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Social Workers Condemn ‘Conversion Therapy’ Practice in Michigan
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Questions about continuing education requirements or how to become a continuing education provider? Visit www.socialworkcecc.com or Contact Robin Simpson at 517.487.1548 Ext.17, rmingus@nasw-michigan.org.

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**Region 1 - Upper Peninsula**
NASW members can now save up to 40% on tickets to sports events, concerts, movies, theme parks, ski resorts, zoos, aquariums, and much more through Ticket Monster. For more information on discounts or to join NASW go to the membership benefits webpage at http://bit.ly/2ZfNQpQ.

**Region 2 - Northwest Lower Michigan**
Congratulations to Jennifer Strange of the Traverse City Health Clinic for winning a 2018 Hometown Hero Award! The Michigan Public Health Week Partnership presents this award to recognize individuals and organizations across the state working tirelessly to maintain and improve the health of their local communities. Ms. Strange will be honored in the State Capitol on April 18th.

**Region 3 - Northeast Lower Michigan**
Listen to the latest episode of NASW’s Social Work Talks podcast. NASW Director of Ethics and Professional Review Dawn Hobdy speaks about how the NASW Code of Ethics has changed to adapt to technology, examples of challenges that social workers now face, and how NASW is helping social workers meet the ethical challenges they experience: https://bit.ly/2GhBuIB.

**Region 4 - Western Michigan**
This final event in NASW-Michigan’s museum learning series will take place at the Jim Crow Museum of Racist Memorabilia, whose aim is to use objects of intolerance to teach tolerance and promote social justice. The event will take place on June 16th, at the museum on Ferris State University’s campus in Big Rapids, MI. Learn more and register for this 2 CE event at www.nasw-michigan.org/events.

**Region 5 - Central Michigan**
NASW applauds social worker Sen. Debbie Stabenow (D-MI) and physician Sen. John Barrasso (R-WY) for introducing the Improving Access to Mental Health Act. The legislation will boost public access to mental health services provided by clinical social workers and offer clinical social workers more adequate Medicare reimbursement rates. Read our full statement: https://bit.ly/2DZ5Zgz.

**Region 6 - Ingham, Eaton, Livingston, Clinton, & Shiawassee Counties**
The MSU School of Social Work has produced a special edition of their newsletter focusing on prevention and their responses to sexual assault. They have drawn on the expertise of their outstanding faculty, students, and staff and hope this can be used as a resource for all. To read the newsletter, visit http://fliphtml5.com/zbuui/xssl.

**Region 7 - Genesee, Lapeer, St. Clair, Tuscola, Sanilac & Huron Counties**

**Region 8 - Oakland & Macomb Counties**
The next Region 8 meeting will be on Thursday, May 3rd at the West Bloomfield Library. Therese Scarpace, LMSW, ABSW will be presenting on Eating Disorders, Adolescents and Creativity from 7-9pm. 2 free CEs will be available for NASW members. Please RSVP to Abby Segal, LMSW at avivabatia@aol.com.

**Region 9 - Southwest Michigan**
The Trump Administration has endorsed work requirements as a condition for Medicaid eligibility, the first administration to do so. Tens of thousands of Medicaid recipients could lose coverage if states implement this requirement. NASW has prepared this Medicaid Advocacy Toolkit to give its chapters, social workers and their allies guidance on how to oppose the work requirement and advocate on a state level to help preserve access to equal health care for all: http://bit.ly/2pusto1.

**Region 10 - Jackson, Washtenaw, Monroe, Lenawee, & Hillsdale Counties**
On April 20th, Eastern Michigan University will host the Social Work Ethics Institute! The Institute is a day-long gathering designed for Michigan social workers to learn about and share timely and relevant issues involving social work ethics, including social media, technology, religion and spirituality, animal-assisted therapy issues, human resources, and supervision. The day will consist of two keynote presentations and two series of breakout sessions. Registration is open until April 18th! To register for these 6 CEUs and find out more, visit https://bit.ly/2pWHHzN.

**Region 11 - Wayne County**
The fourth event in NASW-Michigan’s museum learning series will take place in Region 11, at the Arab American National Museum during Arab American Heritage Month! On April 21st, earn 2.5 CEUs with NASW at the first and only museum in the United States devoted to Arab American history and culture. To register, visit https://bit.ly/2ihl2Kq.
Gun safety, social work, and how to move forward

With the tragic loss of life due to the mass shooting in Parkland, Florida, the question of how to address gun violence and mass shootings in the United States is once again part of the national conversation. We continue to ask the question of how to address gun violence, safety, and mass shootings in the United States. This is an exhausting question that is like pushing a boulder up a hill, and we must reach the top. It is important to look at the bigger picture of which gun violence is a part. It is important to understand that gun violence is truly a public health issue and not a mental health issue. I believe many of us are in agreement that no individual needs to own a military style assault weapon. It also seems reasonable that we take a serious look at how easy it can be to purchase a gun and create solutions that will make all of our communities safer. It is time to look even more closely at what solid and helpful gun control ought to be and to approach our legislators on what we want. I recognize that we are not all in agreement on best practice, but we need to find ways to assure gun safety.

This written piece is not an answer, but is an attempt to engage membership in dialogue about how to proceed and to explore some of the myths that exist. First and foremost, the alleged correlation between mass shootings and mental illness is a pernicious falsehood, one borne of misplaced fear. It is suggested that individuals with mental illness may be more likely to be victims of violence and criminal activity than to perpetrate it. There is research that indicates that mass shootings and violent behavior frequently have a substance use or alcohol related component as well as a correlation with dual diagnosis. This serves as another indicator that funding must go into substance use disorder treatment.

As social workers, we are trying to find solutions to the violence we are seeing in our country, but unfortunately there is no simple fix. Whether it is anger/rage, hatred of those different from us, or rare instances of mental illness we must also continue to work for gun control and safety. This is part of the public health problem and of the bigger picture. We do know that guns in the wrong hands can lead to gun violence and we see that hatred of those different from us can trigger violent responses. Peaceful discussion must begin between groups who may fear or dislike each other.

The true heroes in the gun safety movement are the youth from not only Parkland, Florida, but from all across the country who are demanding safer schools and communities. They have witnessed firsthand the cold murder of their classmates and are helping each other work through grief, loss, depression, and PTSD. They have also taken the political system by the horns and will not let go until there is change, we have seen their action result in the March For Our Lives rallies which were held across the globe as well as policy change in several states.

It is important for all of us to learn from the actions of Parkland Youth who are talking, confronting, and collaborating. As social workers we know how to organize, how to facilitate difficult discussions, and this is what we can do. There is no better time than now to advocate for change.

Maxine Thome, PhD, LMSW, MPH, ACSW
Executive Director. National Association of Social Workers – Michigan Chapter
On March 15th, NASW-Michigan (in conjunction with Professor Jamie Langlois and GVSU student Ash Herald,) held a successful training in GVSU’s Loosemore Auditorium in downtown Grand Rapids. The event consisted of a film screening and panel discussion, featuring the award-winning feature length documentary Break the Chain, which addresses Human Trafficking in the United States with a focus on Michigan communities. The film interviews survivors of sex and labor trafficking, researchers, and professionals addressing trafficking, while offering solutions for combating trafficking in the United States.

The panel discussion afterward featured the valuable input of NiKeidra Battle-DeBarge, Coordinator for the Manesseh Project of Wedgwood Christian Services, and Andrea Rocafort MSN, RN, CPEN, TCRN, Hospital Supervisor at Helent DeVos Children’s Hospital. Battle-DeBarge’s many duties in addressing trafficking with the Manesseh Project include training first responders and members of the court regarding Human Trafficking. In addition to Rocafort’s work at the Children’s Hospital, she is also a member of the Kent County Human Trafficking Task Force. NASW-Michigan’s own Duane Breijak, Director of Membership, served as the panel’s moderator as the panel discussed addressing Human Trafficking in clinical settings and available resources.

It is with tremendous gratitude to the panelists, Filmmakers Laura E. Swanson and Kirk Mason, and the Grand Valley State University School of Social Work, that NASW-Michigan and their GVSU liaisons were able to hold such a successful event with approximately 80 attendees. NASW-Michigan hopes to hold similar events in the future to continue preparing social workers for competent practice combatting human trafficking.
Welcome to the Association!

The Michigan Chapter would like to welcome the following new members who joined NASW during the months of January, February, and March! Thank you to all our members for keeping our association strong!

Mariam Alaouie
Zahra Al-Howaishy
Jassmyne Ali
Kari Allen
Donna Awada
Adam Balden
Shaquia Ballard
Alexander Barich
Dana Beech
Katherine Bellis
Justine Bemis
Samantha Benson
Kelly Benzin Brinks
Yasmeen Berry
Stephanie Bicsak
Christina Bierdeman
Bethany Bingham
Jessica Black
Jacquelyn Blizzard
Kathryne Boerman
Zaynab Boussi
Mackenzie Bracey
Renee Broekhuizen
Laura Broughton
Ashley Bruce
Jodi Buchholz
Jessica Buckey
Krysteena Burfield
Sarah Cadotte
Ashley Calcaterra
Victoria Cammarata
Malaysia Cammon
Elizabeth Campbell
Kim Campolong
Joy Cavanaugh
Kerri Chamberlain
JaDawn Christian
Daniel Chuba
Bailey Clark
Kelly Clow
Mark Collins
Michelle Cox
Esmeralda Cruz
Brittany Curran
Kelly Dahl
Cassandra Davis

Aliyah Davis
Wade Davis
Alicia Dean
Carly Deitman
Elizabeth Dennis
Kimberley Derda
Margret Deuell
Joann Drasin
Taylor Drayton
Lauren Duncan
Catherine Elmore
Jane Elzinga
Jessica Emery
Jacqueline Emmons
Peri Erhan
Shawna Eversole
Danielle Fergin
Hannah Figueroa
Melonie Fizer-Hobbs
Megan Flietstra
Laura Fox
Tamara Franklin
Summer Frederick
Rachel Freedland
Erin Garbarino
Jamie Garcia
Christopher Genther
Shelby Getsinger
Aubrey Gilliland
Rebecca Gillmore
Rachel Gray
Lillian Greenwood
James Grider
Aubrey Griffin
Lisa Groen
Desiraea Grunwell
Shelby Guidebeck
Amy Hakken
Morgan Hammis
Jacquelyn Hansen
Jessica Hardison
Victoria Harper
Amanda Hartmann
January Haulenbeek
Mackay Heasley
Jodie Heicklen

Gail Hengeveld
Jessica Hernandez
Kelly Hoffius
Jenny Holmer
Amber Huizinga
Luke Hunter
Andre’ Iadipaolo
Elizabeth Ignace
Tyler Jackson
Ally Jackson
Sabrina Jenkins
Rachel Johnson
Alexa Jones
Eulicia Jones
Lauren Kammeraad
Briana Kast
Kevin Keith
Sarah Keyes
Jeanette Kievit
Christine Kilbride
Jeffrey King
Stephanie Kokot
Christina Kollias
Shelly Kosmet
Molly Krause
Jessica Krebs
Stacy Kudlak
Kelli Kunec
Change Kwesele
Ashley Laine
Jania Lane
Erin Lara
Stephanie Lee
Michaela Lewis
Jamie Lightner
Breanna Linder
Jessica Linville
Melanie Lockett
Nicole Logie
Alicia Long
Angela Lopez
Lorrain Lucas
Brittni Lynd
Rebecca Mabbitt
Courtney Mahaffy
Shannen Majhor
Savannah Mancini
Varnika Marbury
Kendra Martin
Robert Marvin
Lorissa Mattheyse
Elicia Mauldin
Courtney May
Tanya McCune
Kelly McKay
Joanne McLaughlin
Rashun Miles
Bryan Miller
Emily Miller
Joseph Misuraca
Reva Mitchell
Elizabeth Montgomery
Briana Moore
Joanne Morin
Felicia Morrison
Sheila Mulhen
Candace Mullins
Yasmeen Nagi
Hollie Nash
Caryn Navis
Megan Neary
Sekwana Nelson
Michelle Nicely
Carly Norman
Lynda Nunez
Katarina Oblinger
Katherine O’Connor-Price
Brittany Ollie
Melissa OSullivan
Kaitlynn Panak
Lindsay Papaj
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Charlina Parker
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Kaitlyn Pease
Debra Pemberton
Connor Pendred
Kayla Perrin
Romonia Phillips
Blaire Phillips
Tiffany Pope
Lynda Potts
Nicholas Prys
Tara Pummell
Donna Quenneville
Stephanie NRadue
Colin Ragan
Briana Ramirez Esquivel
Susie Rankin
Christie Re
Latasha Reisinger
Katie Remur Boelman
Myrah Ridder
Alyssa Riehe
Anastasia Riley
Lilian Roa
Brigette Robarge
Benita Robinson
Sheryl Romero
Veronica Rosa-sandoval
Jasmine Rubio
Sibee Salamon
Mallory Sali
Nico Salvia
Sierra Saunders
Kelly Sauter
Chrissany Sawyer
Chelsea Scherz
Elizabeth Schoedel
Cassie Schroock
Hillary Schroeder
Dana Scott
Christina Shannon
Reese Shasteen
Stephanie Shaw
Kristen Shepherd
Chelsea Simkhada
Malerie Simon
Jessica Smith
Tori Smith
Dominique Smith
Jennifer Smith
Brandon Snyder
Lila Sobh
Rachel Sparks
April Spear
Jenna Spek
Amber Spicer
Ashley St. Cyr
Janaya Stallworth
Ashley Stancio
Kymber Stanley
Lauren Steers
Kelsey Steinberger
Katrina Sternman-Rosenbaum
Shannon Stewart
Dawn Still
Naomi Stoner
Olivia Strauss
Lauren Studt
Danielle Swantek
Meghan Tate-Redmond
Garrett TenHave-Chapman
Lorie Tensen
Jeanne Thomas
Angela Thompson
Salli Thornton
Tracy Turpin-Mogelnicki
Erica Upman
Dalila Valdovinos
Robin Van Diepenbos
Casey Van Horn
Sarah Van Horn
Marcia Van Horn
Allie VanSickel
Elizabeth Vestal
Samantha Voss
Sharon Walden
Amy Warr
Kimberly Weaver
Courtney Wendling
Ciera Whitt
Tellecia Wiggins
John Wilkerson
Heather Williams
Kim Williams
Gisele Williams
Michelle Wilson
Natasha Windless
Brittany Witherspoon
Rachel Wittebols
Brandon Wolliston
Patricia Woodside
Shirley Wright-Hayes
Rebecca Wynzarden
Susan Yahia
NASW Virtual Book Club Wraps Up for the 2017-2018 Year

NASW’s Virtual Book Club has completed its first year! The Book Club, meeting online to discuss books chosen by the club itself, offered up to 18 CEUs this past year for just $69.00 (with a discount for NASW members!)

Books read included:

- Becoming Nicole: The Transformation of an American Family by Amy Ellis Nutt
- Braving the Wilderness: The Quest for True Belonging and the Courage to Stand Alone by Brene Brown, PhD, LMSW
- I Am Malala: The Girl Who Stood Up for Education and Was Shot by the Taliban by Malala Yousafzai
- Quiet: The Power of Introverts in a World That Can’t Stop Talking by Susan Cain
- The New Jim Crow: Mass Incarceration in the Age of Colorblindness by Michelle Alexander
- Three Little Words by Ashley Rhodes-Courter

Feedback for the group has been very positive, with group members praising the range of topics addressed in the books, discovering books they would not have heard about otherwise, and getting CEUs for learning in an enjoyable way. Participants have commented “I really found the books so far to be valuable to increasing my knowledge base as a human and professional,” and “…reading on the different topics has enhanced my awareness more so than traditional options.”

NASW-MI is currently going over the feedback to make the 2018-2019 Book Club even better. For those interested, more information can be found here: http://www.nasw-michigan.org/news/news.asp?id=385777
The recent mass shooting in Florida is a tragedy, especially when preceded by the shooting in Sutherland Springs, Texas, only a few months ago. The continual, devastating tragedies call us to examine and take action on the real causes of gun violence in America, as these tragedies continue to arise. Together, we must bravely discuss the real actions needed to dramatically reduce gun-related violence in our country.

To be clear, my call for such a clear-eyed examination is not an argument for or against gun control. That is a different topic for a different day. In the wake of the Florida school shooting, I am calling, as are many others in the mental health and public safety arenas across the country, that we stop derailing this difficult but sorely needed examination by scapegoating, in the wake of tragic mass shootings, those with mental illness, while doing nothing to address this nation’s gun violence nor its mental health needs.

Attempts to connect every violent act to mental illness represent an inaccurate and simplistic analysis to a complex problem. Study after study has shown that persons with mental illness are more likely to be victims of violence than perpetrators. A comprehensive study of gun violence in America found that only 4% of American gun deaths are related to mental illness. The bulk of these are suicides and do not involved violence to others.

Additionally, if mental illness were truly the cause of gun violence, then other developed countries with comparable mental health spending, and mental health practitioners per capita would have similar levels of gun violence.

None of them do.

While there are 33 gun deaths in the U.S. per year, per million people, there were only 5 per year, per million in Canada and 0.7 per million in Britain.

Ironically, while repeatedly calling, after nearly every mass shooting, for the examination of a person’s mental stability as part of gun purchase, Congress passed and President Donald Trump recently signed a bill eliminating rules, which would limit gun access for those with mental illness. While these prohibitions are controversial, given the delicate balance between civil liberties and public safety, eliminating this rule instead of refining it was a missed opportunity and sadly ironic.

Equally ironic is the contrast of the call, in the wake of a mass shooting, for improved access, by all Americans, to mental health services, while those sounding that call are also working to cut Medicaid and Affordable Healthcare Act (ACA)-supported health insurance which are among the chief tools for ensuring such access to mental health and substance use disorder treatment.

I mourn the victims of this senseless violence in Florida, as we have mourned for the victims so many high-profile killings, and those that do not make the press, over the past several years. I grieve for the families who have lost loved ones.

I, along with many across the country, want to ignite a conversation. A conversation around the real causes of gun violence and around the need to stop scapegoating those working so hard to live with and recover from mental illness.

Robert Sheehan is the chief executive officer of the Community Mental Health Association of Michigan (formerly, the Michigan Association of Community Mental Health Boards).

This article was published on March 8th, 2018, in the Lansing State Journal.

Common Licensing Sanctions and How to Avoid Them

- Jeffrey Burtka, Burtka Law PLLC

It takes a lot of time and effort to become a licensed social worker, but it also takes some effort, and smarts, to maintain a license in good standing. Social workers should know what kind of actions will cause them to lose their hard-earned clean record, and perhaps their license.

The State of Michigan monitors and audits licensees for compliance with statutes and administrative rules governing licensed professionals, including social workers. Not only the government can initiate an investigation against a social worker; anyone with knowledge of a violation can file a complaint with the state. If the Department of Licensing and Regulatory Affairs (LARA) receives a complaint, it will initiate an investigation, and it will issue a formal administrative complaint if it finds sufficient evidence of a violation. If an administrative complaint is issued, then a social worker will likely be liable for sanctions, unless he or she can prove the state’s allegations are false.

Between November 2016 and November 2017, about seventy-five social workers were sanctioned by the Michigan Board of Social Work. The sanctions included public reprimands, fines, probation, and license suspensions and revocations. The sanctions’ severity depends on many factors, including the number of violations, the social worker’s previous record, and whether anyone was harmed.

Some of the most common violations that the state sanctions are failure to complete continuing education credits (CEs), negligence, incompetence, substance abuse issues, and violations arising from criminal convictions.

Failure to Complete CEs

The Public Health Code and Michigan Administrative Code require each social worker to complete 45 hours of CEs every three years. Of those 45 hours, five must be in ethics, two must concern pain and pain symptom management. When submitting an application to renew a license, social workers must certify that they have completed the required CEs.

The state audits CEs and will randomly contact social workers with requests to provide proof that they completed the CEs. When a social worker fails to provide proof of CEs, the state will issue an administrative complaint and usually will allege two violations: one for failure to complete the CEs under Mich Admin Code 338.2961(1) and one for failure to submit evidence of completion of the CEs. Mich Admin Code 338.2961(2) requires social workers to retain documentation proving completion of the CEs for four years after “the date of applying for license renewal.”

Negligence and Incompetence

Negligence and incompetence are not exactly the same, but they are very similar and are both found in MCL 333.16221. Negligence essentially means that a social worker committed an act or series of acts that were below the general duty of care required of all social workers. Incompetence means that a social worker’s actions demonstrate a lack of competence in the field. The legislature has defined “incompetence” as “a departure from, or failure to conform to, minimal standards of acceptable and prevailing practice for a health profession, whether or not actual injury occurs.” MCL 333.16106(1). Because they are so similar, the state often alleges both violations when bringing a complaint based on a social worker’s bad acts or mistakes. These violations are usually reported by clients, their families, or coworkers who believe that a social worker has not been living up to the profession’s standards.

To avoid negligence and incompetence violations, follow the rules, treat your clients well, communicate with your clients, and don’t do anything questionable. Incompetence complaints can be avoided if the social worker follows the Social Work Scope of Practice, the guidelines established in the licensure law’s general rules, and the Michigan Public Health Code. Some of the common acts that have led to negligence and incompetence violations are failure to document clinical notes and care plans, failure to manage a client’s case, failure to communicate with clients (and their families when appropriate), and failure to follow up with other providers regarding a client’s care plan. If you are vigilant when protecting clients’ needs and advocating for clients, communicate with clients and other interested parties, and properly document services and care plans in clients’ files, the state is unlikely to find cause to sanction your license.
Substance Abuse Violations

Having a substance abuse disorder is a violation of the Public Health Code. Michigan law defines a “substance abuse disorder” as a “chronic disorder in which repeated use of alcohol, drugs, or both, results in significant and adverse consequences.” MCL 330.1100d. If the state finds that a social worker has a substance abuse addiction, this could be cause for a complaint. However, the state may allow a social worker with a substance abuse disorder to enter the Health Professional Recovery Program (HPRP), a confidential program that allows professionals to work on their substance issues if they acknowledge they have a problem and are willing to limit their practice or withdraw from it.

A full discussion of HPRP is beyond the scope of this article, but the program is a good opportunity for social workers with substance abuse issues to remedy the issues without receiving an administrative complaint. However, failure to comply with HPRP’s terms will lead to an administrative complaint and likely suspension or revocation of a license.

Criminal Convictions

The state can sanction a social worker for a variety of criminal convictions. The specific convictions that could lead to a license sanction are too numerous to discuss here. If you find yourself charged with a crime, it is important to consult with your criminal defense attorney about the possible licensing ramifications of a plea deal and to see if your attorney can negotiate a plea to a crime that would not violate the Public Health Code. Even if your attorney does work out a favorable deal, remember that the state can always allege negligence or incompetence because of your criminal conviction.

Never try to hide a conviction from the state. All licensed social workers have a duty to report any conviction to LARA within 30 days of conviction. MCL 333.16222(3). It is important to note that this duty begins on the date of conviction, not sentencing, so do not wait until you receive your final sentence before reporting. Failure to report any conviction, or licensing sanction from another state, is a violation of the Public Health Code and will result in an administrative complaint and sanctions. The form to report a conviction is available here: https://www.michigan.gov/documents/lara/lara_ED-206_Criminal_Sister_State_Self_Reporting_2_475557_7.pdf.

Final Thoughts

The above is just a sampling of the most common reasons for license sanctions. There are plenty of other possible violations, including multiple statutes for improper billing, but these additional violations are less common and usually are alleged as additional counts in an administrative complaint that alleges one of the more common violations.

One last word of advice: It is important to remember that one bad decision can have lasting, negative consequences. If you think an action might be illegal or unethical, do not do it. If it’s a gray area, it’s usually not worth the risk that the state’s opinion will be different from yours. If you feel the need to persist, consult an attorney for advice, or, when in doubt about an ethical question, all NASW members can contact the Michigan Chapter’s Ethics Committee (http://www.nasw-michigan.org/?page=Ethics). The Ethics Committee will not provide advice or tell members what to do, but it will guide members to the appropriate resources to help them make a decision.

Jeffrey Burtka is an attorney and the owner of Burtka Law PLLC. His primarily practices in the areas of professional licensing defense, defending healthcare professionals against Medicare revocations and overpayment claims, as well as estate planning. He represents clients throughout the State of Michigan.

The information in this article is provided for informational purposes and is not legal advice, nor does it create an attorney-client relationship between you and Burtka Law PLLC. Nothing herein should be relied on or used without consulting a lawyer to consider your specific circumstances and possible changes to applicable laws, rules, and regulations.
Avoiding Malpractice: Tips for Social Workers to Manage Risk

As licensed practitioners, there is no doubt that you should have a professional liability insurance policy to cover you for malpractice, a cyber or data breach insurance policy to insure you for HIPAA violations arising from third party information breach, and a general liability insurance policy covering your office, fire perils, bodily injury, and third party property.

This month we will continue to discuss some of the most important liability insurance terms that you need to know: Vicarious Liability and Waivers.

Vicarious Liability

Vicarious liability is an insurance term that means a shift in responsibility from one to another based on an existing relationship. Vicarious liability is the responsibility for an action arising from an incident being shifted from a certain entity or person to another entity or person. This is also known as a contingent liability.

Relationship examples include employee to employer, child to parent, or independent contractor to business. Many NASW Risk Retention Group professional liability policyholders act as independent contractors or as employees of social work agencies or in clinical hospital settings as employees. They also act as practice owners with employees and independent contractors on staff.

Therefore, a relationship exists and so does vicarious liability. You as the owner of the practice then become liable for your employees’ and your independent contractors’ actions or inactions.

So what do I look for in my professional liability policy? Make sure that you have adequate malpractice liability coverage for yourself as a result of your practice having employees and/or independent contractors. Incremental coverage options are available with an incremental premium.

It is important to know that a malpractice professional liability policy does not cover employment incidents such as wage, overtime, salary or benefit disputes, retaliation, harassment, or workplace discrimination for example. If your practice wants coverage for these perils, you will need to buy an Employer’s Professional Liability Insurance policy.

Waivers

A waiver is a voluntary surrender of a right or privilege that exists. An implied example in a professional liability insurance policy by virtue of the policy contract language is the insured waiving the insured’s rights to choose a preferred legal defense attorney at the expense of the insurance carrier, in lieu of the insurance carrier providing an assigned legal defense attorney at its own expense.

This is a common practice in the industry in order to control legal defense costs and to keep premiums low. Insurance carriers negotiate favorable legal defense hourly rates at a national level with skilled and thoroughly vetted attorneys who are expert in professional liability matters.

In other examples, the insurance policy has the waiver of subrogation rights by the insurer in favor of the insured in a deductible insurance policy. This means that the insurer is waiving its right to pursue other avenues for recovery from other parties in exchange for the insured paying a deductible for example.

Michiganders may soon see a major barrier being lifted by the legislature. Driver Responsibility Fees, long seen as a modern day debtors’ prison for the working poor, are once again being debated by Michigan lawmakers - and this time, they might go away for good.

Driver Responsibility Fees were instituted in 2003 as a way to punish drivers facing driving charges (from the serious, like impaired or reckless driving, to the less serious, like driving without insurance or without a license), or who had accrued more than seven points for traffic tickets. They were also (some would say, primarily) created to help Michigan’s then-faltering economy - and they did, raising between $99 and $115 million per year.

Criticism of Driver Responsibilities started almost immediately, and it hasn’t stopped. Many see them as the definition of double jeopardy. Once someone has paid their initial fine, they then must pay Driver Responsibility Fees, which can be up to $1,000 per offense. If they don’t pay within 30 days, their license is then suspended, and, if they manage to pay off the fine, they then must pay a license reinstatement fee of $125. If they can’t pay the fine, they’ll receive another Driver Responsibility Fee, trapping Michigan drivers in an endless cycle.

In October, the Michigan Senate voted unanimously to eliminate the Driver Responsibility Program. The House bill is currently in committee; while the Senate’s proposal would eliminate any debt that’s at least 6 years old (approximately $300 million) by October 2018, the House proposes eliminating all existing driver fees.

The two chambers are currently trying to reconcile differences in their bills, and both have put a priority on eliminating Driver Responsibility Fees by the end of the year. The bills have bipartisan support, with both Republicans and Democrats acknowledging the undue burden these fees place on Michigan’s poorest residents: “This was a huge burden on the working poor,” said Speaker of the House Tom Leonard, with many of his colleagues echoing his sentiments.

The current system doesn’t help the people that it hurts: it just makes it harder for them to climb out of the hole that it’s dug for them. The elimination of Driver Responsibility Fees will be a win for social justice efforts in Michigan, and hopefully signals the beginning of even bigger reforms.

- Mathilde Finnegan, Policy Intern, NASW-Michigan
Lead, Advocate, Champion: Social Workers Talk Issues at the Capitol

Social workers share their experience being on the frontline of pressing issues

March 22. 2018. LANSING – More than 40 social workers were in the Capitol in Lansing on Wednesday to share their experiences with lawmakers and to ensure that elected officials know what social workers on the frontline are seeing when it comes to the state’s most pressing issues. The visit to Lansing comes during Social Work Month which is observed across the country for the month of March.

“Social workers are involved in the everyday lives of hundreds of thousands of Michiganders including in healthcare, mental health, substance abuse and more,” said Allan Wachendorfer, Director of Public Policy for the National Association of Social Workers – Michigan Chapter (NASW-Michigan). “We are here in Lansing today to make sure our elected representatives know what’s going on so that they can work to put forth the best policies to tackle the issues impacting millions more across the state.”

There are more than 22,000 licensed social workers in the state of Michigan, occupying every one of the state’s 83 counties. Social workers are also the largest group of mental health providers in the nation.

During their Capitol visit, the group talked to elected officials in both the state senate and house of representatives about topics such as the opioid epidemic, criminal justice, issues facing the LGBTQ community, mental health access, and more.

“As a clinical and macro social worker, today provided an opportunity to blend the two and help policy makers recognize the impact legislation has in the lives of the clients social workers serve,” said Maxine Thome, Executive Director for NASW-Michigan. “We need change and we need advocacy on every level.”

In addition to meeting with state lawmakers, attendees watched Wednesday’s Michigan State House of Representative’s session from the House Gallery and was recognized by representatives. Earlier this month, the body passed a resolution recognizing March as Social work Month.

To view all of the pictures from the 2018 Capitol Action Day, click here.

Social work participants:
- Kelsey Alkire
- Christine Badour
- Jessica Black
- Erin Cavanaugh
- Erin Comartin
- Colleen Crossey
- Cheryl Des Montaignes
- Dustin Feinberg
- Chris Fike
- Tilly Finnegan
- Angel Foster
- Tamara Franklin
- Eric Fuller
- Susan Grettenberger
- Justin Hodge
- Alexandra Johnson
- Max Klaw
- Laura Lefever
- Tina Louise
- Dave Manville
- Lindsey Matson
- Cassandra Northrup
- Rachel Osmer
- Brigette Robarge
- Gabby Santiago-Romero
- Alan Sides
- Elayne Smith
- Shannon Smith
- Elizabeth Sumerix
- Joshua Thelen
- Elizabeth Tompkins
- Sarah Twitchell
- Christina Uplinger

Legislators met with:
- Representative Chris Afendoulis
- Representative Darin Camilleri
- Representative Brian K. Elder
- Representative Sherry Gay-Dagnogo
- Senator Vincent Gregory
- Representative Tim Greimel
- Representative Roger Hauck
- Senator Curtis Hertel Jr.
• Senator Hoon-Yung Hopgood
• Representative Gary Howell
• Representative Holly Hughes
• Senator David Knezek
• Representative David LaGrand
• Senator Jim Marleau
• Senator Arlan Meekhof
• Representative Kristy Pagan
• Representative Sam Singh
• Senator Coleman A. Young II

** A special thank you to Senator David Knezek for his sponsorship of the event.

Thank you to the Schools of Social Work across the State of Michigan who sent staff and students to support Capitol Action Day. Your support is what makes events like Capitol Action Day possible.

• Central Michigan University
• Eastern Michigan University
• Grand Valley State University
• Madonna University
• Michigan State University
• Oakland University
• Saginaw Valley State University
• Spring Arbor University
• University of Michigan
• Wayne State University
• Western Michigan University

Rep. Stephanie Chang, MSW meets with NASW staff to discuss ways that we can better support the field

Social workers gather in the Capitol rotunda at the first ever NASW-Michigan Capitol Action Day

Lindsay Matson, Cassandra Northrup, Dustin Feinberg, and Laura Lefever meet with Senator Coleman Young (Detroit)

Director of Public Policy Allan Wachendorfer and lobbyist Noah Smith train attendees on the best tactics to use when meeting with legislators
Ethics and Social Work Students in Your Practice

- Mary A. Eldredge, LMSW. University of Michigan School of Social Work

Social work has always been a values-based profession. Indeed, one could say that this is what sets us apart from other helping professions. In its earliest days, social work was an extension of individual morals and the drive to do what was right. Eventually, there came a call to formalize what the profession stood for as a whole as there were many variations of what was moral and right. The National Association of Social Workers (NASW) first promulgated what we recognize as the NASW Code of Ethics in 1960. As of 2017, there have now been five revisions to that Code over these past 58 years. The Council on Social Work Education (CSWE) has been the leader in organizing and standardizing formal social work education since 1952 and has been the accreditation body for social work programs since 1973. NASW and CSWE together form the professional basis of social work and both organizations stand behind our set of values and ethics (CSWE, 2015; CSWE, 2008; NASW, 2017; NASW, 2008 and Reamer, 2001). But how do we teach these ethics to our protégés?

Like many, I found that there were references to the NASW Code of Ethics in my coursework but, in reality, little explicit discussion about the Code. Indeed, as a field education faculty, I find many tenured practitioners have not thoroughly read the Code in some years. Students tend to describe the Code of Ethics as “the things not to do” and are able to recite the big, inflammatory issues such as “never have sex with your clients” or “don’t breach confidentiality” but not more pedestrian topics. While the high profile issues are important and necessary, to think those are the highlight of the Code is both stymieing and disappointing.

The NASW Code of Ethics provides us with the scaffolding to support all social work. The Code outlines our professional values and six distinct areas of responsibilities. Robert Taibbi (2013) suggests that we think about these areas of responsibilities “…along cooperative, protective and intentional lines” (p. 200). Cooperative standards are those that manage our interactions with client rights and involvement, while protective standards are about the management of risk of harm to clients and to the professional. Intentional standards are as they sound – how we, as social workers, conscientiously engage in our practice (Taibbi, 2013). Indeed, Taibbi’s (2013) suggestions are similar to where we are now, with regard to the evolution of conceptualizing and teaching ethics to social workers. We have moved from a moral-centric view to a dilemma-based approach to the idea; our ethics serve as a risk management tool (Reamer, 2012). I propose that the most effective method is a comprehensive model of teaching ethics.

A comprehensive method of teaching the NASW Code of Ethics expands its applicability to everyday practice, as a practitioner resource for consultation, and as a tool for both decision-making and quality assurance or risk management. In short, the Code is each social worker’s personal guru. One student who was a fan of Star Trek equated the Code with the “Prime Directive,” while another equated it to his religious text, stating “It’s like the word of God for social work.” For me, I think of the Code as why I do what I do in the manner I do it. It’s much more affirming and empowering than a book of thou-shalt-nots. For example, one of my favorite standards is that we consult with our colleagues (2.05 Consultation) when in doubt rather than operate as a lone entity. This, in particular, will serve as a lifeline for those of us finding ourselves as the only social worker in a growing number of cross-discipline host settings such as outpatient medical or legal offices.

A comprehensive model of ethics (whether teaching your student interns or synthesizing ethics more explicitly into your own practice), involves several steps of integration. First and foremost, obtain a current copy of the NASW Code of Ethics (the 2017 version is available at https://www.socialworkers.org/About/Ethics/Code-of-Ethics). Read it from cover to cover. Keep it at your desk and reference it regularly. Require your social work student interns to do the same and then include it in your weekly supervision meetings with them. I like to have my supervisees identify at least one standard from each of the six sections that informed their work over the course of the week. This helps us to see the integration of the Code into our everyday practice; we become more conscious of how we use our ethical base in daily navigation rather than seeing ethics consideration in response only to the presentation of a blatant dilemma. This practice brings ethical practice to the forefront and keeps it there for both our students and for ourselves.

Use current work-based situations, anecdotal case studies, and even current events to talk with your student interns. Sometimes, it is
difficult for students to identify where they have encountered or mobilized ethical standards when they have only been in placement a matter of days, or are not actively seeing clients, or are working on macro projects that seem well-scripted for them. Help them tease out the standards that have already been considered on a project or with a case. For example, a student working on macro projects might think about the ethics surrounding records management (1.07 Privacy and Confidentiality or 3.04 Client Records) or billing protocols (1.13 Payment for Services or 3.05 Billing). Stretch your interpersonal practice students to consider items like Evaluation and Research (5.02) when they are talking about implementing programs and interventions or getting the public to participate in providing consultation and guidance (6.02 Public Participation).

The use of stories from your own professional past -- whether mistakes or dilemmas -- tend to be highly beneficial to students. Tell your students about a time where things threatened to go or did go a little off track, and then ask them to use their critical thinking to identify the guiding ethical principles that came into play. Discuss how you made the decisions you did, how those decisions were rooted in our Code of Ethics, how you documented your response and, finally, how you monitored the situation. Similarly, use current event news stories as a discussion point during supervision. These are the types of discussions that help bring the implicit application of ethics in daily practice into the explicit reflection of supervision.

As a profession, we still observe something akin to the “Moral Purpose” on which social work was founded. Today, we call these our Values/Ethical Principles, and these precede the ethical standards in the NASW Code of Ethics. In a comprehensive model of ethics, we use these to help educate others -- and sometimes ourselves -- as to why the lens of social work is necessary. Make sure that you spend time with your social work student interns discussing questions related to “Why social work and not another helping profession?”. These discussions will feed your student’s competence in developing their own sense of professional identity as well as their ability to advocate for the necessity and validity of the social work profession as a whole.

A more recent application is the use of ethics as the basis for a risk management or quality assurance tool has been promoted by Reamer (2004). This conceptualization encourages using the NASW Code of Ethics as an audit protocol to identify risks of harm and risk level to all stakeholders (including clients, students, the agency, etc.). The idea of harm includes lawsuits, emotional harm, licensing complaints, damaged reputations, and so forth. Reamer suggests that practitioners audit their practices to see where there are opportunities for ethical violations, make modifications where applicable, and develop protocols for resolving ethical dilemmas. This type of audit and response is appropriate for both the individual as well as for a large organization. Once again, this practice brings ethics to an explicit level of consideration. A rich learning opportunity for a social work student might be to perform a comparison of policies/practices at your site alongside the NASW Code of Ethics and identify where there is potential for risk, as well as potential development of protective protocols.

I challenge you to pull out (or download, or order) the NASW Code of Ethics today, read it and start having discussions with your social work student interns about how the Code informs your everyday practice. Consider a comprehensive approach to integrating ethics discussions at your worksite and raising the awareness of ethics integration to a level of explicit conscientiousness. You will be contributing to a more empowered, more affirmed colleague.

References


**Medicaid Work Requirements**

The most recent concerning legislation to be introduced is Senate Bill 897 from Senator Mike Shirkey (R-Hillsdale), which would call for work requirements for Medicaid recipients. While several other bills of this nature have been introduced since last fall (HB 5317, 5590, 5701), Shirkey’s bill has the most “teeth” and is the one most likely to get some traction due to his position in the legislature as the likely next Senate Majority Leader. A house version, HB 5716 has also been introduced by Rep. Lee Chatfield which mirrors the Senate Bill.

SB 897 comes on the heels of the Trump Administration’s recent announcement that CMS would begin approving waivers to allow such requirements to be put in place. It’s a rather unprecedented move being that 1115 waivers are traditionally granted to states' that are piloting innovative or expanded services, not proposals to limit access. Since Medicaid’s inception, work requirements have never been in place.

SB 897 would require recipients who are “able-bodied” to work 29 hours per week in order to maintain coverage in the program – similar to requirements currently in place for food (FAP) and cash (FIP) assistance. DHHS would be penalized if the requirements are not put in place. Kentucky has already been approved for a similar waiver but is also facing lawsuits because waivers are theoretically supposed to “improve” health outcomes.

There are a number of issues with such a recommendation. One is cost – which may be the most convincing argument to derail the plan. Early estimates are as much as $500 million in administrative costs alone. This doesn’t include IT costs or more importantly – costs for uncompensated care. Opponents also argue that it will be bureaucratically complicated to implement and DHHS likely does not have the staffing to do it.

While the bill does call for exemptions for those with disabilities, thousands of others will fall through the cracks, including people with physical and behavioral health issues that prevent them from working as much as they want to or people who lack work supports such as job search assistance, job training, childcare, or transportation assistance.

NASW recently submitted testimony in the Senate Michigan Competitiveness Committee. A substitute bill was adopted that addressed many previous concerns, however many gaps still exist. NASW, together with dozens of other statewide organizations believe that requiring adults on Medicaid to work to maintain their health care will result in a loss of health coverage for many Michigan citizens, making it harder for them to secure and maintain employment.

*Go here to read our testimony, stay up to date, or write a letter to your legislator: https://bit.ly/2J53ihh*

**CARES Task Force Update**


The House C.A.R.E.S. (Community, Access, Resources, Education, and Safety) Task Force was a bipartisan group of legislators from the House of Representatives who aimed to identify problems and solutions for the Michigan mental health system, specifically where it intersects with criminal justice. The new report outlines a number of possible solutions that could help enhance current services, and reduce existing barriers to mental health care.

*The following are bills that have recently been introduced in response to the report:*

- **HB 5085** would direct 4% of revenues from liquor taxes to Michigan’s local community mental health agencies for administration and delivery of substance use disorder prevention and treatment programs. At least 25% must be used for programs not exclusively related to alcohol. The bills would also direct DHHS to seek additional funds via federal funding, grants, and any available matching funds. The bill would equate to approximately $17m in additional funding for substance abuse treatment distributed via the ten regional Prepaid Inpatient Health Plans (PIHPs). The bill recently passed the House Health Policy Committee and now moves to the House floor – NASW supported.

- **HB5450-52** would eliminate the broad employment ban in licensed inpatient facilities
for most misdemeanors and felonies and reduce the length of ban for more serious crimes. Employers would still have the choice of employing individuals or not. For certain less serious felonies, the ban would be reduced from 15 years to 10 years. For certain less serious misdemeanors, the ban would be reduced from 10 years to 5 years. The bill recently heard testimony in House Law and Justice Committee – NASW supported.

• **HB 5487** would create a “universal credentialing” process whereby a licensed health professional who meets the criteria to be reimbursed by one Medicaid Health Management Organization (HMO), automatically can be reimbursed by ALL HMOs. The bill recently passed the House unanimously – NASW supported.

• **HB 5439** would require the MDHHS to create and administer an electronic inpatient psychiatric bed registry for the purposes of identifying available beds in Michigan. Facilities would be required to provide real time status of available beds. The beds would be categorized by patient gender, acuity, age, and diagnosis. Qualifications for individuals in need would still be subject to the regular requirements of each facility. The registry would be made accessible to PIHPs, health plans, CMHs, hospitals, and other appropriate providers. The bill recently passed the House almost unanimously and now moves to the Senate Health Policy Committee for consideration – NASW supported.

• **HB 5524** requires MDE and MDHHS to create a professional development course in “mental health first aid” for teachers identifying potential risk factors and warning signs, strategies for dealing with a crisis are included. The bill recently passed the House almost unanimously and now moves to the Senate Health Policy Committee for consideration – NASW supported.

• **HB 5619** prioritizes individuals with certain mental illnesses and foster care children for CMH services. Currently, the Mental Health Code requires CMH to give priority to services for individuals with the most severe forms of serious mental illness, serious emotional disturbance, or developmental disability and for those with less severe forms who are in urgent or emergency situations. The bill would remove the term “most severe” and replace it with a list of priority populations including:
  - schizophrenia, schizoaffective disorder, bipolar disorder, major depression, obsessive compulsive disorder, delusional disorder, psychotic disorder not attributable to general medical condition, or borderline personality disorder, including any of the preceding co-occurring with substance use disorders;
  - Individuals with a serious mental illness or serious emotional disturbance whose level of functioning is determined to be severely impaired based on a DHHS-approved instrument for measuring severity of condition;
  - and children who require any level of mental health treatment and who are placed by DHHS into residential foster care.

Proponents maintain that to some degree this may help provide consistency across the state, whereas now the level of subjectivity and resources available in each CMH allows for inconsistency – ultimately leading to geography-based service determination. Proponents note that priority status does not guarantee acceptance for services or particular types of services and doesn’t preclude CMH from accepting non-priority status individuals. However, Medicaid services, if deemed required, must be provided promptly and a majority of state funding must be spent on priority clients.

Opponents maintain that this will take away local experts’ discretion to provide services based on need. If consistency across counties is to be reached we need to look at bolstering resources in counties that currently lack them. Striking out “most severe” potentially blurs the lines between the PIHP and HMO service populations and may be interpreted as shifting the responsibility for mild to moderate mental illnesses to the CMH without the shift of funding needed to provide those services. Opponents also argue the bill would create budget constraints by prioritizing foster children who may otherwise be served by the HMO system – again blurring the lines in the bifurcated system.
Driver Responsibility Fees

The Governor and GOP leadership recently came to an agreement on a bi-partisan, bi-cameral set of bills aimed to end “driver responsibility fees (DRF),” which are fees attached to past driving infractions, imposed by legislation back in 2003. In 2011, the fees were reduced, but the legislature, via HB 5040-5046, and 5079 & 5080, and SB 609-615, and SB 624-625, now aims at “total amnesty” by eliminating the fee altogether. The House bills call for total amnesty immediately whereas the Senate bills would phase in the amnesty over 6 years with immediate amnesty for any debt over 6 years old. It now seems the agreement will favor the House version of the bills in exchange for a tax deal that increases the personal income tax exemption to $4,900. The change is part of a legislative fix to restore the tax break after its use was rendered incompatible with the recent federal tax overhaul.

Unsurprisingly, DRFs hit low-income families and lower-skilled workers disproportionately, and directly contributes to the cycle of poverty. Some of the statistics are staggering: the average individual who owes a DRF owes $1,600, but some owe more than $10,000. Currently, more than 300,000 drivers have a suspended license because they cannot pay their DRFs. The vicious circle is that many of these drivers still have to get to work, and risk driving on a suspended license. If they are pulled over with a suspended license – or without insurance because they don’t have a valid license to get it – they are charged with another infraction that includes, you guessed it, another DRF assessment. And on the cycle goes.

NASW-Michigan, as in the past, supports this legislation and is pleased to see it moving to the Governor for a signature.

Child Custody Bills

Senate Bills 419-21, introduced by Senators Emmons, Pavlov, and Jones, respectively, were introduced in light of recent court decisions about child removals in neglect cases. The bills would define “neglect” in the juvenile code, Child Protection Law, and the Child Abuse and Neglect Prevention Act. Currently neglect occurs when a parent fails to provide adequate food, clothing, shelter, or medical care, but the statutes do not contain a standard definition of neglect. The definitions also do not take into account whether a parent has adequate resources and whether a parent was offered financial or other assistance to rectify the situation.

Furthermore, currently, when a child is removed based on neglect, any time the mother has a child in the future she is automatically flagged for an investigation. Judges have the discretion to terminate custody solely based on the previous removal regardless of the change in circumstances that led to the previous removal. The bills would require the court to make additional or different findings in order to terminate parental rights – a reflection of a 2016 Michigan Court of Appeals decision.

The bills have been signed by the Governor as PA 58 of 2018. NASW supports the bills.

Child Abuse Registry

A 3-bill package was recently introduced that creates a Child Abuse Offenders Registry, along the same lines as Michigan's Sex Offender Registry. SB 261, 62, and 63 are awaiting a final vote on the Senate floor. In fact, the bills are modeled very closely to the existing registry, though it is a separate registry, not combined with the Sex Offender Registry (SOR). It would include both a law enforcement-only registry, and a registry viewable by the public, again, tracking Michigan’s SOR.

Criminal Sexual Conduct and Youth

House Bills 5530 and 5531 are sponsored by Rep. Lana Theis, a Republican from Livingston County. HB 5530 prohibits a student who was convicted as an adult or a juvenile of Criminal Sexual Conduct 1st, 2nd, 3rd, 4th, or attempted CSC, from attending that school again if the victim still attends that school. HB 5531 adds criminal sexual conduct to the zero tolerance/mandatory expulsion for a weapon statute. Both bills are currently in the House Law and Justice committee awaiting a hearing. HB 5532, sponsored by Rep. Sylvia Santana, is a companion bill to HB 5530 and rounds-out the 3-bill package. All 3 bills have passed the House and have been referred to the Senate Judiciary Committee.

Sexual Assault Package

A series of bills have recently been introduced following the sexual assault scandal of sports doctor Larry Nassar. One particular bi-partisan bill package, moving swiftly, was introduced, heard...
testimony, and passed out of Senate Judiciary all on the same day. The package includes Senate Bills 871-880. NASW-Michigan will continue to follow this and all related legislation keep members updated, and weigh in where and when it is appropriate.

**Briefly:**

- SB 871 (O’Brien) eliminates the statute of limitations for 2nd degree criminal sexual conduct (CSC) violations in which the victim was under 18 and extend the statute of limitations for 3rd degree CSC to 30 years after the offense or 30 after the victim turns 18, whichever is later. Currently the limitation is 10 years or age 21 of the victim, whichever is later.
- SB 872 (Knezek) extends the statute of limitations for CSC retroactively, and adds a grace period for minor victims.
- SB 873 (O’Brien) would amend the Child Protection Law to extend reporting requirements to individuals employed in a professional capacity at a postsecondary educational institution and K-12 sports coaches and volunteers.
- SB 874 and 880 (Jones) would increase the criminal penalties for failure of a mandated reporter to report from a 90-day misdemeanor to a 2-year felony.
- SB 875 (O’Brien) Allows a survivor of child sexual abuse to file a Notice of Intent in a manner that protects his or her identity throughout the proceedings.
- SB 876 (Horn) would amend the Revised Judicature Act to specify that periods of limitations for claims against the State would not apply to a claim of sexual misconduct committed against an individual who was less than 18 years of age.
- SB 877 (Knollenberg) ends governmental immunity for those who engage in childhood sexual abuse and those who enable childhood sexual abuse.
- SB 878 (Hertel) and SB 879 (O’Brien) increases the maximum criminal penalty for aggravated possession of heinous Child Sexually Abusive Material (CSAM) and over 100 images of CSAM to 10 years in prison and $50,000 fine. Also creates a mandatory minimum sentence of 5 years for repeat offenders.
- SB 873, 874, and 880 have generated some concern among NASW members. Namely that these bills are unlikely to address the concerns they are intended to address, a 2-year penalty is too long, and if volunteers and coaches are included, training should be provided.

**Related:**

- HB 5407, introduced by Representative Hughes – Muskegon County, would require the presence of the defendant during presentation of victim oral impact statement(s) unless the judge deems that the defendant would be disruptive or presents a threat to the safety of any individuals present in the courtroom. Another consideration that will likely be added to the bill is allowing the survivor to request the perpetrator not be in the courtroom during the statement. The bill recently passed the House Law and Justice Committee and awaits action on the House Floor.

**Ongoing Budget Issue: Disabled, Aged, and Blind Medicaid**

Medicaid redeterminations may be unintentionally hurting providers and clients. Over the past 2 years there has been a significant shift in enrollment patterns for Medicaid clients at a time when enrollment continues to increase. Almost 12,000 people statewide have been transferred from DAB - a Medicaid program set-up specifically for the Disabled, Aged 65+, and Blind - to the Healthy Michigan Plan (HMP). According to the Community Mental Health Association of Michigan, this costs Community Mental Health providers across the state millions of dollars.

How? The current capitated rate for the DAB program is $262.39, while the Healthy Michigan Plan rate is only $27.30. From fiscal year 2016 to fiscal year 2017 the average monthly DAB enrollment dropped by 10,866 individuals, which represents a potential $29 million loss for the service providers. This could be even worse if those who left the DAB program were moved to the TANF program. In that case, the yearly losses would be as much as $32 million. Lending support to the theory that enrollment shifting is occurring is that during the same time period DAB enrollment decreased,
Legislative Updates

overall Medicaid enrollment increased by 87,103 people. The CMHAM believes that the DAB issue has left a nearly $100 million hole in CMH budgets across the state. They are currently asking the legislature for a budget supplemental to cover the past losses and come up with a permanent fix in the future budgets.

This shift affects not only the budgets of the service providers, but also the well-being of the clients. Those who are enrolled in DAB have their benefits protected as an entitlement, which means that changes to services must be medically necessary. Those who are enrolled in the HMP are not protected by this and their costs could rise after 48 months in the program.

It is not clear why or how this is being done. It is possible that caseworkers are making the enrollment changes thinking they are helping their clients. However, it is clear that this is not helping. NASW-Michigan is hoping to raise awareness of this issue so that social workers will ensure that this is not happening in their county offices.

Washington Update

https://www.socialworkers.org/advocacy/washington-update

Sign up to receive monthly updates: http://bit.ly/2th7uGE  

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Faith and Social Work Practice the Topic of Statewide Twitter Chat

On March 14th, 2018 NASW-Michigan hosted a first statewide Twitter chat on the topic of Faith and Social Work Practice. This chat explored the experiences of four social work students from across Michigan and their thoughts on faith and spirituality. A twitter chat is a unique way to engage social workers around a common hashtag, in this case #Faith&SW.

**NASW-Michigan would like to thank our ULink students who pulled together the event and to our four panelists:**

- **Morgan Martin**, BSW student at Cornerstone University
- **Denard Fenaud**, MSW student at Andrews University
- **Daniel Kaplan**, MSW student at the University of Michigan
- **Erik Fuller**, MSW student at Western Michigan University

Over the past few decades, the role of religion and spirituality in health and mental health clients’ lives has caught the attention of a variety of helping professionals, including social workers. Research indicates that not only does the inclusion of religion and spirituality have the potential to enhance health and mental health outcomes, but clients prefer such integration in treatment. To this end, and considering that social workers constitute 45 percent of clinically trained helping professionals, it is important for the social work profession to clearly understand what supports or hinders practitioners from considering this sensitive area of clients’ lives. This chat was intended to make us think about our roots as a profession, how we individually handle issues of faith, and how faith is being handled in the classroom.

To read a transcript of the chat please use this link: https://bit.ly/2q5v3hI

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**Morgan Martin**  @MorganMartin

Morgan Martin is a junior at Cornerstone University in Grand Rapids, MI. She is pursuing her BSW and is a non-denominational Christian. Morgan is a lover of Christ, people, dogs, relaxing, and smoothies.

#Faith&SW

**Denard Fenaud**  @priderock5

Denard Fenaud is a MSW & MDiv student at Andrews University in Berrien Springs, Michigan. I am of Haitian descent hailing from Florida. I am 32 years old and my end goal in life is to build an ideal care clinic for pastors that deal with depression.

#Faith&SW

**Erik Fuller**  @E_Full_79

Erik Fuller is a MSW student at Western Michigan University in Grand Rapids. He has a MA in Theology from Fuller Theological Seminary in Pasadena, California and a BA in Religion from Hope College in Holland, Michigan. Faith identity: “It’s complicated.”

#Faith&SW

**Daniel Kaplan**

Daniel Kaplan is an MSW student at the University of Michigan School of Social Work. He also is scholar in the school’s Jewish Communal Leadership Program. As a macro social worker, Daniel is concentrating his studies in organizational management. Daniel plans to use his degree pursue a career in a Jewish social justice organization.

#Faith&SW
I am a Michigan State University alum. Currently I am a faculty member at Central Michigan University, where I and my colleagues are entrusted with thousands of young adults beginning to negotiate the world on their own. I am a former female college athlete. I am a social worker whose clients included young victims of sexual abuse and women who have experienced violence at the hands of men. I am personally connected to many young adults who have experienced sexual assault. And finally, I am the adoptive mom to four kids, including a daughter, who all went to college. From these many perspectives, I keep trying to untangle the MSU/Nassar scandal.

For me living as I do at Ground Zero of this crisis, Lansing, Michigan, the headlines and the commentaries were non-stop. I have been horrified at the harm done to hundreds of young female athletes who trusted a doctor to help them compete, and trusted their mentors to keep them safe. These women deserve every effort possible to make things better, even though things can never be made fully right. Yet each time I read another story, or was asked by another person, "Should Simon resign?" I stumbled on my response. I started to wonder what was wrong with me, a passionate advocate for women, fumbling for a clean answer and being annoyed as politicians and others called for heads to roll, called for accountability. I think I know now.

This is what’s wrong: Michigan State University and Nassar are not The Problem. The understandably fierce attention being paid to THIS scandal, to THIS egregious incidence of abuse by a particularly smooth and convincing physician who used his status to harm his patients and deceive even his medical colleagues is only a single situation. This is A problem. It isn’t THE problem. Sexual assault of women, including young women, is an epidemic that touches every single campus in our country. It is fueled by a long-accepted social culture which devalues women and denies them the right to decide how they want their bodies touched. The MSU/Nassar scandal absolutely must be addressed, but I almost hear sighs of relief as the focus of the national discussion of #MeToo has shifted to a discussion of a sports problem, of one university’s problem. The sighs are from all those people and institutions which might otherwise be on the hot seat in MSU’s place. This is not a sports problem. This is not specifically a higher education problem. It is a society-wide problem.

This is what’s wrong: there are many thousands more young women (and although fewer in number, young men) who are struggling to hang on due to the sexual assaults they have experienced during the time they are in college. The situation at MSU should be awakening demands for increased efforts to create a culture of consent on campus, and demands for services to help the victims when the culture of consent is violated.

This is what’s wrong: These sexual assaults are more common— a date gone very bad, a roommate’s friend who stayed at their apartment, a trusted friend from home who this time decided he wanted sex, a boyfriend who is violent and doesn’t care if he has consent, someone changes their mind but it doesn’t matter. The results are devastating for each of these victims. Some are so shaken and distraught they fail their classes, and even attempt suicide. Many, maybe most, keep silent for various reasons. Nassar is the tiny tip of the iceberg for sexual assault on campuses, and campuses are but a reflection of a broader culture. When will people start asking what we need to do to make things better for all the victims on college campuses? Where are the politicians stepping up to offer funding so universities can provide adequate counseling for victims of any sexual assault?

The exposure of Nassar’s assaults should be prompting soul searching at every university in the country. Officials and politicians should also be asking how we change the broader culture and until we do, asking what we can do help the thousands of young adults on college campuses who have been sexually assaulted.

Susan Grettenberger, PhD, LMSW, MPA is the Social Work Program Director at Central Michigan University and Vice President of Social Policy for the National Association of Social Workers – Michigan Chapter.

More posts can be found at susangrettenberger.com.
Dear social work community,

It is with great sadness that I write to you about the recent death of social worker Burton Leland. Burton served as both a State Representative and State Senator and was always a strong supporter of social workers, social work issues, and was instrumental in our receiving licensure. In fact, his last year as a Senator brought the implementation of our licensure law.

Burton was a serious legislator with a great sense of humor and charisma. He was also a true and loyal friend to many. Both Burton Leland and his wife Roseanne were social workers and had been members of NASW for many year.

Wayne County Commissioner Gary Woronchak made a statement that rings true those of us who knew Burton:

“Today, we lost one of Michigan’s and Detroit’s most memorable political characters. Burton Leland was quirky and unfiltered, passionate and outspoken, and an outstanding public servant. He knew how to reach the people he represented and how to take good care of them. He was a warrior, both on the campaign trail and on behalf of social justice for the most vulnerable among us.”

Our caring goes to his wife Roseanne and to their children and close friends.
Social Work Ethics Institute  
Friday, April 20, 2018. 9am-4pm  
Eastern Michigan University Student Center. 900 Oakwood St, Ypsilanti, MI 48197  
6 CEs (Including 5 ethics credits)  

The Social Work Ethics Institute is a day-long gathering designed for Michigan social workers to learn about and share timely and relevant issues involving social work ethics, including social media, technology, religion and spirituality, animal-assisted therapy issues, human resources, and supervision.

Keynote Addresses:  
• Cultural Humility and the Ethic of Caring in a Socially Just World  
  • Dr. Robert M. Ortega, LMSW, PhD  
• Current Issues in Michigan Social Work Ethics  
  • NASW-Michigan Chapter Ethics Committee Panel  

Costs: NASW Members: $125, NASW Student, Retired and Transitional Members: $80, Non-Members: $150, Student Non-Member: $100

Museum Series Part 4: The Arab American National Museum  
Saturday, April 21, 2018. 1pm - 3:30pm  
13624 Michigan Ave, Dearborn, MI 48126  
2.5 CEs  

The fourth event in NASW-Michigan’s museum learning series will take place at the Arab American National Museum, the first and only museum in the United States devoted to Arab American history and culture. By bringing the voices and faces of Arab Americans to mainstream audiences, the Arab American National Museum continues to demonstrate their commitment to dispelling misconceptions about Arab Americans and other minorities. This event will consist of a guided tour of the museum and presentation on how social workers can develop relationships with communities and effective advocacy in the current political climate.

Cost: Students: $15, NASW Members: $20, Non-Members: $30. Registration cost includes admission into the museum.

Eating Disorders, Adolescents and Creativity (2 CEs)  
Thursday, May 3, 2018. 7-9pm  
West Bloomfield Library. 4600 Walnut Lake Rd, West Bloomfield, MI 48323  
2 CEs  

According to eating disorders statistics estimated by the National Eating Disorder Association, in the USA up to 30 million people suffer from an eating disorder such as anorexia nervosa, bulimia nervosa or binge eating disorder. This Region 8 event will explore the best practices for the complex diagnosis of adolescent eating disorders. Case presentations will be given to help attendees understand how to use best practices as the foundation to identify processes that resonate with this population toward their ongoing recovery.

Presenter: Therese Scarpace, LMSW, ACSW  

This workshop is free for NASW members, $25 for non-members. RSVP to Abby Segal at avivabatia@aol.com.
Certificate in Core Supervision  
Saturday, May 5 & Sunday, May 6, 2018. 9am – 5pm each day  
NASW - Michigan Chapter Office. 741 N. Cedar St., Ste. 100, Lansing, MI 48906  
12 CEs (Including 5 ethics credits)

With over 6,500 students currently enrolled in Michigan Schools of Social Work, the demand for social work supervision has increased tremendously. In order to meet this demand NASW-Michigan has developed a comprehensive, ethically based training that will prepare you to step into the role of supervision. NASW Michigan’s Core Supervision will provide you with a foundation and knowledge to ethically supervise and mentor social workers who have obtained their limited license and are preparing to begin their social work careers.


The Business of Social Work Conference  
Thursday, May 10, 2018. 9am – 4pm  
Radisson Hotel Lansing at the Capitol. 111 N Grand Ave, Lansing, MI 48933  
6 CEs (Including ethics credits)

Attend the second annual Business of Social Work Conference and gain access to the tools and ideas you need to help you with the next phase of your professional career. The Business of Social Work is geared towards all levels of social workers, across areas of practice. The conference will consist of two keynote addresses and over 10 sessions to choose from in three separate tracks, with 6 CEs available (including ethics).

Keynote Address: Entrepreneurship in Social Work: Lessons from the Field  
• Bruce Thomson, M.S., LMSW

Costs: NASW Members: $125, NASW Student, Retired and Transitional Members: $80, Non-Members: $150, Student Non-Member: $100

Clinical Concerns and Gender Identity: Certificate for Mental Health Professionals  
Friday, May 18 & Saturday, May 18, 2018. 9am – 5pm each day  
NASW - Michigan Chapter Office. 741 N. Cedar St., Ste. 100, Lansing, MI 48906  
12 CEs (Including 5 ethics and 2 pain management credits)

This certificate program will educate mental health professionals on the social determinants of health of the transgender community and how to provide ethical, culturally competent, and medically accurate clinical services. This training aims to not only better clinical services offered throughout the state, but to potentially save lives by increasing the number of competent professionals in Michigan.


Other Upcoming Trainings/Webinars:
• 3/29. 12-1pm. Embracing Spirituality (1 CE Webinar)  
• 3/30. 12-1pm. Changes to the ASWB Exam (Webinar)  
• 4/16. 7-9pm. Foster Care & Adoption (2 CEs)  
• 5/3. 7-9pm. Understanding Eating Disorders (2 CEs)  
• 6/16. 1-3pm. Jim Crow Museum of Racist Memorabilia (2 CEs)  
• Licensure Prep Institute (TBA Summer 2018)

Register for any of these events at www.nasw-michigan.org/events.

New programs added weekly! For questions or to register by phone, please call 517-487-1548.

Join NASW today for discounts at www.socialworkers.org
Social Workers Condemn ‘Conversion Therapy’
Practice in Michigan

- Maxine Throme, PhD, LMSW, MPH, ACSW

“NASW condemns the use of [conversion therapy] by any person identifying as a social worker or any agency that identifies as providing social work services... NASW supports the adoption of local, state, federal, and international policies and legislation that ban all forms of discrimination based on sexual orientation and gender identity” (Social Work Speaks, 2014)

The National Association of Social Workers (NASW) has been a long-time partner in the fight to end conversion therapy, also referred to as reparative therapy or sexual orientation change efforts (SOCE). As a profession ethically charged with improving individual, community, and societal welfare, we contend that conversion therapy only damages all three, in sometimes irreparable ways.

Our code of ethics mandates that all social workers must ‘respect the dignity and inherent worth of a person.’ Conversion therapy is utterly contrary to this mandate. Conversion therapy is rarely, if ever, self-initiated. LGBTQ+ individuals - usually youth - are coerced into empirically disproven treatments by their families, their schools, their peer groups, and sometimes their churches. Inundated with messages that they are fundamentally wrong, they are urged to hate themselves - to see themselves as broken people who can only be fixed by rejecting their self-identity in favor of a falsehood. That isn’t dignity; that isn’t self-worth.

Social work is also an evidence-driven practice. Consider that a Columbia Law School survey of peer reviewed medical articles found that there is “no credible evidence that sexual orientation can be changed through therapeutic intervention,” nor can conversion therapy be performed without negative long-term mental health effects. Instead, conversion therapy tears families - and people - apart, with no consideration for the damage it wreaks in its attempts to ‘fix’ people.

In my private practice, I see multiple clients, both transgender and queer-identified, who went through conversion therapy and still suffer from the pain and trauma every day. They were told that they, as people, were ‘wrong’; that they were broken; that there was something inside of them that needed to be fixed. But that’s not how people work. That’s not how people should be treated. It’s good and it’s necessary to be who you are. Nobody has the right to change that.

As you read this article, these unethical practices are being carried out throughout the United States, including within Michigan communities. Detroit’s Metro City Church (not to be confused with the LGBTQ-affirming Metropolitan Commuity Church of Detroit) and FORGE Ministries plan to hold an ‘Unashamed Identity Workshop,’ which purports to help girls as young as 12 years old ‘heal’ from their sexual identities. After public outcry, FORGE Ministries stopped advertising, but they have indicated that they still intend to hold the events. Protests are planned for every Thursday evening in front of Metro City Church.

As a clinician and executive director of NASW-Michigan, I condemn this practice, and all those who practice and support it, in the strongest terms possible. Conversion therapy stands diametrically opposed to our core social work values, and my values as a human.

NASW-Michigan has been working with state lawmakers for years to pass legislation to stop this practice. As in past sessions, State Representative Adam Zemke, along with several of his colleagues, introduced House Bill 5550, which “[prohibits] mental health professionals from engaging in efforts to change the sexual orientation and gender identity of a minor.” I urge all Michiganders to contact their representatives and speak in favor of this bill. We must join the 10 states who have already passed similar legislation, and show the rest of the nation that Michigan cares about its youth - no matter their identity.

Resources for Social Workers:

- Sexual Orientation Change Efforts and Conversion Therapy With LGBT Persons: NASW Position Statement
• **Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth** (SAHMSA) - This report presents therapeutic practices related to youth, and sexual orientation and gender identity. These practices are based on research, clinical expertise, and expert consensus. The report makes the case for eliminating the use of conversion therapy among youth.

• **How to Talk About Sexual Orientation Change Efforts in Social Work Education** (CSWE)—designed to help social work educators facilitate conversation about sexual orientation change efforts (SOCE), commonly referred to as conversion or reparative therapy, and how to teach affirmative practice as it relates to sexual orientation and gender identity. This resource was prepared by Peggy Pittman-Munke (Murray State University), Jayleen Galarza (Shippensburg University), George Jacinto (University of Central Florida), Edward J. Alessi (Rutgers University), and Shelley L. Craig (University of Toronto).

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### Social Work Advanced By Your Support

NASW-Michigan offers our community and professional partners a unique opportunity to assist in the advancement of the social work profession throughout the state. Social Work Advanced by Your Support (SWAYS) ensures the support, promotion, and advocacy for professional social work practice, social work students, and NASW-Michigan legislative efforts.

We would like to send out a special thanks to our current SWAYS partner organizations:

**Gold Partners**
- **Flint Odyssey House** ([www.odysseyvillage.com](http://www.odysseyvillage.com))
- **Michigan Association of School Social Workers** ([masswmi.org](http://masswmi.org))
- **Michigan State University School of Social Work** ([socialwork.msu.edu](http://socialwork.msu.edu))

**Silver Partners**
- **NASW Assurance Services** ([naswassurance.org](http://naswassurance.org))
- **Organization of Latino Social Workers – Michigan Chapter** ([olasw.org](http://olasw.org))

**Bronze Partners**
- **Concerto Health** ([www.concertohealthcare.com](http://www.concertohealthcare.com))
- **University of Michigan School of Social Work** ([ssw.umich.edu](http://ssw.umich.edu))
- **University of Michigan-Flint Social Work Program** ([umflint.edu/socialwork](http://umflint.edu/socialwork))
- **Saginaw Valley State University Social Work Program** ([www.svsu.edu/socialwork](http://www.svsu.edu/socialwork))

If you are interested in learning more about the SWAYS program or becoming a partner organizations visit [nasw-michigan.org/?page=SWAYS](http://nasw-michigan.org/?page=SWAYS) or call the NASW-Michigan office at 517-487-1548.
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**LICENSE SUPERVISION** for LMSW or LMFT: One-on-one, daytime supervision at convenient West Bloomfield, MI location by Sidney H. Grossberg, PhD, LMSW, LMFT, CAADC. Dr. Grossberg was formerly professor of social work at Wayne State University and of continuing education at the Smith School for Social Work in Northampton, Massachusetts. He is the director of Counseling Associates in West Bloomfield, MI. **248.626.1500.**

**Part Time Mental Health Therapist/Executive Director.** The Dearborn Pastoral Counseling Center is a non-profit faith-based counseling agency and has a unique opportunity for a part-time LMSW Mental Health Therapist/Executive Director. Please contact Bob Pattullo at dpcc11@att.net for additional details or to submit a cover letter and resume.

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**Clinical & Macro Supervisor.** Dr. Natan HarPaz has 40+ years experience providing one-on-one and group supervision in the Southfield area. 248/355-2112, newctrpsych@gmail.com.

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**LMSW needed** for private, multi-disciplinary, outpatient clinic in Metro Detroit. Contractual position. Full to part time. Referrals provided. Supervision available. Contact Tom at johnsont@apexdownriver.com.

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Business of Social Work Conference.
May 10, 2018.
Lansing, MI

Save the Date!