely to have bargaining strength sufficient to negotiate contract modifications without jeopardizing the employment offer. It is the imposition of certain terms, such as non-compete provisions that may cause ethical conflicts for social workers in practice and are of concern here.

"Non-compete" clauses prohibit social workers

from seeing agency clients in the social worker's private practice or other professional office setting both during the period of the contract or employment relationship and afterwards. Non-compete covenants for professional services such as medical care, legal representation and mental health treatment raise distinct issues that are not present in other businesses such as the sale of goods or non-personal services and a thorough knowledge of applicable state law may be required to clarify the legally permissible options available to a social worker who is relocating to a new employer or private practice.

### ETHICS CONSIDERATIONS

While non-compete clauses are becoming a more common business practice, such provisions may create ethical and legal dilemmas for the professional social worker. In some situations the ethical standard of care would support the social worker continuing to provide treatment to a particular client when a social worker leaves an employment setting. In such a situation a non-compete clause may pose a conflict between the ethical principle to maintain the commitment to the client's interests as primary (NASW, Standard 1.01, 2008) and the requirement that social workers honor their employment commitments.

The NASW Code of Ethics, Standard 3.09(a) states, "Social workers generally should adhere to commitments made to employers and employing organizations" (NASW, 2008). This ethical principal may raise a dilemma for the social worker who seeks to continue treating a client upon leaving one practice for another, but who is bound by the terms of a contractual non-compete clause. The NASW Code of Ethics, Standard 1.16(f) states, "Social workers who are leaving an employment setting should inform clients of appropriate options for the continuation of services and of the benefits and risks of the options" (2008). A noted social work ethics expert, Frederic Reamer, provides the following guidance:

Social workers who inform clients that they may choose to continue working with them in the new employment setting must be exceedingly careful to ensure that the clients are fully aware that this is merely an option; social workers should not pressure or coerce clients to follow them to their new employment setting. A social worker could stand to benefit if clients choose to leave their current agency and continue working with the social worker in a new private practice. Practitioners must avoid the appearance of impropriety and actual conflicts of interest that may harm clients (Standards 1.06[a] and [b]). A

social worker's primary goal should be to meet clients' needs (Standard 1.01) and respect clients' right to self-determination (Standard 1.02). They should carefully discuss with the client all available and reasonable options and assess their benefits and risks. Clients who choose to follow their social worker to a new employment setting should do so because continuing to work with that social worker is the best way to meet their needs (Reamer, 2006).

Of course, it is also necessary to review the specific language of the non-compete agreement to determine if there are legal issues that need to be addressed if the client transfers with the practitioner to the new practice. It may be necessary to factor into the equation the possibility of litigation that could involve the client as a witness if a decision is made to enforce the non-compete agreement against the social worker. Consideration should also be given to whether the client's insurance or third party payment would follow the client if he/she transfers. The client's best interests are multi-pronged and all aspects should be considered in reviewing the application of ethical and legal principles.

### LEGAL STATUS OF NON-COMPETE CLAUSES

State laws vary as to the level of acceptance for non-compete clauses and in their interpretation and application. Non-compete clauses are disfavored for law firm practices due to clear ethical prohibitions in the legal profession; however, they have wider acceptance in the medical field (see Karlin v. Weinberg, 1978). In *Intermountain Eye & Laser Ctrs., P.L.L.C. v. Miller* (2005), an Idaho case, the court explained, "Generally speaking, non-compete provisions are permissible means to protect employers from their former employees who would use proprietary or other confidential business information to compete against them.... And medical services firms, particularly those providing specialized care, generally have protectable interests in referral sources.... An employer also has "a protectable interest in the customer relationships its former employee established and/or nurtured while employed by the employer and is entitled to protect itself from the risk that a former employee might appropriate customers by taking unfair advantage of the contacts developed while working for the employer."

It may be difficult to determine the status of non-compete provisions in a particular state without consultation with an attorney. Even states that have a per se rule banning non-compete clauses in physician contracts (Chase, 2011, citing Alabama, California, Florida, Louisiana, Montana, and





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North Dakota) may have exceptions. As a result, depending on the particular state, non-compete clauses may be permitted for:

- Partial restraints of trade such as noncompetition in a limited geographic range or specific time frame (e.g., Alabama)
- Noncompetition linked with the sale of a business or dissolution of a partnership (e.g., California)

In addition, even where non-compete clauses are void, some valid restrictions or contractual monetary penalties may still have a negative impact on the ability to practice unimpeded in a new setting, such as:

- Monetary agreements to pay a sum to the former employer in exchange for engaging in a competing business within a specified period after termination of employment (e.g. Colorado, Delaware)
- Restrictions on solicitation of clients of the former employer or restrictions on the use of client lists (e.g., Florida).

#### ENFORCEMENT OF NON-COMPETE CLAUSES

Massachusetts legislated a ban on non-compete provisions that specifically applies to the practice of social work:

§ 135C. Non-Compete Clauses Unenforceable. A contract or agreement creating or establishing the terms of a partnership, employment, or any other form of professional relationship with a social worker licensed under this chapter that includes a restriction of the right of the social worker to practice in any geographic area for any period of time after termination of the partnership, employment or professional relationship shall be void and unenforceable with respect to that restriction. This section shall not render void or unenforceable the remainder of the contract or agreement" (Ann. Laws Mass., 2008).

In most states, the status of non-compete clauses is determined by court decisions. "Although restrictive covenants are a type of restraint of trade, the common law rule is that a post-employment restrictive covenant is enforceable if it is ancillary to an employment agreement, and is reasonably limited to such territory and time as may be reasonably necessary for the protection of the employer, without imposing undue hardship on the employee" (Schwab, 1987). Courts rely heavily on the facts surrounding each contract to decide cases involving the enforcement of restrictive covenants such as a non-compete clause, resulting in judicial decisions with a variety of outcomes and legal theories. Many of the reported cases have permitted restrictive clauses to be enforced

by aggrieved former business partners or former employers.

In states that permit non-compete covenants in physician employment contracts, a number of factors have been identified for judicial consideration as to the enforceability of a particular contract:

- whether the covenant goes beyond preventing a doctor from practicing the specialty performed by the employer;
- whether the duration of the restriction is longer than the typical treatment interval of patients in the specialty;
- whether the restriction unduly interferes with patients' right to continue seeing the doctor of their choice by requiring patients to travel an unreasonable distance to see the doctor;
- whether enforcement of the covenant would result in a shortage of doctors practicing the particular specialty in the area;
- whether enforcement of the covenant would grant a monopoly over a specialty in an area to the employer for the duration of the restriction; and
- whether enforcement of the covenant would bar doctors from engaging in activities not in competition with their former employers (Sanchez, J., 2010).

There has been much reported litigation regarding physicians and non-compete clauses, but little directly involving social workers. In an analogous New Jersey case, *Comprehensive Psychology System, P.C. v. Brett Prince, Ph.D.* (2005), the application of a regulation issued by the State Board of Psychological Examiners was reviewed and upheld. The regulation prohibited psychologists from entering into restrictive covenants. The Court based its holding on the "critical patient-psychological relationship" and concluded that enforcing the restrictive covenant would interfere with the right of continued treatment from the psychologist. Another reported cases addressing the application of non-compete clauses in a mental health professional setting is *Lowe v. Reynolds* (1980). There, a speech pathologist who concentrated her practice on special education cases worked for a mental health center under a contract whereby the clients were considered to be the patients of the center. The speech pathologist received the clients' fees and then paid the center a monthly fee for use of the facility and support services. After giving appropriate notice, the speech pathologist sought to open a private practice. The center sued to restrain her from violating the terms of the restrictive covenant that

forbade her from operating a private practice "within a radius of forty (40) miles from the Center for a period of three (3) years after termination."

In upholding the speech pathologist's right to treat patients who chose to continue with her in a private practice, the court stated:

Defendant makes a strong argument that enforcement of the restrictive covenant would lead to public harm. She states that the patients in this type of counseling are not readily transferable to another therapist and that doing so would probably cause confusion and damage to the patients. They need the personal relationship of counseling to continue, especially in view of the fact that many of them are young. . . . Thus, a substantial question of potential harm to the public exists" (Id. at 259).

The rationale relied on by the court in *Lowe v. Reynolds* to hold that the non-compete agreement violated public policy could be appropriately applied to many ongoing clinical treatment cases involving social workers' clients with mental illness or other disabilities. Admittedly, *Lowe* is an unusual case, in that the court addressed the needs of specific patients in a "public interest" analysis, rather than focusing on the need for economic protection for the physician's practice and whether the non-compete language was too restrictive in its application. Most courts analyze the public interest argument in broad or general terms, evaluating the number of practitioners in a geographic region and the impact which enforcement of the clause would have on the availability of practitioners in that area (See *Calhoun v. WHA Med. Clinic, PLLC*, 2006; *Medical Specialists v. Sleweon*, 1995; *Iredell Digestive Disease Clinic, P.A. v. Petrozza*, 1988; *Odess v. Taylor*, 1968; and *Tarr v. Stearman*, 1914). *Lowe* has since been followed by New York courts in holding that a pediatrician's non-compete clause was invalid (*Oak Orchard Community Health Ctr. v. Blasco*, 2005). Time and place limitations in non-compete clauses must also be reasonable for a court to uphold an agreement.

The enforceability of a non-compete provision as against a social worker who has already established a therapeutic alliance with a client may be considered analogous to the physician or attorney scenario in which courts have found such covenants to violate public policy by limiting the client's choice (see, NASW Code of Ethics, Standard 1.02, Self-Determination, 2008). For example, in *Dwyer v. Jung* (1975), a law partnership sought enforcement of a non-compete clause that was part of a partnership agreement and which prohibited the partners "from doing business with a client designated as that of another partner for a period of 5 (five) years." Especially pertinent for NASW members is the fact that

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# NASW PRACTICE PERSPECTIVES

## Social Work Services with Parents: How Attitudes and Approaches Shape the Relationship

By: Sharon Issurdatt, LCSW Senior Practice Associate, Sissurdatt@naswdc.org



### INTRODUCTION

Many adults struggle in their parental roles and with the tremendous responsibility that raising children encompasses. Their outlook as caretakers can perpetually shift. Feeling competent and well-suited in the role of being a parent can vacillate to feeling overwhelmed and defeated by children's responses and behaviors. This fluctuation is often a normal transference in parenthood. Because parents are frequently exhausted by the commitments of upholding a household and maintaining employment among other crucial obligations, they may not seek the emotional or educational guidance they need to support their relationship with their children. Many parents who come into contact with social workers are compromised in their ability to parent due to drug use, trauma or emotional issues. Social workers, in their many roles, can provide parents with support and guidance to assist them in their parental roles.

Typically, when working with parents, social workers' primary concerns reside with the best interest of the children involved. Historically, much of social work's focus has been on the potentially detrimental effects on children of inadequate parenting stemming from parental behavioral health issues (Ackerson, 2003; Forrester, McCambridge, Waissbein, & Rollnick, 2008). The need to support parents as a means of supporting their children has also been documented (Alameda-Lawson, Lawson & Lawson, 2010; Bloomfield, L., Kendall, S., Applin, L., Attarzadeh, V., Dearnley, K., Edwards, L., 2005). A social worker's approach and attitude towards parents can greatly influence their participation in services, as well as, their success.

### PROFESSIONAL ATTITUDES & APPROACH

Parents receive social work services through many different ways, including voluntary and involuntary means. The mode in which a parent is introduced to social work services can be a key factor in how the parent views the social worker's guidance. For example, parents may be more open to

revealing feelings when they initiate services through a private practice and may be less open when mandated to receive social work services through the child welfare system. Research has also shown that the mode in which the parent is introduced to social work services

influences the social workers' attitudes. Attitudes towards and interactions with parents have been the subject of attention in the literature (Case, 2010; Forrester, D., McCambridge, J., Waissbein, C., & Rollnick, S., 2008). However, in child welfare settings, social workers have been found to rely on confrontational and aggressive communication styles (Forrester, D., McCambridge, J., Waissbein, C., & Rollnick, S., 2008); despite research that demonstrates higher levels of parental participation in decisions concerning their children when social workers and foster parents display more positive attitudes toward parental participation and toward the parents (Poirier & Simard, 2006). In working with parents of children with disabilities, Case (2010) found that professionals tended to control the parent-professional relationship, rather than consulting parents in the decision-making process. Social workers' roles with parents can be complex and at times, unclear, when providing services to both parents and children. Many times, children have been removed from parental custody as a result of parental behaviors that are detrimental to the child's well-being. In these situations, parents not only experience the loss of their child from the home, but also are left with ambiguity regarding their parental role. Parents involved in the child welfare system have described feeling as though they were being punished and that their feelings of loss were not acknowledged by social workers (Hojer, 2011). Social workers have recognized the complexities associated with supporting emotionally close parent-child interactions while monitoring parental behaviors during visitation (Haight, W.L., Black, J.E., Mangelsdorf, S., Giorgio, G., Tata, L., Schoppe, S., & Szewczyk, M., 2002). In addition to addressing factors that shape how parents interact with their children, clinical social workers can also help parents understand the implications of children crossing adult/child boundaries and redress the role reversal of parentification (Byng-Hall, 2008). There

are many theories and practice models to increase the effectiveness of parent education and training interventions (Scott & Dadds, 2009). Parents, however, have expressed their need to be treated with respect and empathy by social workers (Forrester, Kershaw, Moss, & Hughes, 2007; Schofield, G., Moldestad, B., Hojer, I., Ward, E., Skilbred, D., Young, J., & Havik, T., 2011).

### WHAT SOCIAL WORKERS CAN DO

**ADOPT A NON-JUDGMENTAL ATTITUDE:** Social workers are professionally obligated to maintain a high standard of professional conduct as prescribed in the NASW Code of Ethics. Assuming parents are doing their best while reminding oneself to remain non-judgmental and supportive of change can be beneficial to the professional relationship and healing process.

### CONSULT WITH SUPERVISORS OR SOCIAL WORK COLLEAGUES:

Social workers often benefit from receiving clinical guidance and supervision from someone who is not directly involved with a client. This kind of support can help social workers process feelings of judgment, counter-transference, and other issues.

### KEEP UP TO DATE ON RESOURCES AND RESEARCH:

New information and research are consistently available to social workers to enhance their practice. Acquiring additional knowledge and techniques throughout practice can benefit a social worker's influence and process. Research is constantly evolving and updating evidence informed practices which are often required for funding. Social workers can gain this information from online resources, professional affiliations, and professional journals.

### CONCLUSION

Social workers are often viewed as agents of change and through the many roles social workers play there are countless opportunities to help parents feel confident in their roles. Research has shown that social workers have both positive and negative influences through their work with parents. Regardless of the reason a parent is involved with services, it is a core value of the social work profession to value and respect that person and their role as a parent. Therefore, it can be beneficial to approach any parent in a supportive manner. A positive approach can also be advantageous to the emotional welfare of the children involved, in that, children will see the adults working together in a constructive way.

### RESOURCES

The NASW Code of Ethics is a guide to the professional conduct of social workers and summarizes the social work profession's mission

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# USING AN ELECTRONIC MEDICAL RECORD (EMR) IN THE PATIENT-CENTERED MEDICAL HOME (PCMH): PART 1 OF 2

By: John Davis, RN, NASW Ohio Chapter Intern & MSW Student

In addition to working as an intern at NASW Ohio Chapter while I complete my Master of Social Work, I am also a registered nurse working at one of Ohio State University Wexner Medical Center's outpatient primary care clinics where I work to develop their Patient Centered Medical Home (PCMH) project.

According to the National Committee for Quality Assurance (NCQA):

"A patient-centered medical home is a model of care that strengthens the clinician-patient relationship by replacing episodic care with coordinated care and a long-term healing relationship. Each patient has a relationship with a primary care clinician who leads a team that takes collective responsibility for patient care, providing for the patient's health care needs and arranging for appropriate care with other qualified clinicians. The medical home is intended to result in more personalized, coordinated, effective and efficient care. A medical home achieves these goals through a high level of accessibility, providing excellent communication among patients, clinicians and staff and taking full advantage of the latest information technology to prescribe, communicate, track test results, obtain clinical support information and monitor performance."

The idea of caring for patients holistically, instead of just the typical "treat and street" approach, is very exciting. It is a chance to help redesign primary care, make contact with them in between visits and pay special attention to the needs and barriers of patients so that they have a better opportunity to stay healthy and improve their lives.

One of the critical pieces of this advanced level of patient care is the Electronic Medical Record (EMR), which replaces the old paper charts that the healthcare world has used for years. The Ohio State University Wexner Medical Center (OSUWMC) uses an EMR called IHIS, more widely known as Epic. While Epic is a popular EMR, there are other electronic medical record systems in use throughout Ohio.

According to Vishwanath, Singh and Winkelstein (2010), "The electronic medical record (EMR) is considered one of the key strategies for improving the quality of U.S. health care. At the core of the EMR's promise

is its ability to integrate and streamline the healthcare delivery process, thereby increasing efficiency and reduce the overall costs associated with the practice of medicine." With the EMR, you can access one patient or your entire caseload at the tip of your fingers. Not to mention that reading old doctor's "hieroglyphics" is a thing of the past! Other than being able to understand doctor's orders (which are often needed for social work interventions), the EMR makes it much easier to retrieve patient test results, gather demographic information and benefits coverage and view previously placed community referrals or placements.

The ability of the electronic medical record to allow multiple team members to access and analyze important patient information is a major benefit when it comes to delivering advanced primary care methods such as PCMH.

At the OSUWMC General Internal Medicine Clinic where I work, there are many different professionals focused on providing patient care. Each one of these professionals, whether they are social workers, doctors, nurses, medical assistants or pharmacists, all play an important role in that patient's care. In fact, when our doctors talk about patients they often use the term "lives." This helps us all to focus on the fact that today, in this city and this very clinic, people are putting their lives into our hands, trusting that we will see them as people and care for them with dignity and respect.

This patient-centered and relationship-based focus, along with the use of EMR technology, enables everyone on the patient care team to work together as a multidisciplinary group, using the electronic medical record in creative ways to improve the care of our patients. Seen in this light, the team approach in PCMH supports the NASW social work core values of dignity and worth of the person, the importance of human relationships and competence.

There is, however, one caveat related to such a system. Depending on how the EMR is used to perform assessments and other functions, the Electronic Medical Record has potential to become a barrier to patient care if not used properly. Some social workers may be tempted

to complete sections of the medical record, such as Social Work Assessment, at the same time they are "speaking" to a patient. While this practice may seem efficient, patients are much less likely to be honest if they do not feel listened to since the social worker is looking at a screen more than he/she is looking at them. Because EMR is relatively new it may be a good idea to provide training for social workers, counselors, psychologists and other healthcare professionals about how to best integrate EMR into everyday practice with clients. Practitioners may also want to invite clients to participate in evaluating their care with EMR.

This is more than just an anecdotal observation. According to Luchins (2009), "Standardized features (such as routine screening devices, templates, or formatted treatment plans) ... are now being incorporated into the electronic medical record to facilitate computerized quality improvement activities. While these measures maximize the computer's capabilities they are insensitive to human capabilities. This can impede the clinical process at three points: (1) when information is elicited from patients, (2) when this information is initially processed by the clinician and (3) when subsequently the clinician uses this information to make decisions."

In my experience nurses and social workers who are most effective with patients practice time-tested listening behaviors, such as open posture, facing and making direct eye contact and reflectively listening to patients' needs and concerns. While this may slow a work day, at least the information gained (and what gets entered in the EMR) has a much better chance of accurately reflecting patient concerns and truly improving patient outcomes. Finding ways of using available technology and care teams to bring about major improvements in patient care is a truly innovative step toward integrated healthcare.

Part two of this article will be in the next Ohio Update and will focus on using EMR for care planning with self-management goals, improved assessment with linkages to community agencies and between visit care coordination efforts.





## Veteran-Wise Treatment

By: J. Richard Romaniuk, Ph.D., LISW-S, Comprehensive Homeless Center, Cleveland Department of VA Medical Center

The typical veteran at the VA Comprehensive Homeless Center is 50 to 60-years-old and addicted to alcohol and drugs. With each year, I ask less about vocational skills and more about disability. Some of these veterans I have known since my first year of working at the VA Recovery Center. We are old friends, for better or worse. Social workers and chemical dependency counselors call these veterans "treatment-wise." They know what to say to get the response they want, and we know what they want and what we are able to offer. We work together well.

After coming to the VA from the non-profit world, I learned that veterans differ from my previous patients in that they like structure, rely on their own strengths, help each other, have a sense of pride in their accomplishments and later in life they suffer from various misfortunes. While helping homeless veterans I learned that I need to have crystal clear boundaries, not only because my patients are vulnerable and as social workers we have an obligation to maintain boundaries, but because they need to trust our rules of conduct. Some of these rules include not "helping" veterans by offering jobs in a friend's agency and not housing them in apartments owned by coworkers. We are continually learning more and more about newly returning soldiers from the young veterans coming to VA facilities from the conflicts in Iraq and Afghanistan. We call them OEF/OIF/ONG veterans. I am prepared to ask veterans about problems at home and at work because I have attended several trainings, read many articles about the mental health needs of returning soldiers and taught students about post-traumatic stress disorder and traumatic brain injury.

My coworker, a social worker, leads a group of OEF/OIF/ONG veterans in the Domiciliary

of the Comprehensive Homeless Center (CHC). After receiving permission to attend some of his groups, I met with two veterans, informally, and asked a few typical assessment questions: "Why are you homeless?" "What happened?" What I heard were two different stories and something no amount of training could prepare me for; I started to feel their pain, the pain of men who had returned from war and found themselves lost among civilians. The first veteran told me how he spent months and years among other men like him, using drugs, being scared and hopeless and seeing his friends die here, at home, from drugs or by killing themselves. He said that he came to VA because he was afraid that he would die too. The other man had only a car and a dog, and after meeting with a VA social worker who helped him develop a plan of action, he will soon be treated for PTSD, look for a job and receive housing. And the dog found a home among friends of VA staff.

Recently someone from the VA asked him, "Did you eat today?" When he said that he had no money for food, the VA worker bought him a lunch. The veteran's face beamed when he told me, "I found a place where they treated me like a person, not like a number." "Treated like a number" is what veterans are afraid may happen to them at VA facilities. Veterans teach each other about their benefits and how to navigate within the VA system, and they share horror stories about various doctors and VA staff, but also stories about the people who help.

Soon I was feeling what I felt long ago when I decided to be a social worker; I want to help these young veterans. OEF/OIF/ONG veterans are people who often do not know how to talk about their problems, sometimes not understanding their problems. Each event was a first. They talked about their first VA social worker, first assessment, the first positive and first negative experiences, first medication that helped and first doctor who did

not prescribe pain medication. They looked at me as if I was the first person who had asked them how they were feeling in this often cruel world.

I am not the same social worker I was a long time ago, having learned more about treatment regiments, boundaries and structure and who tries to have an answer to all possible questions. The next day after my meeting with the two OIF/OEF veterans I was at Ohio's largest men's shelter with my VA staff. A homeless couple came in with a car, a dog and a cat and no money nor place to go. The VA has separate shelters for men, women and pets. The woman emphatically stated that she would rather stay in the car with her pets than be separated from them saying, "We only have each other." I knew immediately we had to help them, and using all possible resources we found an apartment for the family with a cat and a dog by the end of the day.

What I've learned about working with Iraq & Afghanistan veterans is that they are new to the VA system without a clear understanding of boundaries, why they cannot bring their pets, why the workers cannot buy them food. The system needs to change to accommodate these new veterans. I have to be more empathetic, listen and learn in order to be prepared for a new challenge for all of us.

I am very pleased that the VA is adopting the Recovery Model and a patient-focused treatment approach. In this model, veterans will be able to choose the people they want to treat them. I have taken steps to ensure that we will have ready the names of landlords who can wait for payments and who have an apartment for veterans with pets, and we will have petty cash for contributions toward gas or lunch. I want to be able to tell our veterans that we offer "veteran-wise treatment."

## GOOD NEWS: ATHENS

Mary Kneier is a licensed social worker and the director of **The Gathering Place in Athens, Ohio**. The Gathering Place has served through Athens Mental Health, Inc. for the past 36 years and is a peer-supported drop-in center. The Gathering Place fosters the recovery of persons with mental illness by providing basic needs, direct services and vital support networks. On average The Gathering Place welcomes 25-30 individuals per day, with over 40 members attending regular meals and weekly programs. The Gathering Place and the Athens branch of the National Alliance on Mental Illness (NAMI) hosted the 12th Annual Walk the Walk for Mental Health Awareness on Saturday, October 20.

Contact Mary to get involved and for more information: 740-594-7337; Also do not forget to send your Good News Social Work story to: [goodnewsocialwork@yahoo.com](mailto:goodnewsocialwork@yahoo.com)



The Gathering Place located in Uptown Athens, Ohio

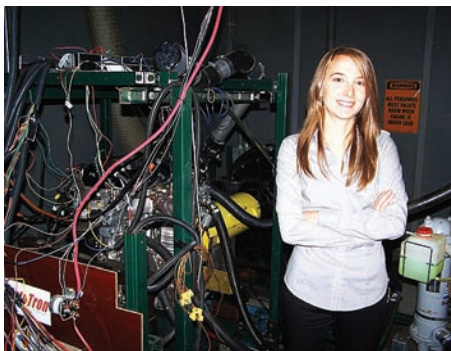


A mural painted on a retaining wall in the backyard of The Gathering Place. Depicts the gateway from the old state psychiatric hospital, (now known as The Ridges), to the Community!



# Engines & Therapy: Hybrid Social Work

By: Holly Henley, MSW, LSW



I am guessing not many social workers wake up and go to an office filled with engines, 900 volt batteries and two story tall air compressors—but that is exactly what I do every day.

Two years ago I graduated from The Ohio State University College of Social Work advanced standing program and landed a job at Ohio State Center for Automotive Research (CAR). It is not that I wasn't passionate about therapy or working with traditional populations (I even had great aspirations for a traditional career); it's that I also had two other interests: communications and college outreach administration. During grad school I worked as CAR's student administrative assistant, and upon graduation was offered a position as program assistant, the first-ever communications employee at CAR. What the administration did not fully realize was that they were also getting CAR's first-ever social worker.

## APPLYING SOCIAL WORK

In addition to communications—writing press releases, creating brochures, taking photos and managing social media and the website—I also coordinate the high school internship program, arrange tours and memorize an amazing array of automotive engineering facts. Most importantly, I utilize my social work skills daily.

When I first took the job at CAR I was apprehensive about getting rusty on my skill set; instead, the job has actually helped build even more skills. It is true that I may not be able to rattle off the hours of all the local food pantries—and sometimes I am sad about it—but I have found ways to deliberately incorporate social work into my daily routine. I do admit that I would not accept the position without insisting that HR add “coordinates and documents community outreach activities” to the position description.

## DAY-TO-DAY

Working with more than 100 engineers, I often get quite a few comments on my office space. They seem to be most interested in discovering the purpose of my sand garden and always ask why I have so many plants on my shelves. Using this as a springboard, I describe the importance of a peaceful working space and follow it with an open invitation to stop by any time to talk and de-stress. Informal support goes a long way in workplace well-being.

Another way I include social work components on the job is through outreach. While I coordinate countless tours of the CAR facility for all types of groups, I focus on reaching non-traditional students, including women and at-risk and underprivileged youth, with the message of ‘you-can-do-it.’ This summer the Ohio State College of Social Work's LiFE Sports students toured CAR for a personal Q&A about engineering careers. And my most recent endeavor is taking part in a larger initiative of the College of Arts & Sciences to deliver short educational videos to high school students in rural North Carolina. Seeing students experience hands-on learning and watching their faces as they inspect equipment and components up-close for the first time is rewarding. I have discovered that outreach comes in more forms than I knew.

What about cultural competence? Nearly half of the team of staff and students working at CAR come from outside the United States. Needless to say, there is always something new to learn and someone new to guide. From memorizing common sayings in other languages to eating special international foods and understanding regional practices, my cultural competence has soared since beginning my job at CAR. I use every opportunity to enhance my interactions with the global population and in turn aim to convey a positive introduction to life in America.

Day-to-day work at CAR is anything but an ordinary application of social work. It is certainly true that social workers are needed in all fields, and while I feared my skill set would be lost, it has actually been enhanced.

## RECENT JOB HIGHLIGHT

Perhaps the most unexpected item showed up on the agenda of a recent research meeting: Suicide prevention. While these may be buzzwords in the social work community, they are never mentioned among engineers. And that is precisely why I was so resolute to discuss the topic. Having attended an Ohio State staff training specifically aimed at suicide prevention among college students, I

learned that students in the STEM fields are at high risk for suicide (Jennie Williams, personal communication at The Ohio State University R.E.A.C.H. Suicide Prevention Gatekeeper Training, January 4, 2001). It was astonishing to learn that in the past 10 years, 39 of the 41 completed suicides at The Ohio State University were male engineering students, with a high number of these being international students (Jennie Williams, personal communication). Using this as a platform, I presented materials from the training to staff and students separately, highlighting the importance of being gatekeepers and stressing the Ohio State resources available for students. Although there was quite a bit of silence in the meeting, several people later thanked me for discussing the topic. I am hopeful that the presentation will open lines of communication and help those at-risk.



## CONCLUSION

While engines, press releases and sustainable mobility may seem unrelated to social work, I am finding ways to fit them together. Each time I assist in patching a workplace rift, introduce non-traditional students to science, experience other cultures and communicate new ideas, I use my social work skills in ways I never thought possible. I am excited to continue to build my skill set and ‘to social work’ my workplace.

*Holly Henley, MSW, LSW, is communications program assistant at the Ohio State Center for Automotive Research, where she most recently assisted planning a visit from President Obama. She has an interest in K-12 outreach initiatives and learning new communications strategies. Outside the office she helps in the community by pursuing various social work activities.*



**Region I—Toledo Area**  
Regional Director:  
Jessica Demaline, LSW  
(e)potterjessica  
@roadrunner.com

I would like to thank the Region 1 members who attend the Ethics and Supervision CEU event with networking during lunch. Members attending the lunch discussed future regional events, such as CEUs, advocacy and macro work, volunteering, networking, and the annual awards banquet.

Region 1 will be holding two networking opportunities during the months of November and December. The first will be a **Coffee/Lunch with the Regional Director on Saturday, November 10, 2012**. This event will be held at the Panera on Central Avenue in Toledo. The address is 7115 West Central Avenue, Toledo, Ohio 43617. I will be available at Panera from 10:30am-12:30pm. Stop by for a chat or to network with other social workers.

I am especially interested in planning regional events for 2013 and developing a Leadership Committee to assist with the organization and planning in the region. The second event will be held in conjunction with the Ohio NASW chapter's Social Work Advocacy Group (SWAG). Their December meeting is **December 9, 2012 from 3pm-5pm. I will be hosting any regional member to attend the meeting by webinar from 3-5pm in my home and socialize after the meeting from 5-7pm.** The SWAG group is focused on educating and discussing statewide issues affecting social workers and the population they serve. After the statewide meeting, regional members can socialize and discuss macro issues affecting our local region.

If you would be interested in hosting a regional event in your home or agency, please contact me at potterjessica@roadrunner.com or (419) 439-0238. These gatherings could be CEU events, socializing, volunteering, or networking for specific groups (private practitioners, child welfare, mental health, students).

Have a Happy Holiday Season and I hope to see many of our members at the annual conference on November 29th & 30th, 2012.

#### SUMMARY OF REGIONAL EVENTS:

##### **Coffee with Regional Planning and Leadership**

November 10, 2012 10:30am-12:30pm  
Panera, 7115 W. Central Ave.  
Toledo, OH 43617  
No RSVP needed

#### **SWAG meeting and Socializing**

December 9, 2012 3pm-7pm  
470 Cambridge St., Napoleon, OH  
Please RSVP to (419) 439-0238

*Region 1 Includes: Allen, Auglaize, Defiance, Fulton, Hancock, Henry, Hardin, Logan, Lucas, Mercer, Ottawa, Paulding, Putnam, Sandusky, Seneca, Shelby, Van Wert, Wood, Williams, and Wyandot Counties.*

#### **Region II—Akron Area** Regional Director: VACANT

If you want to be Region II director, please e-mail info@naswoh.org.

**Monthly meetings with CEU presentations for Region 2 continue to be at Greenleaf Family Center at 580 Grant Street in Akron, on the 4th Wednesday of the month at 8:30am, with a business meeting following at 9:30am.**

The November 28th presentation will be Mad Pride and Grassroots Action in Mental Health Services by Sharon Crestinger.

In December, we will have a **holiday dinner on Thursday, December 13, 2012 from 6:00 to 8:00 pm at Papa Joe's, 1561 Akron Peninsula Road, Akron.** We look forward to your joining us each month.

Contact Jim Stilson, interim Region 2 director, at 330-867-0530 or Lorraine Ellithorp McCarty at 330-554-3829 for more information.

Region 2 is in need of a regional director! If you want to gain leadership skills, work to grow NASW in the Akron area and become a leader within NASW, please consider becoming NASW Ohio Chapter Region 2 (Akron) Director. The regional director position is usually for two-terms, but we are open to someone wanting to serve only one year to fulfill the previous director's term limit. Regional directors are responsible for local NASW outreach—planning networking events and CEU opportunities and membership development in your region. If you have questions or want to be the NASW leader for Region 2 (Akron), please e-mail daniellesmith@naswoh.org.

*Region 2 Includes: Erie, Huron, Lorain, Medina, Portage, and Summit Counties.*



**Region III—Cleveland Area**  
Regional Director:  
Molly Martin  
mollymartin.lisw@gmail.com

Greetings! The Region 3 Steering and Advocacy Committees meet monthly and are always looking for new ideas and energy. See below for opportunities to get involved! **YOUR FEEDBACK IS NEEDED!** How can NASW Ohio Chapter be most helpful to you? What are your biggest concerns about the social work profession? What would you like to see NASW Ohio Chapter accomplish in the Cleveland Area? Please complete the Region 3 Member Survey; your ideas are greatly appreciated.

**REGION 3 MEETINGS**—All are welcome! Contact Molly Martin at mollymartin.lisw@gmail.com to RSVP

#### **Steering Committee:**

**Help shape NASW's upcoming actions and events in Cuyahoga County!**

**When: Thursday, November 8, 2012**

**Where: Artefino Coffee Shop, 1900 Superior, Cleveland**

\*Steering Committee meetings are usually held on the first Thursday of every month, but the meeting date was changed in November.

**Advocacy Committee:** Join us as we continue to work on issues important to our profession and those we serve. The Advocacy committee has been busy this Fall—learning more about the details of the Affordable Care Act and trying to understand how our current political context will affect its implementation. The group has been hard at work to create an effective strategy to advocate for the expansion of Medicaid within our State after the presidential elections. Please consider joining in our efforts! And while we continue to focus on the Affordable Care Act, we are always open to new ideas and energy.

**When:** TBA—keep an eye out for an e-mail blast

**Where:** TBA (locations alternate between East and West sides of Cleveland)

The mission of the NASW Region 3 Advocacy Committee is to plan and carry out activities to move forward the NASW Ohio Chapter Advocacy Agenda within the Cleveland area.

*Region 3 includes Cuyahoga County.*



Region IV—  
Youngstown Area  
Regional Director:  
Bradley S. Smith,  
MSW, LSW

(e) bssmith78@sbcglobal.net

**Regional meetings will take place on the third Tuesday of every month, with locations primarily in downtown Youngstown. The locations change so be sure you receive NASW Ohio Chapter emails.**

Especially to all recent graduates but to anyone interested: There are exciting improvements and plenty of opportunities to showcase leadership skills taking place within NASW. Your involvement helps to advance the profession and will boost your career, so consider taking advantage of these opportunities. This includes participation ranging from volunteering to serve on committees, serving in ad hoc groups, to joining us in regional meetings and helping recruit new members. Feel free to contact me to discuss further.

In December, we will again volunteer to serve our community's most needy. More information will be forthcoming. We will also have our December regional meeting at a local restaurant in order to enjoy some good social work company. Again, please make sure you are on the NASW's email mailing list so you can be notified of any changes or updates.

*Region 4 Includes: Ashtabula, Carroll, Columbiana, Geauga, Harrison, Jefferson, Lake, Mahoning, and Trumbull Counties.*



Region V—Columbus Area  
Regional Director:  
Tom Dillard, MSSA  
(e) naswoh05@gmail.com

During August, Region 5 members met at Maryhaven, a human service agency that provides integrated behavioral healthcare services with a specialization in addiction recovery care. The meeting was well attended and discussion focused on how the social work profession can better collaborate to improve service to the community.

Region 5 will continue to meet at human service agencies to learn more about the resources in the area; network with other social workers for both resources and employment opportunities; and introduce social workers at the host agency to the features and benefits of becoming NASW members. Continue checking your e-mail for future meeting dates.

*Region 5 Includes: Athens; Belmont; Delaware; Fairfield; Fayette; Franklin; Gallia; Guernsey; Hocking; Jackson; Licking; Madison; Meigs; Morgan; Monroe; Muskingum; Noble; Perry; Pickaway; Ross; Union; Vinton; And Washington Counties.*



Region VI—Cincinnati Area  
Kaitlyn Wessels,  
Leah Taylor,  
region6@gmail.com

Hello! We hope you have been enjoying fall in Region 6! We've certainly been keeping busy. We had our first regional social event—congratulations to raffle winner Chris Lottman—as well as our first CEU course offering of the fall. Many thanks to Michelle Hubbard for sharing her knowledge of working with veterans with polytrauma and brain injury. We also endorsed Issue 51, the Hamilton County Mental Health Levy. Many thanks to those who engaged in grassroots advocacy by distributing yard signs, passing out literature, speaking on behalf of the levy and drumming up overall support. If you are a Hamilton County resident, be sure to vote for Issue 51 on Election Day—November 6.

This winter you can look forward to more regional activities, including CEU offerings and even a holiday party. In reviewing your survey results, we found many of you would like to see more activities spread throughout the region, not just in Cincinnati. We need your help to make this happen! If you live outside of Hamilton County, would you consider hosting a CEU opportunity or social activity? Send your ideas to naswohio.region6@gmail.com and we will follow up.

We hope to see all of you at the NASW Ohio Chapter Conference on November 29-30. And remember—if you recruit a new member to join NASW, your conference registration is free. As always, continue to keep an eye out for regional updates via email, Facebook (@NASW Ohio Chapter, Region 6) and Twitter(@NASWOHioRegion6).

*Region 6 Includes: Adams, Brown, Butler, Clermont, Clinton, Hamilton, Highland, Lawrence, Pike, Scioto, and Warren Counties.*



Region VII—Dayton Area  
Regional Director:  
Ebony Speakes  
ems150@case.edu

Region 7 is excited to announce we are off to a great start! We hosted meet and greet events in Clark and Montgomery Counties to create connection and strengthen community among NASW members. Region 7 hosted Dr. Wayne Davis presented on how African American Males experience grief/loss. Members gained cultural and spiritual insight regarding effective interventions with African American Males. We are building lasting connections and acquiring cutting edge knowledge to put us on the cusp of effective treatment for clients and our communities.

Network at local churches to provide Christmas gifts for children whose parents are incarcerated in Montgomery, Clark, Greene, Darke, Preble, Champaign and Miami Counties. We are asking members at local agencies to donate Christmas gifts. Our goal is to provide at least 50 gifts per county for children whose parents are incarcerated. Please email me, Ebony Speakes at ems150@case.edu if your agency is interested in participating in partnership with Angel Tree.

*Region 7 Includes: Darke, Champaign, Clark, Greene, Miami, Montgomery, and Preble Counties.*



Region VIII—Canton Area  
Regional Director:  
Ruby Gibbons  
rlg88@case.edu

Hello Region 8 team! We now have a monthly meeting place. **Membership meetings will be held on the 2nd Friday of every month starting October 12 at 12:00 pm at Goodwill Industries of Greater Cleveland and East Central Ohio, Inc.** at 408 9th St SW, Canton. Bring your bag lunch and let's meet and greet new faces, network, share ideas and discuss where we want to go as a region. Bring a non-member friend who is social worker and be entered in a drawing to win a prize.

Here is a good example why liability insurance for students is important: One of my classmates at CWRU just realized that she is not covered by any liability insurance for providing services during her field placement. She signed up through NASW's insurance for only 14.95 per month! Even if your field internship is at your place of employment you might want to check to see if you are covered under your agency's liability insurance if you are doing activities outside of your regular job duties. We are still looking for a county liaison for each county to coordinate a monthly meeting in your county to bring our region closer together. All county liaisons will be honored for their hard work at our yearly annual banquet. Please contact me if you are interested in helping.

The Networking Expo in Tuscarawas County was a success! I got to meet prospective and current members from that county. Thank you to all who attended and helped spread the word.

NASW is doing two presentations at CWRU and two at Crisis Intervention and Recovery Center, and we are coordinating one with Malone College and Stark State University. If you have a contact person at your agency of employment or at a college in your county forward it to me so we can coordinate a presentation. I am looking forward to seeing each of you at our first regional meeting!

*Region 8 includes: Ashland, Coshocton, Crawford, Holmes, Knox, Marion, Morrow, Richland, Stark, Tuscarawas, and Wayne counties.*



# Introducing the New NASW Interns

## Heidi Bishop

MSW ASAP STUDENT  
AT THE OHIO STATE UNIVERSITY



I was born and raised in Menomonie, WI, and while in high school I had the opportunity to participate in a co-op at a drug and alcohol rehabilitation center and work with a guidance counselor at a local

middle school. Although I discovered these were not the areas in which I'd like to practice, social work felt like a natural degree for me to pursue at Cedarville University.

During my tenure at Cedarville, I had the opportunity to intern at the Red Cross Emergency Housing Program in Xenia and with Agape for Youth Foster Care Agency in Dayton. These were great internships that enabled me to refine my clinical skills and start to put into practice what I was learning in class.

Around this same time, I read the book "Terrify No More" by Gary Haugen. I was astonished that women and children were being treated as sexual objects and became increasingly aware and passionate about the anti-human trafficking movement. In February 2008, I had the wonderful opportunity to travel to India to observe International Justice Missions efforts in fighting modern day forms of slavery where I learned about their work in fighting sex trafficking in Calcutta and their efforts in fighting bonded and forced slavery in the brick kilns of Bangalore and Chennai. The experience was life changing as I looked into the eyes of victims who had just been rescued from the brothels or had spent their whole life as a slave in the brick kiln and were now free.

Upon graduation, I moved to Columbus to work at Netcare Access as an emergency crisis assessment clinician, where I experienced much growth as a social worker because this was my first exposure to the often severe mental health and alcohol and drug conditions my patients experienced.

Since working at Netcare, my interest in macro social work has grown; I began to see the connection of my clinical work with community development and advocacy. Currently, I am pursuing my MSW at The Ohio State University and excited to learn more about macro level social work at NASW and advocate for social workers across Ohio.

## Amanda Borders

MSW ASAP STUDENT  
AT THE OHIO STATE UNIVERSITY



A common reason why people choose to enter the social work profession is the desire to help people. That was my response for the past four years while I studied at Bluffton University, but recently I realized how I

want to help people. While I value the work that so many social workers do working with clients at the clinical level, I struggled seeing myself thrive in that setting.

Throughout my education I have always been a student who seeks a deeper understanding of issues, not content with a system that reacts to crises rather than address the core problems and issues. I want to creatively address social justice issues and not be weighted down by the complicated politics that can disguise the true factors influencing the issues we want to change. Only then can we create a custom solution based on the true nature of the problem and strengths of the parties involved.

During my baccalaureate field placement at Bluffton University, I wanted experience with international social work. If you know much about Northwest Ohio that was a very challenging placement to find, so I created my own solution with the help of faculty members, community leaders and an open-minded field supervisor. My fieldwork originally was focused on Hispanic immigrant women's risk of sexual violence, but as time progressed I got involved with the Northwest Ohio Human Trafficking Rescue and Restore Coalition. To bring awareness to human trafficking in our area, the coalition organized training for first responders and health professionals. To bring awareness to my campus, I organized a film screening of "Sex+Money: A National Search for Human Worth." I was also actively involved with the Allen County Rape Crisis Coalition where I helped organize Sexual Assault Awareness Month activities in Lima and on Bluffton's campus.

Reflecting on what I have experienced the past four years including my uniquely formed field placement, I believe I will be able to best help people by learning how to advocate for them at the community and macro level while working on immigration, healthcare and human trafficking. Last year a professor organized a class trip for our social welfare policy and analysis class to

visit the Statehouse, meet with a representative and visit the NASW Ohio Chapter Office. After this experience and continued mentorship with this professor I determined that my skills would best be utilized in a macro-focused setting, which is why I chose to be a NASW intern.

I look forward to the opportunity that NASW provides to develop my advocacy skills and learn how to represent the needs of social workers and the clients we serve.

## Danielle Brotemarkle

BSW STUDENT AT CAPITAL UNIVERSITY



Hello, my name is Danielle Brotemarkle and I am near completion of my Bachelor of Science degree in Social Work from Capital University in May 2013. My future educational plan is to attend The Ohio State

University College of Social Work ASAP graduate program. I am a student intern at the NASW-Oh chapter as of September 2012 and am diving into one of my passions in the profession of advocacy and social policy. I am a native of Ohio born in Muskingum County and I was raised from the age of six in Marietta/Belpre area in southeast Ohio. Although Washington County lacks diversity, the culture of Marietta was somewhat diverse. My other passions are community engagement for equality and social justice to bring awareness and overcome barriers to issues related to health disparities. I have been subjected to this treatment on numerous occasions and feel this is unjust. I am also passionate about marriage and family therapy. Coming from a two parent household and as a wife and mother, I believe communication is the key. It is also important for the psychosocial aspect of child development. I have recently begun to explore advocacy work for Ohio hunger and food pantries, early childhood education, homeless families and breastfeeding awareness and workplace policy. I am pleased to announce my new participation in the Social Work Advocacy Group and am excited to work amongst others to help bring awareness and change. I am also a member of the Student Social Work Association at Capital University. I hope to be able to meet many of you and look forward to working with some of you in the near future. I can be contacted at [Danielle.Brotemarkle@gmail.com](mailto:Danielle.Brotemarkle@gmail.com) for career contact.



## Dorothy Martindale

BSW STUDENT AT THE OHIO STATE UNIVERSITY



Growing up in a small town, I rarely entertained dreams of changing the world. I was too content in following my daily routine to consider the world that extended beyond my hometown. Upon considering my career choices; however, the social work profession peaked my curiosity. When I began to seek opportunities to engage in the betterment of my community, I discovered that I was passionate about helping people.

Like many budding social workers, my vague desire to help people began to take shape as I progressed through my coursework. When it came time to express my interests for field placement, I suddenly realized that my desire to help people had sparked a newfound desire to create social change.

What better place to accomplish such a desire than here at NASW Ohio Chapter. NASW advocates on behalf of our clients for the development of social mechanisms that foster self-determination and on behalf of our profession for the development of policies that will further enable social workers to change the world. I am empowered to generate social change, and I look forward to the time I have here at NASW to aid in the advancement of our clients and profession.

## Lauren Nutter

BSW STUDENT AT CEDARVILLE UNIVERSITY



If someone would have told me five years ago when I was graduating from high school that I would go into social work I would have laughed and said you have the wrong person. I always knew that I wanted to work with/for women and children, but I never thought it would involve social work as a career. I graduated from Liberty University with a Communications degree specializing in public relations and advertising. However, when I graduated I knew my journey through education was not complete. While minoring in Sociology at Liberty University I fell in love with the social work profession thanks to one of my professors. Throughout my last year in college I realized that social work and specifically the advocacy component of it was the direction I want to head. I am currently a senior in the Social Work Program at Cedarville University where I will be graduating in the spring of 2013 with my Bachelor of Social Work. After graduating in May I will be attending graduate school and will be enrolling in a dual degree program for my MSW and JD degrees.

My dream in life is to make a difference whether to one person or 100 people. I enjoy interacting with individuals of all walks of life and help those most in need. After graduating from my dual degree program I hope to practice law specifically geared towards advocacy work for children and women with a focus on international policy and advocacy. I am hoping that with my MSW and JD degrees I can travel internationally helping advocate for needs and resources right out of their reach. My passion is working with children, especially those children who are orphaned and/or abused. Advocacy, legal aid, legislation, children's program development and fundraising/event planning are where my interests lie. I am excited to take part in this macro-level internship at NASW Ohio Chapter.

# A HOME WITHIN: "ONE CHILD, ONE THERAPIST, FOR AS LONG AS IT TAKES"

By: Toni Heineman, executive director, A Home Within



## LEARNING TO STICK IT OUT

Bryan Samuels, commissioner of the United States Administration on Children, Youth and Families, recently noted that foster care teaches kids how to start over, not how to stick it out. Most of us learn that all relationships have ups and downs and that working through the difficulties makes relationships stronger, not weaker.

However, too often foster children are moved when the going gets tough—only to encounter the same problems in the new foster home or with the new caseworker. It is not surprising that when kids leave the foster care system as young adults they discover that they have trouble forming and sustaining relationships. Perhaps this is most cruelly reflected in the fact that they are six times more likely to lose their children to foster care than their peers.

Experienced mental health professionals who volunteer their time to see one foster kid in weekly psychotherapy know that one stable, caring, lasting relationship can transform the life of a child who has come to believe that loss is a chronic part of life and that "when the going gets tough, the tough get going." Unfortunately, they come to associate staying in a relationship as a sign of weakness, an indicator that you cannot take care of yourself. Premature and ill-founded independence is a hallmark of life in foster care.

The therapy offered by social workers, counselors and psychologists through A Home Within respects the reality that we all need the help and support of others and that learning how and when to ask for help is as important as being able to take care of ourselves. On average, foster youth being treated through A Home Within are seen by the same therapist for three and a half years. This is in striking contrast to the revolving door of therapists they encounter when referred to a clinic staffed by trainees or where they receive only medication as a means of addressing their emotional distress.

There are currently more than 50 chapters in 22 states. Each local chapter is headed by a volunteer clinical director, a clinician drawn from and familiar with the local community. A Home Within offers a three-year professional fellowship in the treatment of foster children. Since its inception, therapists donating their time to A Home Within have treated more than 1000 children and provided more than 3,000 years of therapy to foster children in need. The work of these therapists have had an enormous impact on the lives of the children they serve; more than 70 percent of the children treated demonstrate statistically significant reductions in stress, anxiety and dissociative disorders.

## GET INVOLVED

Your training and skill as a social worker is a valuable resource. Lending your time and expertise is one of the most charitable gifts you could give. Volunteering for A Home Within brings with it not only personal and professional satisfaction but connects you with a wide network of therapists throughout the United States.

If you are interested in joining one of the existing chapters in Franklin County, Southwest Ohio or Medina, please visit [www.ahomewithin.org/volunteer](http://www.ahomewithin.org/volunteer). If you are interested in forming a new local chapter in Ohio, please contact Dr. Wendy von Weiderhold, program director for local chapters at [wvonweiderhold@ahomewithin.org](mailto:wvonweiderhold@ahomewithin.org).

# NASW OHIO CHAPTER

## LICENSURE REVIEW COURSES

More courses will be available in January 2013

### NOVEMBER 8, 2012—COLUMBUS

Jewish Community Center of Greater Columbus  
1125 College Ave., Columbus

The in-person workshop is a full-day, six hour training and taught by Jennifer Haywood. She has been trained by AATBS to prepare you with the content and strategies that you will need to pass the licensure exam.

#### COST:

\$225 Members of NASW, \$275 Non-Members

Learn the content and the strategies to pass the Bachelor's, Clinical or Advanced Generalist exam for social work licensure.

This six-hour, in-person workshop provides you with instruction of a presenter and five-volume study guide! Review materials are through AATBS ([www.aatbs.com](http://www.aatbs.com)) and retails more than \$300! All of the content has been revised to reflect the changes in the Ohio Social Work rules and provides you access to TestMaster, an online full-length practice exam.

**RECAP:** This review will provide you with four volumes of study materials, TestMaster login to a full length practice test—answer key, plus an important volume on test taking strategies—all for \$225 for NASW Members and \$275 for non-members.

#### STUDY GUIDES:

- Direct and Indirect Practice
- Human Development, Diversity, and Behavior in the Environment
- Assessment and Intervention Planning
- Professional Relationships, Values, and Ethics

## A FIFTH STUDY VOLUME CONTAINS:

- Study strategies that will help you study the content review volumes efficiently and effectively.
- Chapter review questions that allow you to rapidly assess your learning and comprehension of information after you study a content review volume.
- An orientation to the examination that introduces you to the basic format of exam questions and the kinds of skills you will need to pass the exam.
- Basic test-taking strategies that will help you approach the exam with confidence and improve your ability to choose correct answers to exam questions. Advanced test-taking strategies are available in TestMASTER, our online mock exam program.
- A comprehensive glossary that helps you learn key terms and concepts for the exam.

TestMASTER enables you to take full-length practice exams over the Internet and have the exams scored automatically. You can also view and print your scores and most importantly, save valuable study time.

#### TestMASTER FEATURES:

- Full-length practice exams relevant to the content and construction of the actual exam.
- All questions have detailed rationale (answer key) that explains why the correct answer is the best one. The rationales will reinforce what you know and help clear up any misconceptions you may have about a topic.
- Exam interface functionality that is similar to the actual exam to help you become familiar and comfortable with a computerized format.
- Multiple exam modes available—use exam mode to simulate a timed exam or study mode to view rationales for each question.
- Search our question database by key word to find items based

on topic, specific terms, or phrases.

- Exams are scored automatically and stored in your personal history file.

Your previous exam performance is analyzed and compared with all other users—even down to each specific domain!

- Mark and review challenging questions to enhance your retention.
- Revision area provides access to the most current updates as we incorporate new information based on changes to the exam.

## SUPERVISION CERTIFICATE PROGRAM

### ARE YOU A LISW SEEKING TO GAIN YOUR S?

NASW Ohio Chapter has developed a 9-hour Supervision Certificate Program that meets the educational requirements of the Ohio Counselor, Social Work, and Marriage and Family Therapist Board for the supervision designation. *Richard Boettcher, PhD, LISW-S & Linda S. Helm, MSW, LISW-S, ACSW developed the 3-Unit course Supervision Certificate Program.*

#### THE LIVE-EVENTS WILL BE HELD ON:

**NOVEMBER 2-3—CINCINNATI**  
**DECEMBER 7-8—CLEVELAND**

ONLINE OPPORTUNITIES ARE ALSO AVAILABLE.  
See below for details.

### UNIT 1: THE FUNDAMENTALS OF SUPERVISION

This three (3) hour workshop will provide an explanation of the Ohio Licensing Law and procedures for supervising LISW and the LISW-S (Supervision Designation), the need for supervision, a framework for understanding the basic three functions of supervision (education, administration and support), the role of the supervisor within these functions, the use of self and emotional intelligence in

supervision, setting up a supervision contract, performance evaluation, ethics audit and the doctrine of vicarious liability.

### UNIT 2: THE ROLES AND FUNCTIONS OF THE SOCIAL WORK SUPERVISOR

This three (3) hour workshop will provide an opportunity to survey and elaborate upon the roles that supervisors play, the responsibilities which adhere to these roles, the functions which they must execute, sources of leadership and influence, role issues, problems, challenges and cultural competence for the social work supervisor

### UNIT 3: STYLES OF SUPERVISION AND LEADERSHIP

This three (3) hour workshop will provide a review of how supervisors get work done through others, how to exercise "influence" to get others to do what you want them to do, how to lead and how to assess personality and management styles.

### YOU HAVE OPTIONS ON HOW YOU TAKE THE COURSE.

**OPTION 1:** Take all nine (9) hours in person  
Total cost: \$135 for members;  
"\$225 for non-members

—Unit 1, The Fundamentals of Supervision, will be provided Day 1  
—Unit 2, The Role and Functions of a Social Work Supervisor, will be provided on Day 2  
—Unit 3, Styles of Supervision & Leadership, will be provided on Day 2

**OPTION 2:** Complete the program in one day!

Take Unit 1 ONLINE prior to the workshop day scheduled for Unit 2, The Role and Functions of a Social Work Supervisor, and Unit 3, Styles of Supervision & Leadership.

The cost is the same so it does not

# WORKSHOPS

Register for any of these workshops at [www.naswoh.org](http://www.naswoh.org) or by completing the registration form on page 27 of this newsletter.

matter if you take the course online or in person as the total cost of Option 1 and Option 2 are the same. Please bring proof of passing the course with you to the full day workshop for Unit 2 and Unit 3 to receive your certificate.

**OPTION 3:** Take the units individually

*Cost: \$45 per workshop for members/\$75 per workshop for non-members. Unit 1 can be taken independently online.*

—Unit 1, The Fundamentals of Supervision, will be provided Day 1  
—Unit 2, The Role and Functions of a Social Work Supervisor, will be provided the Day 2,  
—Unit 3, Styles of Supervision & Leadership, will be provided Day 2

## **DECEMBER 7- PICK ONE OR BOTH 3-HOUR SUPERVISION WORKSHOP AND 3-HOUR ETHICS WORKSHOP**

Brookwood Retirement Community (Multipurpose Room), 12100 Reed Hartman Highway Cincinnati

Take a 3-hour Supervision Course and/or a 3 hour Ethics course to fulfill your licensure requirements!

### **COST:**

Members of NASW: \$45.00 for 1 workshop/\$80.00 for 2 workshops

Non-Members: \$75.00 for 1 workshop/\$140.00 for 2 workshops

### **ETHICS—9:00am–12:15pm ETHICAL BEHAVIOR IN CRISIS INTERVENTION**

3.0 CEUs for Social Workers  
*Presented by Nancy Moore, LISW-S, LCSW*

Social workers regularly engage with clients in crisis situations. These situations including suicidal threats, threats to harm others, violent behavior, sexual assault and crisis due to substance abuse often lead

to ethical dilemmas. This workshop will explore approaches to crisis situations from an ethical context in order to improve social worker approaches to crisis situations with clients.

### **PARTICIPANTS WILL:**

—Review social workers values and ethical responsibilities to clients  
—Explore a framework for ethical decisions  
—Apply framework to crisis situations  
—Evaluate handling of crisis situations in an ethical context  
—Develop a personal plan for intervening in an ethical manner in crisis situations with clients

### **SUPERVISION—1:15pm–4:30pm**

#### **REFRESHING SUPERVISION: UNDERSTANDING THE ROLES OF THE SUPERVISOR TO ENHANCE**

3.0 CEUs for Social Workers  
*Presented by Nancy Moore, LISW-S, LCSW*

Supervising staff at agencies and supervising social workers for licensure leads to many roles and responsibilities for the supervisor and supervisee. It can be easy to get stuck in a rut and make supervision routine. This training will help you “freshen” up your supervision time.

### **PARTICIPANTS WILL:**

—Self-assess leadership skills and link those skills to practice  
—Explore multiple roles of supervisors and how to manage these roles  
—Identify elements of good supervision and how to utilize these elements in practice  
—Identify an interactional approach to supervision  
—Create individual plans for enhancing and refreshing the supervision experience

## **WAKE UP TO SOCIAL WORK: NASW OHIO CHAPTER PROFESSIONAL DEVELOPMENT SERIES**

NASW Ohio Chapter continues to offer members free CEU opportunities. *The second Wednesday of every month from 10:00–11:00 am is a free, one-hour CEU presentation.* All you need is access to a computer. Please register for each presentation you want to watch at [www.naswoh.org](http://www.naswoh.org). A reminder e-mail will be sent to you closer to the date, along with a link to view the presentation. If you cannot log in during the live presentation, recordings will be posted the following day.

CEU credits will only be given to those attending the full hour—whether it is live at 10:00am or you are watching a recorded broadcast.

Upon completion, an evaluation will be e-mailed to you. Once we receive your evaluation a CEU certificate will be e-mailed to you within 2-4 business days.

If you have a topic and/or speaker you would like to see featured in Wake Up to Social Work, please e-mail [info@naswoh.org](mailto:info@naswoh.org).

## **NOVEMBER 14 BUILDING CULTURAL COMPETENCY**

Charleta Tavares  
Executive Director, MACC and State Senator

## **DECEMBER 12 INTEGRATING WELLNESS COUNSELING AND COMPLEMENTARY-ALTERNATIVE MEDICAL TREATMENTS INTO YOUR PRACTICE**

Dr. Paul Granello, Ph.D., LPCC-S  
Associate Professor in College of Education and Human Ecology, The Ohio State University and counselor at The Wellness Institute

## **JANUARY 9 GLBT CLIENTS AND INTIMATE PARTNER VIOLENCE**

Aaron Eckhardt, MSW  
Legal Advocate, Buckeye Region Anti-Violence Organization (BRAVO)

## **FEBRUARY 13 ECONOCIDE: ELIMINATION OF THE URBAN POOR**

Alice Skirtz, PhD, LISW-S  
Founding organizer of the Greater Cincinnati Coalition for the Homeless

## **MARCH 13 DON'T TALK ABOUT IT, BE ABOUT IT: FIGHTING FOR JUVENILE AND CRIMINAL JUSTICE REFORM**

Gary Daniels  
Associate Director, American Civil Liberties Union of Ohio (ACLU)

## **APRIL 10 USING EVIDENCE-BASED PRACTICE WITH YOUR CLIENTS**

Denise Bronson, PhD  
Associate Dean and MSW Program Director, The Ohio State University College of Social Work

## **MAY 8 COMMUNITY ORGANIZING: BILINGUAL BREAST CANCER EARLY DETECTION PROGRAM**

Ami Peacock, LISW-S

## **JUNE 12 THE S.W.A.P. (SOCIAL WORKERS APPRECIATING PEERS) PANTRY: TEACHING SERVICE WITHIN TO PRACTICE SERVICE OUT**

Naomi White, MSW  
Field Coordinator & Assistant Professor, University of Akron, College of Health Professions, School of Social Work

In addition to this professional development series, National NASW offers members a monthly, free lunchtime CEU series at [www.socialworkers.org](http://www.socialworkers.org).

# KNOW YOUR MEMBERSHIP: TAKE ADVANTAGE OF ALL THE BENEFITS

You can access your membership card and member packet online at [www.socialworkers.org](http://www.socialworkers.org).

View the wide range of CEU events and plan to attend one. Visit the calendar at [www.naswoh.org](http://www.naswoh.org).

Earn your CEUs online by participating in National NASW's lunchtime CE series and Ohio Chapter's Wake Up to Social Work Series. You can earn 2 FREE CEUs each month. National: <http://www.socialworkers.org/ce/online/lunchtime/courses/home.aspx> Ohio Chapter: <http://www.naswoh.org/displaycommon.cfm?an=1&subarticlenbr=642>

Investigate the wealth of information available to members. Visit National NASW's website at [www.socialworkers.org](http://www.socialworkers.org) and log in. Under practice and professional development, you can access practice perspectives. Under resources, you can access Legal Issue of the Month articles and social work research. Under publications, you can access the Social Work Journal. You can view Ohio Chapter resources at [www.naswoh.org](http://www.naswoh.org), including the bi-monthly newsletter, monthly e-mail newsletter, weekly e-mail updates, job bank...

Get involved regionally and on NASW committees. Getting involved on the regional level is a great opportunity to network and have your voice heard to make a difference in your professional association. If you live outside of an area where regional events are happening and you want to start planning NASW events in your area, please e-mail [info@naswoh.org](mailto:info@naswoh.org). As a member you also have the opportunity to participate in committees and workgroups. If you are interested, please e-mail [info@naswoh.org](mailto:info@naswoh.org). Joining a committee can be a great way to move forward in your career. For instance, if you want eventually to be a director and need fundraising experience, join the PACE committee. Doing something extra puts you a step ahead of other social workers thus making you stand out in job interviews and potential promotions.

Consider putting NASW membership on your resume, business cards and in your e-mail tag. Be proud of your membership!

Purchase significantly discounted liability insurance. NASW Assurance Services protects your practice and license through liability

insurance and offers risk management workshops and group insurance programs. Members have said they enjoy the peace of mind of having liability insurance and to know that in a crisis someone has their best interest in mind. See front cover & page 22 for more details.

Invite NASW to visit social workers at your agency. NASW can offer agencies a free, one-hour CEU presentation about "Social work advocacy: Critical to the well-being of clients and the community." E-mail [adriennegavula@naswoh.org](mailto:adriennegavula@naswoh.org) for details.

Recruit one person to join NASW and you will receive free conference registration. This year's annual conference is November 29-30 in Columbus. You can earn 12 CEUs. E-mail [adriennegavula@naswoh.org](mailto:adriennegavula@naswoh.org) with the name of the person you recruit.

Networking: Use NASW to Further Your Career- "Networking is consistently identified as the number one way to find a job (Riley, 2012)." One of the best benefits of NASW membership is the networking opportunities. Use regional activities to network with other social workers in your area and plan to attend the annual conference November 29-30. This is a great way to meet other social workers in your field; secure a contact for a resource your clients consistently need; and see which sponsors may be hiring. See Page 27 to register. For networking tips, read the July 2012 NASW Leadership Ladder, a series designed to assist social workers with successfully navigating their careers—Networking: Finding Opportunities for Career Development. You can access NASW Leadership Ladders at [www.socialworkers.org](http://www.socialworkers.org). Log in and click on practice and professional development.

## GIVE THE GIFT OF MEMBERSHIP

This holiday season consider asking your loved ones for the gift of membership—ask mom, dad, grandparents, partner, brother, sister...to pay for your membership renewal. This is the gift that keeps giving throughout the year!

## HUMAN TRAFFICKING IN OHIO

By: Heidi Bishop,  
NASW Ohio Chapter Intern

On August 8, 2012, The Ohio Human Trafficking Commission released a new research analysis report "Domestic Sex Trafficking in Ohio." This study conducted by the University of Toledo, interviewed 328 individuals who were trafficked in Ohio's top five metropolitan cities: Columbus, Cleveland, Cincinnati, Dayton and Toledo. The findings revealed that 35 percent or 115 persons were trafficked before they turned 18. Of this same sample 12 percent were trafficked before the age of 12, and 26 percent were trafficked between the ages of 12 and 13. Between the ages of 14 and 15 the percentage increases to 30 percent, reaching the highest point of entry between the ages of 16 and 17 years old with 34 percent.

Of this same sample 43 were victims of sex trafficking through manipulation and 25 were victims of sex trafficking through force. Of those who were trafficked before the age of 18, they commonly experienced abuse and neglect as a child; experienced depression; had a history of running away from home, experienced rape; knew a family member who participated in the sex trade; struggled academically; and had past involvement with law enforcement and the system.

Findings also suggest those who were trafficked under the age of 18 were recruited by a female who presented as a friend or was actively involved in the sex trade. Meanwhile, those who are older than 18, were recruited by a male, who functioned as their boyfriend and later becoming threatening. Overall, findings suggest that females were more likely to function as a recruiter, while males were more likely to function as both recruiter and trafficker.

The location of the exploitation occurred more often in customer's homes, work places and in houses set up as a brothel or "cat house." Other common places of exploitation occurred were hourly motels, truck stops, in vehicles and on the street. The Internet was utilized 30 percent of the time to sell the victims. Festivals, massage parlors, strip clubs and sporting events were other locations where victims were commonly exploited.

Sadly, for the victims interviewed, an intervention rarely occurred. The interventions that did take place were most commonly implemented by: probation officers (12.2 percent), friends of the family (20 percent) and church members (13 percent). Police officers, counselors and social workers intervened 9.6 percent of the time and



child protection workers intervened 1.7 percent of the time.

These victims were sold for services in and outside the state of Ohio. The consumers of this industry were commonly middle-aged Caucasian and African American men. Law enforcement, businessmen, truckers and drug dealers were the most common professions among the consumers.

Considering the geographical location of the individuals interviewed, the commission was able to compare and contrast each city regarding traits leading up to being commercially exploited; varying forms of abuse suffered; how they were recruited; and who the consumers were.

The prominent findings revealed that Columbus had more reports of child victims in the sex industry, whereas Cleveland had more reports of adults that were forced into the sex trade and adults who currently have a trafficker. Cleveland also showed a dramatic increase in victims who experienced rape prior to their involvement in the sex trade and reported more violence from their pimp or customer than victims from other cities. These victims also reported a higher percentage of recruitment by force from an unrelated male

who first acted like a boyfriend. In comparison, Dayton, Columbus, Cincinnati and Toledo showed a higher percentage of recruitment by female friends who were currently in the sex trade. The study showed consumers of the sex industry in Cleveland were most likely to be businessmen whereas in Columbus, Toledo and Cincinnati they were more likely to be drug dealers.

After assessing the results of the study, the commission developed four recommendations for change in Ohio. The first recommendation is to "identify child trafficking as abuse." The commission feels Ohio needs clear-cut mandates giving child welfare the responsibility to supply appropriate services for victims of commercial sexual exploitation. The commission also feels there is a need to inform the people of Ohio about how to identify a victim of commercial sexual exploitation and when it is appropriate to report their findings.

The second recommendation is to "establish a better response to Ohio youth who run away." As established in the study, findings suggest a high percentage of children who were commercially sexually exploited had a history of running away from home. As an effort to prevent commercial

sexual exploitation the commission would like to respond to the issues leading to the youth running away before the youth find themselves in a more oppressive environment.

The third recommendation is to "engage schools in the fight against child sex trafficking." As another preventative measure it is important to educate those who interacted with youth the most to help recognize when youth are at risk. Not one of the 115 youth surveyed reported a teacher trying to intervene in their situation.

Lastly, the fourth recommendation is to "establish protocols that identify victims and protocols that divert high risk youth." Similar to increasing efforts to educate teachers, the commission feels first responders in law enforcement, social service agencies, medical care and others are also vital individuals in preventing high-risk youth from being commercially exploited, as well as in identifying when an individual is being exploited.

## Introducing the ENHANCED NASW-Endorsed Professional Liability Program!



**NASW Assurance Services (ASI) has ENHANCED the professional liability program benefits for YOU, our valued NASW member.**

**To continue your coverage by enrolling in our enhanced program, visit [www.naswassurance.org/pli/professionals](http://www.naswassurance.org/pli/professionals).**

*CPH and Associates is now the only NASW-Endorsed Professional Liability Program Administrator. CPH brings numerous product and service enhancements to policyholders at significant discounts and savings, and an excellent 25-year track record of administering liability coverage for mental health professionals.*



CPH and Associates administers the professional liability programs. NASW Assurance Services programs are endorsed by the National Association of Social Workers. ©2012 All Rights Reserved.

**Enroll online now at [www.naswassurance.org/pli/professionals](http://www.naswassurance.org/pli/professionals)**

**For questions about enrolling in our enhanced program, call 855-385-2160.**

### EXCLUSIVE:

- The only program endorsed by NASW and with NASW Assurance Services' program management, oversight and advocacy efforts to keep costs low, enhance benefits, and assist members unfairly turned down for coverage or renewal.
- Prior acts coverage, automatically included, makes enhanced benefits retroactive to your current NASW policy initiation, provided you had continuous NASW coverage and your application is approved during underwriting.

### NASW-Endorsed Policy Enhancements:

- New 5% online discount and 10% risk management education discount make affordable premiums even lower.
- Easy online enrollment process with same day policy and proof of coverage once accepted.
- Extended customer service hours – including evenings and Saturdays!
- Enhanced: \$35,000 Licensing Board Coverage and \$35,000 Wage Loss Coverage automatically included (up from \$5,000 each)
- New: Health Information – HIPAA Privacy Coverage (\$25,000)
- New: Emergency First Aid Coverage (\$15,000)
- New: First Party Assault Coverage (\$15,000)
- New: Medical Payments Coverage (\$50,000)

**PLUS...you now have access to a Risk Management Help Line staffed by lawyers, to answer your claims-related questions.**

- No deductible
- Your choice of coverage amounts

## NASW ENDORSES AN IMPROVED PROFESSIONAL LIABILITY INSURANCE FOR MEMBERS

now includes administration from CPH and Associates, claims, litigation oversight and risk management helpline from Western Litigation, and extensive reinsurance and financial backing from Lloyd's, London. With these partners, we have been able to offer new and enhanced benefits, including:

- 15 percent in discounts, including a 5 percent rate reduction for applying online and a 10 percent discount for completing a risk-management workshop or online training course sponsored by NASW and NASW ASI. You can take one of these eligible workshops at the 2012 NASW Ohio Chapter Conference on November 29th and 30th! For more information visit [www.naswoh.org](http://www.naswoh.org).
- A waiver of the \$5 NASW purchasing group fee.
- At no extra cost, expanded benefits include an automatic increase in licensing board coverage to \$35,000, new HIPPA privacy coverage, emergency first aid coverage, medical payments coverage and first-party assault coverage.
- Online quoting and enrollment.
- Customer service representatives ready to assist members during extended evening and weekend hours.
- Higher Deposition Expense Coverage protection.
- Subpoena, premises liability and student practicum coverage.

CPH's commission, which is much less than what APA had requested, will enable us to save millions of dollars each year. These savings can be passed on to policyholders in the form of lower prices and additional benefits.

NASW members in Ohio are encouraged to learn more about the NASW-endorsed program. To discover new benefits and learn how to take advantage of significant individual discounts, visit NASW ASI online at <http://www.naswassurance.org/pli/professionals.php> or call NASW Member Services at 800-742-4089. Members can also read more about the program in the October issue of NASW News at <https://www.socialworkers.org/pubs/news/2012/10/asi-liability-program.asp>.

## JOIN IN OUR ADVOCACY WORK TO BENEFIT THE PROFESSION AND THE CLIENTS WE SERVE

Rather than focusing on ways to increase the work participation rate amongst adult recipients the state has decided to reduce the total number of people receiving the benefits as a way to more easily meet the 50 percent requirement. The majority of those families who have been removed from the program are facing health problems, lack of transportation and other significant challenges that impede their ability to meet the work requirement of approximately 30 hours a week. According to Athens County Job and Family Services Director, Jack Frech, 78 percent of the adults who receive cash assistance do not own a vehicle. Additionally, most counties no longer provide adequate funding for recipients to get to work. Thanks to the reduction, diversion programs and the general time limits to receiving cash assistance there is now a sizable population of Ohioans who have no other source of reliable income than food stamps.

We must work to ensure the accessibility of programs like OWF that provide stability for people during times of crisis, and demand that these programs adequately fund programs and supports that help move people into jobs that pay a living wage. I believe the first step to doing this is to break down the stigma and discrimination against people who are in poverty. The media, politicians and many members of the general public openly talk about people who are in poverty in derogatory ways that demonstrates their lack of understanding. We need to work with these people to provide them with examples of the obstacles people face and why programs like OWF are desperately needed. To help in this effort consider participating in the NASW Ohio Chapter Social Work Advocacy Group where we are developing sample letters to the editor, collecting stories of how these programs have benefited clients and writing letters to legislators.

## SOCIAL WORK SERVICES WITH PARENTS: HOW ATTITUDES AND APPROACHES SHAPE THE RELATIONSHIP

and core values. [SocialWorkers.org/pubs/code/default.asp](http://SocialWorkers.org/pubs/code/default.asp)

Help Starts Here is a website where social workers offer tips for parents, educators, and young adults regarding a variety of topics including "Healthy Parenting." [HelpStartsHere.org/kids-families/healthy-parenting](http://HelpStartsHere.org/kids-families/healthy-parenting)

The Parent Effect: How Parenting Style Affects Adolescent Behavior and Personality Development by Joanne E. Carlson available through NASW Press. [NASWPress.org/publications/children/parent-effect.html](http://NASWPress.org/publications/children/parent-effect.html)

Social Work is the premiere journal of the social work profession. Widely read by practitioners, faculty, and students, it is the official journal of NASW and is provided to all members as a membership benefit. Social Work is dedicated to improving practice and advancing knowledge in social work and social welfare. [NASWPress.org/publications/journals/sw.html](http://NASWPress.org/publications/journals/sw.html)

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## SOCIAL WORK ETHICS AND NON-COMPETE CLAUSES IN EMPLOYMENT CONTRACTS AND INDEPENDENT CONTRACTOR AGREEMENTS

this case involved an analysis of the American Bar Association Disciplinary Rules and Code of Professional Responsibility. The court, in finding the restrictive covenant to be void as against public policy, relied heavily on the printed comments to the ethics rules published by the Bar Association pertaining to the right of a client to be represented by the attorney of his choosing.

In *Duffner v. Alberty* (1986), the Supreme Court of Arkansas ruled that a restrictive covenant in a physician's partnership agreement was "void and unenforceable because it violates the public policy of this state which prohibits unreasonable restraints of trade." The court noted that the surgeon (Duffner) had received no training from the partnership, the contract did not relate to the sale of a business and its goodwill, and that Duffner had not made any attempt to solicit his former partners' patients. The court discussed the fact that Dr. Duffner did obtain the files of twenty-eight of his patients who needed follow-up care from him and did not find this to be incorrect behavior, as it did not involve the patients of his former partners. Two of the former partners' patients eventually did receive treatment from Dr. Duffner after he formed his own practice and this was seen as inconsequential to the financial interests of the former partnership.

Contract provisions that prohibit competition within a certain geographic radius do not, by definition, prohibit the practitioner from rendering treatment outside that area to current clients. In *Renal Treatment Centers v. Braxton* (1997), the court permitted continuation of treatment based on the physician's relationship with his patients and due to the lack of other providers in the area. *Muller v. N.Y. Heart Center Cardiovascular Specialists P.C.* (1997), modified an otherwise valid non-compete covenant to permit the physician access to nearby hospitals solely for the purpose of treating current patients, but not for new patients. In a 2008 Indiana case, *Cent. Ind. Podiatry, P.C. v. Krueger*, the court narrowed the geographic scope of a noncompetition clause rather than invalidating it entirely. This approach, also known as "blue-lining," allows courts to invalidate unreasonable elements of a non-compete clause while enforcing the remaining sections of the agreement and has been adopted in a number of states.

When enforcement of a non-compete agreement is sought, the relief requested is usually monetary damages and/or an injunction prohibiting the former employee or contractor from continuing the wrongful conduct. Damages for breach of a restrictive covenant are often measured by the value of the business lost to the plaintiff-employer (*Merager v. Turnbull*, 1940). This approach is accepted as a contractual provision in some

states so that the provider who is leaving a practice can simply buy their way out based on an agreed-upon financial formula rather than suffer the inconvenience and expense of litigation (see, e.g. Delaware).

### ANALYSIS AND CONCLUSIONS

The courts will consider a variety of factors in determining whether to enforce covenants not to compete. States that have adopted the NASW Code of Ethics as part of their social work statute or regulations provide a strong legal framework for judicial recognition of professional social work standards in cases interpreting non-compete agreements. In other states, the protections that have been accorded to the social worker-client relationship by the U.S. Supreme Court in *Jafee v. Redmond* would help to support an argument that the special relationship between a psychotherapist and client should not be unduly limited where continuing care is desired by the client and is therapeutically appropriate.

If negotiation of employment contract terms is possible at the time of hiring, a social worker may consider the option of writing a simple addition to the contract which reads, "Any provision of this contract which violates the NASW Code of Ethics will be considered invalid and unenforceable by the parties." This should be signed and dated, whether added to the main body of the original contract or as an addendum, and should provide space for the signature and date of the other party to the contract.

If the employment contract is offered on a "take it or leave it" basis, the social worker may consider the possibility of simply inserting the language above as an additional paragraph or a similar statement at the end of the non-compete clause and signing the document. If employment commences and the employer does not protest the changed contract language it can be presumed that the agency had knowledge of the additional provision and agreed to it. In the event of a future conflict, this allows the social worker a valid defense in the event of threatened legal actions or litigation.

Several approaches to legal reform regarding non-compete clauses in health care have been posited. One position suggests differing levels of scrutiny so that "courts must evaluate the strength of a [practitioner]-employee's claim for nonenforcement of a restrictive covenant on a content-specific basis, providing greater scrutiny at times, while applying a normal rule of reason standard to other cases" (Wilborn, 2006). Perhaps close scrutiny could be applied to any restrictions that impact the right of current clients to continue treatment with the practitioner of their choosing and a business-oriented rule of reason regarding other aspects of health care practice. Another suggested reform is

to encourage states to adopt language similar to Massachusetts and prohibit the use of non-compete clauses in each of the mental health professions (Chase, 2011). A third approach, which could be implemented concurrently with legal reforms, would be for each profession to adopt a clear standard on the use of non-compete clauses within its ethical code as the legal field has done.

### ADDITIONAL RESOURCES

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## WELCOME TO THE NEW NASW MEMBERS!

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**Congratulations to the following NASW members who received their NASW certifications during August and September**

Janelle L. Algeri, ACHP-SW, Advanced Certified Hospice & Palliative Care Social Worker

William R. Bailey, LISW, C-SWHC, Certified Social Worker in Health Care

Margaret R. Cacciabarne, C-SWHC, Certified Social Worker in Health Care

Lorraine M. Ebenger, BSW, C-SWCM, Certified Social Work Case Manager

Dena Marie Holzemer, ACSW, ACSW Certification

Lisa Marie Kosika, LISW, C-SWCM, Certified Social Work Case Manager

Paula S. Moreland, LISW-S, QCSW, QCSW Certification

## HAPPY ANNIVERSARY!

**Congratulations to the NASW members who reached their membership milestones during September and October 2012! Members who reach these years will receive a special gift in the mail, so be on the lookout. Thank you for your continued support of NASW.**

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Mildred Washington, Region 5 (Columbus Area)

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### 45 Years

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Elizabeth Gunsalus, Region 3  
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