Clinical social workers should prepare for three major practice changes which will significantly impact the way in which clinical social workers practice and seek reimbursement for mental health services they perform. Occurring in 2013, the changes are in the areas of coding, diagnosing, and measurement and include the following:

- The Centers for Medicare and Medicaid Services (CMS) has announced the Physician Quality Reporting System (PQRS) will subject clinical social workers and other health care professionals who are Medicare providers to a 1.5 percent penalty fee in 2015 if they do not use measures when performing services to Medicare patients during the year of 2013. PQRS is a program promoting the reporting of measures to determine quality services. To avoid this penalty in 2015, clinical social workers must begin using clinical measures developed by PQRS in 2013. A list of measures and instructions on how to use measures with Medicare patients is available online at the PQRS Web site at the following link: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html?redirect=/pqrs

- The fifth edition of the Diagnostic Statistical Manual of Mental Health Disorders (DSM-5) is expected to be released in May 2013. The DSM is a classification of mental health disorders commonly used by clinical social workers when conducting a diagnostic assessment. Clinical social workers may find changes which include new, deleted, or expanded diagnostic criteria and coding for mental health diagnoses. NASW will provide additional information about the DSM-5 as it becomes available and assist members in transitioning to the DSM-5 through trainings and technical assistance.

- The 2013 transition from the International Classification of Diseases, 9th Edition, Clinical Modification (ICD-9th-CM) to the International Classification of Diseases, 10th Edition, Clinical Modification (ICD-10th-CM), has been delayed until October 2014 to allow the health care industry additional time to prepare for it. The ICD is a set of codes used to identify and report medical diagnoses. Clinical social workers should also begin preparing for this major change.

**PREPARATION**

Preparation for coding, diagnosing, and measurement changes include the following:

When preparing for the changes, clinical social workers should:

1. **Identify and map the changes**: Understand which measures and diagnostic codes are being updated or added in the DSM-5 and ICD-10th-CM.
2. **Update clinical measures and coding**: Ensure that all clinical measures and coding used in practice are up-to-date with the new versions.
3. **Train staff**: Provide training to staff on the new measures, coding, and diagnostic criteria.
4. **Review and update policies**: Update policies and procedures to reflect the new coding and diagnostic criteria.
5. **Monitor compliance**: Regularly monitor compliance with the new coding and diagnostic criteria to avoid future penalties.

**FREE WEBINAR FOR MEMBERS**

**PSYCHOTHERAPY CODES: MAJOR CHANGES FOR 2013**

**FRIDAY, JANUARY 11, 2013**

1:00 PM–2:00 PM

Recorded presentation will be available four days after live presentation

Register at www.socialworkers.org.
Self-care

Greetings,

Four more years! NASW-endorsed Barack Obama has been re-elected President. Just for today, our leader is also an advocate for social services. Just for today, the resources for those in need are still available. Everyone still has a right to medical insurance even with a pre-existing condition.

We have an opportunity to do more because we know more. We have completed our 2012 NASW Ohio Chapter Annual Conference titled “Empowering others, Empowering Ourselves: Moving Social Work Forward.” Our keynote speakers and many presenters created a greater commitment within me to empower myself and pass it on. It was an ideal catalyst to continue my vision for mentorship within NASW Ohio Chapter.

According to Wikipedia, mentorship is a personal development relationship in which a more experienced or more knowledgeable person helps to guide a less experienced or less knowledgeable person. However, true mentoring is more than just answering occasional questions or providing ad hoc help. It is about an ongoing relationship of learning, creating meaningful dialogue and overcoming challenges.

As a profession, it is our responsibility and obligation “to each one, teach one.” Our profession is being diluted and minimized as the media uses the term “social worker” in very haphazard ways, often referring to people as social workers when these individuals are not trained and licensed social workers adhering to a strict Code of Ethics. Through mentoring we will ensure the coming generations of social workers will be defined as a profession with unique skills, education and experience that sets them apart from just “do gooders.”

Our seasoned social workers have a plethora of knowledge to pass on to students and newly-licensed social workers. We need to pass on our triumphs and challenges.

I challenge our members to advocate for our profession. I challenge our members to mentor our future leaders. I challenge our members to empower yourself so that you may empower others.

“We’re here for a reason. I believe a bit of the reason is to throw little torches out to lead people through the dark.”—Whoopi Goldberg

“Do all the good you can, By all the means you can, In all the ways you can, In all the places you can, To all the people you can, As long as ever you can.”—John Wesley

Peace, Victoria
Your help is needed to continue to advance social work

NASW’s mission is to protect the profession and individual social workers and our goal is always to do what is best for members. We work hard every day to represent your interests with decision makers; from the Center for Medicare Services to the Ohio Counselor, Social Worker, and Marriage and Family Therapist Board, to your employer. NASW staff and volunteers are representing you to increase pay; to define our profession to allow us to work at the top of our licenses; to protect us from being replaced with other professions; and to change laws and rules that limit our ability to practice effectively. We do all of these things while also representing the interests of our clients because we recognize our reciprocal relationship.

NASW has been making progress toward these goals. A piece of legislation was introduced in the Ohio General Assembly to remove the civil service exemption and it almost passed through the legislative process. We have been pushing this legislation since 1984 when licensing was created in our state. This bill would title protection by prohibiting the use of the title ‘social worker’ in government agencies for persons who do not have a license as a social worker for all new hires. The bill passed the Ohio House 89 votes to 1 but stalled out in the Senate due to the lack of time left in the term. The need for this legislation is highlighted by the series on child welfare workers the Cleveland Plain Dealer ran in late November. Although the article highlighted the important work that our child welfare system performs it used the title ‘social worker’ for case workers who are not licensed as social workers. When the reporter who wrote the series was contacted about this she replied that their title was indeed ‘social worker,’ which was allowable due to the civil service exemption. Once the exemption legislation is passed the exemption has been closed the misuse of our title will be reduced and it will provide more clarity to members of the media and clients. The bill will be reintroduced in the 130th General Assembly starting in January and we will be asking you to help move the bill quickly through the legislative process.

In Connecticut, their NASW state chapter was successful in passing legislation that will require all child welfare workers to have their BSW or MSW. Nationwide, NASW is working to protect our profession now and in the future. We are inspired by Connecticut’s win and are working now to define our professional advocacy goals for 2013. In order to do this we need to hear from you. Please visit www.naswoh.org to complete a survey on the professional advocacy issues important to you. We will compile this information to help determine our areas of concentration. If you prefer not to fill out the online survey please mail your answers to the following questions to our office.

NAME:

PLEASE RANK THE FOLLOWING ADVOCACY ISSUES IN THE ORDER OF IMPORTANCE TO YOU:

<table>
<thead>
<tr>
<th>Increasing Salary</th>
<th>Educational debt relief</th>
<th>Protecting social worker’s safety</th>
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<tr>
<td>Ensuring reasonable caseload sizes</td>
<td>Ensuring realistic productivity rates</td>
<td>Protecting social workers’ positions in medical settings</td>
</tr>
<tr>
<td>Protecting social workers’ positions in school settings</td>
<td>Increasing reimbursement rates from insurance companies</td>
<td></td>
</tr>
</tbody>
</table>

ARE THERE OTHER PROFESSIONAL ADVOCACY ISSUES YOU THINK NASW SHOULD ADDRESS?

IF YOU WANT TO HELP US MAKE THIS HAPPEN WRITE YOUR E-MAIL ADDRESS OR PHONE NUMBER
Every January we hear our friends and clients talk about their New Year’s resolutions. As social workers we spend so much time helping other people reach their goals that we forget to make some for ourselves. I begin this year very hopeful for the social work profession. At our annual conference, I met many of you and could feel your positive energy and enthusiasm for moving our profession forward.

At NASW Ohio Chapter we are on a path forward, and I urge you to take advantage of your professional association. You are part of your agency or school. Advancement of all NASW has to offer. Your NASW membership is only as valuable as your participation, and I hope you will take advantage of all NASW has to offer.

In the Fall I visited a class at Cleveland State University and the professor distributed a sheet from the Cleveland Clinic listing 10 ways to ease stress. I posted this on our blog (naswohio.wordpress.com), but I want to share some of them here and urge you to link your new year’s resolutions to self-care, so that you can maintain energy for your clients, your volunteer work, your family and your NASW involvement. We at NASW appreciate your membership and support and look forward to providing you with even more benefits and support in 2013. Happy New Year!

10 WAYS TO EASE STRESS
(taken from the Cleveland Clinic)

**Assert yourself.** You do not have to meet others’ expectations or demands. It is okay to say “No.” Remember, being assertive allows you to stand up for your rights and beliefs while respecting those of others.

- **Study and practice relaxation techniques.** Relax every day. Choose from a variety of different techniques. Combine opposites; a time for deep relaxation and a time for aerobic exercise are both a sure way to protect your body from the effects of stress.

- **Take responsibility.** Control what you can and leave behind what you cannot control.

- **Reduce stressors (cause of stress).** Many people find that life is filled with too many demands and too little time. For the most part, these demands are ones we have chosen. Effective time-management skills involve asking for help when appropriate, setting priorities, pacing yourself and taking time out for yourself.

- **Examine your values and live by them.** The more your actions reflect your beliefs, the better you will feel, no matter how busy your life is. Use your values when choosing your activities.

- **Set realistic goals and expectations.** It is okay and healthy to realize you cannot be 100 percent successful at everything at once.

- **Sell yourself to yourself.** When you are feeling overwhelmed, remind yourself of what you do well. Have a healthy sense of self-esteem.

**WEAVING THREADS OF RESILIENCE AND ADVOCACY: THE POWER OF SOCIAL WORK SOCIAL WORK MONTH: MARCH 2013**

NASW Ohio Chapter is currently planning advocacy day; an extra Wake Up to Social Work online CEU series presentation; an activist training for social work student groups across Ohio; and more. Let us know how we can help you celebrate Social Work Month! This is YOUR professional association.

**JOIN US FOR THE 2013 ADVOCACY DAY**

**MARCH 14, 2013**

10am–3pm | Statehouse in Columbus

**THE COST IS $15 FOR STUDENTS AND $20 FOR NON-STUDENTS TO COVER THE COST OF LUNCH.**

The Role of Social Workers in Healthcare will be the focus of the 2013 Advocacy Day to highlight the need for social workers in healthcare reform efforts. Participants will learn how to talk about the value of social workers in healthcare settings with legislators and then in the afternoon will meet with legislators to put this information into action.

10:00am-10:15am—Welcome
10:15am-11:45am—Training
12:00pm-1:00pm—Lunch
1:00pm-3:00pm—Meetings with Legislators and Decision Makers in the Executive Branch

Be sure to register ASAP as seats are limited. Registration ends on March 11, 2013 or when capacity is reached. Register online at www.naswoh.org.
This year, a joint investigation by StateImpact Ohio and The Columbus Dispatch uncovered what many child advocates have known, or at least suspected for many years. Ohio public school children, including children with severe disabilities, are often isolated in cell-like “seclusion rooms” as punishment, or worse, for convenience.

Based on outdated theories on child psychology, these rooms were intended to “calm” troubled students who become a danger to themselves and others. Today, they are often used as a place to stash away the “problem children” for whose management there is little knowledge and resources.

In Ohio, there is currently no law governing the use of seclusion or restraints in school. Likewise, many of the schools that use them have no “official” policy at all, despite the fact that seclusion and restraint are traumatic and largely counterproductive experiences for children.

The Ohio Department of Education (ODE) has offered very little guidance in this area and the lack of official data is startling. For years, the department has not known with any certainty who is being secluded or restrained, nor have they known where, when, why, for how long or under what conditions.

But things are beginning to change.

After this year’s media attention, a dormant 2009 ODE task force was revived and told to finish the job of drafting a seclusion and restraint policy. In November, a formal complaint from Disability Rights Ohio also forced the department to fulfill its federal obligation to investigate the seclusion and restraint practices of the Columbus school system.

Through the controversy, it has become clear that there will be some sort of official ODE policy on seclusion and restraint in the next year. The question is whether it will be the right policy.

The ACLU of Ohio and other advocates have expressed concerns with the draft ODE policy as it is currently structured. First among them is the fact that the policy does not call for an end to the practice of seclusion and restraint in schools.

This is unfortunate, since we already know that there are better methods to deal with children. Other agencies like the Ohio Department of Developmental Disabilities and the Department of Mental Health saw this a year ago. They shifted their efforts away from punitive measures and chose to focus on positive behavioral interventions that prioritize both safety and human dignity. As a result, seclusion is banned in Ohio mental facilities and is heavily limited in child residential facilities. Restraints are limited and those who use them are trained in their use and de-escalation techniques to avoid them.

ODE should take inspiration from these agencies and set clear goals to end the use of seclusion and restraint in favor of more modern methods. Some groups have called on the Department to abolish their use immediately, while the ACLU of Ohio has recommended that they be phased out over a period of no more than three years.

In the meantime, any ODE guidance should at the very least lay out specific parental notification and data collection requirements to govern the practice of seclusion and restraint in all public schools. This includes charter schools, which receive taxpayer funding and should be required to maintain equal standards for children’s safety.

Good data is the true first step to a modern system. ODE should be mandating better data collection and more of it. Then, they should be using that data to create better school policies.

What little data we have now has been given reluctantly and gathered mostly by investigative journalists. It suggests that seclusion and restraint—rather than being used as a last resort for children with serious behavioral or developmental disabilities—is being used as a way to deal with any “disruptive” students, many of whom should be assessed for special education services.

In most public schools there are simply too few staff members and too few resources allocated to assess or diagnose behavior problems in students. This is frustrating for teachers, parents and children alike, but it has largely been written off as an unfortunately reality of our current school funding situation.

It is a simple financial equation. Seclusion is cheap and easy. Systemic change that requires schools to gather data, diagnose problems and deal with the root cause of behavioral issues is not. At least that is what some school officials say, arguing that any ODE policy would amount to an unfunded mandate.

It is certainly true that gathering data and diagnosing students takes commitment and resources, while seclusion and restraint involves little upfront cost. The irony of this situation is that good data collection and aggressive diagnosis of students is the key to unlocking the federal funding that has already been set aside to pay for better methods and training.

Yes, it takes money, but so do all good investments. Solid data and a grasp of the real scope of student problems is the long-term answer for the vicious cycle that keeps children from getting the help they need because schools are unable to afford it.

Once we have more complete data on who is being secluded and restrained, we will know how to address the underlying problems. It is likely that many of these children are already on an Individualized Education Program (IEP). Others are unidentified children, who may well need an IEP. Either way, existing federal funding is available to help schools deal with their students’ specific needs, so long as those needs have been fully assessed.

Ultimately, the short-term administrative burden of keeping data and assessing children for disabilities will pay huge dividends, not just for the children, but for the educators and taxpayers tasked with their education.

This problem was certainly not created overnight and it will not be solved overnight, but a safe, disciplined educational system does not have to be the enemy of human dignity.

Once we admit the problem exists, we are perfectly capable of creating a better system. And we do not have to go broke doing it.

In the meantime, the ACLU of Ohio continues to investigate the use and abuse of seclusion and restraint in Ohio public schools. If you have information or would like to be a part of this effort, please contact us at 216-472-2200.

By: Melissa Bilancini, MSSA, LSW, Second Vice-President, NASW Ohio Chapter & Policy Coordinator, American Civil Liberties Union of Ohio
Social work is a unique profession with a historic feature of a dual focus on the person and the environment. Another characteristic of the profession is an awareness of the use of self as a change agent or therapeutic tool. Given the unique nature of the profession, it is essential that social work training come from other social workers. The sole purpose for the Board’s training supervision designation is to provide direction for the professional growth and development of the supervisee. This article will provide clarification for the role of the LISW with supervision designation or LISW-S.

The CSWMFT Board has established minimum standards and criteria for training supervision. We want to ensure that new Ohio LISWs have master’s level social work experience prior to issuing this independent or clinical license. We have made some changes to the Professional Employment Reference (PER) form as part of our regulatory role. A LISW-S, who signs a PER, is now required to attest that the supervisee has been engaged in master’s level social work interventions. For an updated PER form see http://cswmft.ohio.gov/pdfs/ISW_Reference.pdf.

THE RULE THEN GOES ON TO IDENTIFY TWO CONTENT AREAS FOR TRAINING SUPERVISION THAT INCLUDE:

1.) supervision for the purposes of obtaining a license and/or
2.) development of new areas of proficiency while providing services to clients

In actual practice, these content areas often overlap. A clinical supervisor who is a LISW-S can provide both clinical supervision and training supervision to a master’s level LSW. However, a master’s level LSW cannot receive training supervision for the purposes of upgrading their license from a clinical supervisor who is an LPCC, a psychologist, psychiatrist or master’s level RN unless a hardship request is submitted and the request is approved by the Social Work Professional Standards Committee. Otherwise, the training supervision must come from a LISW-S.

In the past, it was typical for a competent social worker to provide training supervision without actual training in supervision. Today training supervision can be conceptualized as a type of social work practice in and of itself. The OAC makes clear that the training supervisor must have training in supervision theory and practice as well as competencies in the area they are supervising. The training supervisor is also responsible for staying current with the Ohio Revised Code (ORC) and the OAC 4757, which governs social work practice in Ohio and passing this information onto the supervisee.

Training supervision should not be taken lightly. The LISW-S is the gatekeeper for independent and/or clinical social work licensure in Ohio. The role of a LISW-S involves responsibilities that have both ethical and legal implications. Also, there is ultimately a parallel between the quality of supervision and outcomes for consumers of services.

For more information visit www.cswmft.ohio.gov.
TWO DAYS OF LEARNING, NETWORKING, AND CELEBRATION—
THE 2012 NASW OHIO CHAPTER ANNUAL CONFERENCE WAS A SUCCESS

The 2012 NASW Ohio Chapter Annual Conference was a great success on November 29 and 30. The conference featured two keynote speakers; 44 workshops; 64 sponsors, including 53 exhibitors; and more than 350 attendees each day. Thank you to all of the volunteers, presenters, sponsors and attendees for participating.

Thank you to the 2012 Conference Sponsors!
The registration fees were kept low due to sponsors’ participation.

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Mark your calendars now for the 2013 Annual Conference
NOVEMBER 21 & 22, 2013 | Quest Conference Center, Columbus, OH
The call for workshop presentation proposals opens in January 2013.
VISIT WWW.NASWOH.ORG FOR MORE INFORMATION AND TO SUBMIT.
LEADERSHIP LADDERS: STEPS TO A GREAT CAREER IN SOCIAL WORK—NEGOTIATING A HIGHER SALARY

Congratulations! You have secured a job offer. Now you need to secure the salary that you want and deserve. For some people, negotiating a salary can be a frightening proposition; but it doesn’t have to be. Think of salary negotiation as an opportunity to let your new employer know that you are talented and savvy. A good negotiation can also let the employer know how interested you are in joining, as well as making a commitment to your new organization.

Salary negotiating is particularly important for social workers for a number of reasons. The first reason is that your initial professional salary influences subsequent wages. Social work earnings lag behind other professionals, primarily because it can take years to earn a competitive salary (NASW Center for Workforce Studies, 2010). A good first salary can help social workers “leapfrog” to better salaries more quickly. A second reason that supports salary negotiation for social workers is that the majority of social workers are women. Women are often reluctant to negotiate their salaries; this reluctance “costs women more than a half a million dollars over the course of their respective careers” (Dugan, n.d.); Fairbanks (2011). We asked experienced social workers for their best salary negotiating advice. These tips can help you enter into a salary negotiation prepared to succeed.

DO YOUR RESEARCH

It is your responsibility to understand the financial environment of the organization before your interview. Are you interviewing for a struggling local non-profit on a shoestring budget, a large, national organization, or a for-profit organization? Your salary expectations should be informed not only by the job you would be asked to perform, but also by the type of agency, their financial position, and their level of external funding.

Research the organization’s financial position. Use sites such as www.guidestar.org to gather information about the organization’s mission, programs, leaders, goals and accomplishments. You can also access financial documents that can give you a sense of the top salaries in the organization.

Use salary calculators such as www.Glassdoor.com, www.Salary.com and www.PayScale.com to research comparable salaries for social workers in your geographic area and in roles, sectors and specialty areas similar to the job you seek.

EXPECT FAIR COMPENSATION

Organizations hire the people they need to accomplish their mission. Organizational leaders make decisions about the “worth” of a job or position and set salaries accordingly. As a professional social worker, you bring considerable value to the table.

• Value your training, education and experience.
• Define the specific skill set you have that entitles you to a higher salary.
• Make the case for the value of your work, not your needs.
• Anticipate the questions that you will be asked and be prepared with thorough answers.
• Use your credentials to demonstrate expertise in specialty areas.
• Be confident.

BE CLEAR ABOUT YOUR “BOTTOM LINE”

Before the interview, think about your financial goals and how this job helps you meet them. The work is important, but social workers may tend to focus on their “work” and not their “worth.” The work may be initially satisfying, but the satisfaction will fade if you are unable to meet your financial obligations or goals.

• Decide, in advance, on a minimum, acceptable salary.
• Know the amount that you can live on comfortably as well as the amount you need to feel valued as an employee.
• Understand that this rate of compensation will drive future raises, cost of living increases, etc.
• Be prepared to walk away if your minimum salary cannot be met. Do not sell yourself short.
• Determine what other benefits you might be interested in, in lieu of a higher salary.

ALWAYS NEGOTIATE

Do not assume the first offer is the final offer. Employers usually expect negotiation. They may actually offer a “low-ball” amount because they expect the prospective employee to reject that initial offer. Rejecting the initial offer should not be a negative exchange, but rather a starting point for the salary conversation.

• Evaluate the first offer and negotiate as appropriate.
• Inquire about the salary range and how the position is set to progress to the ceiling of that range. Start negotiating from the median of the range.
• Always ask for more than you expect, to leave room for negotiation.
• Practice negotiations with colleagues, mentors or coaches to increase your skill and confidence in salary negotiation.
• Invest in a salary negotiation seminar or workshop to boost your negotiation skills.
• Realize when the employer has made their best, final offer. Further attempts to negotiate after this point can result in the job offer being rescinded.

CONTEMPLATE THE ENTIRE OFFER

• Consider the entire package, including benefits such as flexible time, health/dental benefits, paid leave, tuition reimbursement, fringe benefits, access to social work supervision and support for licensing and/or professional development.
• Consider your expenses as part of the package, including how much you will be paying for health insurance, commuting costs, etc… These factors can affect how much money you take home in your paycheck.
• Make sure each job you accept has the capacity to enhance your practice in skill, knowledge and/or responsibility and that the increase in duties or responsibility is proportionate to the salary increase.
• Ask if bonus and merit opportunities exist within the organization.
• Don’t feel pressured. It is reasonable to take several days to decide if you are accepting an offer. Accepting a job is an important decision and should not be taken lightly.

REFERENCES

This article will focus on newly published information on HIPAA topics. Specifically, the U.S. Department of Health and Human Services (HHS) has recently issued information on how to de-identify Protected Health Information (PHI) so that it is no longer subject to HIPAA regulations. This is especially important if you want to release data/information but do not want to be charged with violating HIPAA. However, as you will see, the information can only be de-identified in two ways. First you may hire an expert who uses statistical and scientific principles and methods for rendering information not individually identifiable. This is probably not feasible from a cost standpoint for anyone in private practice, so I won’t spend any more time on it.

The second method is a Safe Harbor, meaning that if you follow it you will generally be immune from any type of action by the Office of Civil Rights, the division of the U.S. Health and Human Services Department that enforces HIPAA regulations. As you will see from the chart below, the data that needs to be removed is quite comprehensive.

In 45 Code of Federal Regulations §164.514(b), the Safe Harbor method for de-identification is defined as follows:

- (1) The geographic unit formed by combining all ZIP codes with the same three initial digits contains more than 20,000 people; and
- (2) The initial three digits of a ZIP code for all such geographic units containing 20,000 or fewer people is changed to 000.

The following identifiers of the individual or of relatives, employers, or household members of the individual, are removed:

- Names
- All geographic subdivisions smaller than a state, including street address, city, county, precinct, ZIP code, and their equivalent geocodes, except for the initial three digits of the ZIP code if, according to the current publicly available data from the Bureau of the Census:
  - The geographic unit formed by combining all ZIP codes with the same three initial digits contains more than 20,000 people; and
  - The initial three digits of a ZIP code for all such geographic units containing 20,000 or fewer people is changed to 000.
- All elements of dates (except year) for dates that are directly related to an individual, including birth date, admission date, discharge date, death date, and all ages over 89; and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older.
- Telephone numbers
- Vehicle identifiers and serial numbers, including license plate numbers
- Fax numbers
- Other identifiers and characteristics:
  - Health plan beneficiary numbers
  - Any other unique identifying number, characteristic, or code, except as permitted by paragraph (c) of this section; and
  - Certificate/license numbers.

The covered entity does not have actual knowledge that the information could be used alone or in combination with other information to identify an individual who is a subject of the information.

Please carefully note the last sentence above, because even if you remove all of the identifying information listed above, you still might not be properly de-identifying the information. For instance, you could be describing a client in an article in such a way that people within the local community could reasonably recognize the person that you are talking about and that would be a HIPAA violation. In addition, that could also subject you to a lawsuit under Ohio law and probably even a Counselor, Social Worker & Marriage and Family (CSWMFT) Board complaint. So there are multiple potential liabilities to deal with if information is not properly de-identified.

For more information on de-identifying HIPAA information, please go to the HHS website at www.hhs.gov/ocr/privacy/hipaa/index.html. There you will find a recently released more detailed accounting of how to de-identify PHI.

Another issue that has been recently addressed by the government includes guidance on how to protect mobile devices. This is an especially important area that needs to be addressed under the Security Rule, which governs the handling of PHI in electronic form. With more and more therapists using mobile devices, this is a major area of concern. Remember, if your smartphone or laptop computer is lost or stolen and it is not encrypted and it contains e-mails from clients, for instance, or even an address book containing client names, there is some risk that you may have a HIPAA violation and even a violation of the Ohio CSWMFT Board rule §4757-5-13 of the Ohio Administrative Code which provides standards for electronic service delivery. Although HIPAA does not require encryption, encryption is a good defense to the Breach Notification rules which require you to undertake certain actions when PHI is released or accessed by an unauthorized person. Such actions include, after doing a risk analysis and determining that there is potential for harm, notifying all of the individuals involved of the breach, notifying the Office of Civil Rights of the breach, and if 500 or more individuals in a geographic area are involved, notifying major media outlets like newspapers and television stations. Encryption is, however, required under the CSWMFT Board rule where electronic service delivery is involved, which would include sending e-mails on therapy issues and other types of PHI.

Some main areas to consider in terms of protecting mobile devices include using passwords or other user authentication, installing and enabling encryption, installing and activating remote wiping and/or disabling, disabling and not installing or using file sharing applications, installing and enabling a firewall, installing and enabling security software, keeping your security software up to date, researching mobile applications (apps) before downloading, maintaining physical control of the mobile device, and using adequate security to send or receive health information over public Wi-Fi networks. More information on protecting mobile devices may be found at: www.HealthIT.gov/mobiledevices.

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Glennon 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

THE LEGAL CORNER By: Glenn Karr, Attorney at Law
The decision as to whether to expand Medicaid in Ohio was postponed until after the election, so as not to politicize the decision. Since November, NASW Ohio Chapter has been busy organizing to expand Medicaid eligibility in Ohio. Through statewide postcard signing events, including our annual conference, we collected more than 270 postcards from social workers across Ohio who support expanding Medicaid. These postcards were delivered on November 8, 2012 to Governor Kasich. Letters of support have been sent to the Ohio Senate President and Ohio Speaker of the House, and the two most recent monthly legislator updates were delivered with the message that Medicaid expansion is important and helps Ohio’s families.

NASW Ohio Chapter is a partner of several coalitions around the state aimed at expanding Medicaid. We are working in conjunction with other groups toward Medicaid expansion, including participating in a recent press conference.

Currently, Medicaid covers low-income children, parents and older adults. The expansion will add low-income, childless adults between the ages of 19 and 65. Included in this group are young people struggling to find work after graduating, childless couples scraping by on a minimum wage, foster children who have aged out of the system, young retirees who lost their savings in the recession and many others. They are our neighbors, and they will be much better equipped to improve their lives if they are healthy.

Those without insurance coverage are less likely to seek preventative care and usually wait until they are forced to seek expensive, uncoordinated care for a serious injury or chronic condition. By extending Medicaid coverage to nearly 1 million at-risk Ohioans, we will start to control the healthcare costs that balloon due to this uncovered, intensive care. Most importantly, we will save lives and improve the quality of life for thousands.

The state is concerned about the cost of covering additional Ohioans. But the expansion represents a huge investment in the state. The federal government will cover the cost of the newly eligible Medicaid recipients for the first three years and will continue covering at least 93 percent of the costs for the three following years. This represents an estimated $17.3 billion investment in the state, and Medicaid spending has been shown to generate economic activity, including jobs. Medicaid expansion will boost Ohio’s economy and transform healthcare into a system that provides better care, better health and lower costs. Most importantly, it will help Ohio’s most vulnerable families and communities stay healthier and live better.

Please consider telling Governor Kasich and your Ohio legislators that you support Medicaid expansion. Sample letters and information can be found at www.naswoh.org.

Two NASW Ohio Chapter interns - Danielle Brotemarkle & Danielle Schmersal - attend the ACLU of Ohio Stern Institute Activist Training. They learned more about SB 383, a bill that would gut Ohio’s anti-discrimination laws and roll back employment protections for women, people of color, immigrants, people with disabilities and many others. NASW is advocating against SB 383. Be on the lookout for a NASW Ohio Chapter Activist Training for social work student groups across Ohio. The training will be in March to celebrate Social Work Month. Continue to check www.naswoh.org for details and be sure you are signed up to receive e-mail alerts. Photo by Simon Keegans.
Happy New Year! Each new year many of us make resolutions, such as losing weight, exercising, saving money, quitting smoking, spending more time with family, volunteering, or being more organized. I would encourage each of us to also make a New Year’s resolution to take care of ourselves. We, as social workers, often spend the majority of our time caring for others, such as our clients, coworkers, children, spouses, and friends. Yet, we cannot care for others if we do not care for ourselves. Caring for ourselves can include taking a workshop on self-compassion or compassion fatigue, spending one evening a week to focus on a hobby, meditating for thirty minutes a day, or treating ourselves to a night out, massage, or new book. Make one resolution to care for yourself this year and encourage your fellow social workers to do the same.

We can also care for ourselves by recognizing the work we and other social workers accomplish throughout the year. The nominations for the Region 1 2013 awards are open! Nominate a social worker, social work student, public citizen, agency, or public elected citizen for an award. The due date for the 2013 awards is February 15th. You can download the application at www.naswoh.org on Region 1’s page. We are tentatively planning the awards banquet in March or April in conjunction with a 3-hour CEU presentation. If you are interested in assisting with the banquet, have suggestions for CEUs, or need assistance nominating someone, please contact me at (419) 439-0238 or potterjessica@roadrunner.com.

Have a great 2013!


Thank you to Lesley Anderson for filling in as Region 2 Director until July 1! We welcome her enthusiasm and expertise.

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. In January, we will be hearing from Joseph Coleman on “The Whole Brain”. Contact Lorraine Ellithorp McCarty at 330-554-3829 for more information. We are planning a spring workshop on Seniors and Sexuality, as well as monthly programs for the rest of the year. Details on these will follow. Continue to check www.naswoh.org and your e-mail for details.

Our awards dinner for this year will be April 10, 2013. Please take the time to nominate someone you feel are worthy by completing the form at www.naswoh.org.

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

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!

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! Artefino Coffee Shop 1900 Superior, Cleveland, OH 44114 Thursday, January 10, 2013 at 8am

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

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 year 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. Locations and dates are TBA. Continue to check www.naswoh.org and your e-mail for updates. 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.

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. We will begin planning for this year’s awards banquet to take place in May. We will need to identify several award winners including Social Worker of the Year, Lifetime Achievement, Outstanding Service, etc... Please attend upcoming meetings as your input is greatly appreciated.

On Christmas Eve day a group of social workers volunteered at St. Vincent DePaul Society serving lunch to the needy. This is the fourth year in a row Region 4 (Youngstown) has volunteered. Thanks to Skip Barone, head of the kitchen at St. Vincent DePaul, for allowing us to serve yet again. If any other members wish to organize other volunteer opportunities, please feel free to contact me to help with arrangements.

Region 4 includes: Ashland, Carroll, Columbiana, Geauga, Harrison, Jefferson, Lake, Mahoning, and Trumbull Counties.
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 5 Strategy to Build Membership and Relevance for 2013: I believe that for NASW to build both a reputation and members in NASW we need to strengthen our link with agencies and organizations who employ social workers, but we need your help. I would welcome NASW members in each of the counties in region five to contact me to help arrange agency visits/tours and CEU presentations in their area. The outcomes of such an effort would be to increase awareness of agency staff of NASW ethics, principles and membership benefits; increased awareness of the services provided by those agencies; and allow us to build collaborations that encourage high standards of service. I want to increase opportunities to network with other social workers and welcome your involvement in helping plan this. Contact me if you are willing to help plan outreach to various agencies in region five. Thank you.


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

Region 7 Strategy to Build Membership and Relevance for 2013: I believe that for NASW to build both a reputation and members in NASW we need to strengthen our link with agencies and organizations who employ social workers, but we need your help. I would welcome NASW members in each of the counties in region five to contact me to help arrange agency visits/tours and CEU presentations in their area. The outcomes of such an effort would be to increase awareness of agency staff of NASW ethics, principles and membership benefits; increased awareness of the services provided by those agencies; and allow us to build collaborations that encourage high standards of service. I want to increase opportunities to network with other social workers and welcome your involvement in helping plan this. Contact me if you are willing to help plan outreach to various agencies in region five. Thank you.

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

It will be a great opportunity to learn more inclusive best practices in your work with transgender clients, so be sure to RSVP by clicking this link: http://transgenderculturalcompetency.eventbrite.com/. And if you have a topic you would like to share with the region, please do not hesitate to let us know and we'll set it up.

We are also gearing up for the 2013 Spring Awards Banquet, and we need your help! If you would like to get involved in planning this special evening to honor your friends and colleagues, please contact Leah Taylor and Kaitlyn Wessels at naswohio.region6@gmail.com. All are welcome, including students and new members!

Finally, thank you for a successful coat drive benefiting Freestore Foodbank. If you are making plans for Dr. Martin Luther King Day of Service this month, please remember the Freestore Foodbank, as they will need lots of help to steam and clean all of those great coat donations.

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

We hope you are feeling energized after the NASW Ohio Chapter state conference! We enjoyed seeing all of you in attendance in Columbus and hope you enjoyed your sessions. We had the privilege of getting to know Friday’s keynote speaker and Olympic gold medalist Stephani Victor a little bit outside of our session, and hope you will join us in cheering her on in the next Winter Olympic Games!

In the meantime, you can mark your calendars:
Transgender Cultural Competency: Serving Gender Variant Communities in Social Work
Thursday, January 17, 2013
5:30 – 7:00pm
Union Institute
Speaker: JAC Stringer, executive director, Midwest Trans* and Queer Wellness Initiative

As the NASW Region 7 Director I would like to thank all the social workers who helped make the NASW Ohio Chapter Annual Conference a success! Social workers were empowered, uplifted and rejuvenated to continue our work with individuals, communities and the world. I would also like to welcome new members who joined during the NASW conference.

Social workers in Region 7 recognized that Governor John Kasich is expected soon to make the important decision of whether or not to implement the Affordable Care Act’s Medicaid Expansion in Ohio. Region 7 social workers and Affordable Care Act advocates showed their support of expanding affordable healthcare to some of the state’s most vulnerable populations and communities by taking action in person attending an advocacy networking event in Bellbrook.

I am pleased to inform existing and new members that Region 7 has partnered with Angel Tree and For Love of Children (FLOC) to provide Christmas gifts to children in Springfield and Dayton areas. Angel Tree gives gifts to children in the name of their incarcerated parent(s). FLOC provides financial, educational and advocacy support to children throughout the greater Dayton area. Both organizations have chosen to make children their top priority.

If you are interested in getting involved in Region 7 activities, please contact Ebony Speakes at 937-360-1235 or ems150@case.edu

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

During October and November Region 8 members met for its monthly meetings. We provided a CEU training - "Through the Eyes of Ethnicity in Foster Parenting". We had a great turnout! Monthly meetings will continue to be held at the Goodwill Industries of Greater Cleveland and East Central Ohio, Inc. at 904 9th St. SW in Canton, Ohio on the 2nd Friday of each month. We are planning to have some of the meetings as informal networking events. If you have a topic that you are interested in presenting at one of our meetings or would be interested in hosting an event please email me at rubyg@circstark.org.

Please start thinking of outstanding leaders in our region whom you would like to nominate for awards far by next March 31, 2013. I am in the process of developing a survey for region members to gather your ideas. We will be meeting in January for an after work networking event. Details to be posted at www.naswohio.org and sent to you via e-mail. We will also be hosting a postcard signing event to support the ACA Medicaid Expansion for Ohio in January; date and place to be announced. I would really like to hear from some of the members in our other counties. If any of your agencies would be willing to host a NASW presentation let me know as well. Have a Happy New Year, and I hope to see you at our next gathering.

Region VIII Includes:Ashland, Coshocton, Crawford, Holmes, Knox, Marion, Morrow, Richland, Stark, Tuscarawas, and Wayne counties.
Traveling out of state for professional development typically is not in a graduate student’s budget. However, sacrificing for the experience is truly worthwhile. This past November, I had the pleasure of representing the Ohio School Social Work Association at the 44th Annual Midwest School Social Work Conference. The Wisconsin School Social Work Association hosted this fine affair in the quaint town of Green Lake, Wisconsin. There was a plethora of continuing education opportunities, serene resort accommodations and fabulous food.

Students spend an abundance of their time learning theories, describing internship experiences, along with practicing direct and community based skills. Competence in the aforementioned foundations is critical to effective practice. In the meantime, having the opportunity to gather practical information for immediate use provides a chance to break away from the traditional classroom setting and have an experiential learning opportunity. Furthermore, as graduate students continue to grasp textbook knowledge, these events provide us the opportunity to develop our professional toolboxes.

Aside from an abundance of professional development, attending conferences is an excellent opportunity to network. It was great to witness people reconnect and learn about their friendships that were developed through conferences. It’s also a great opportunity to learn about key issues and trends in your direct field as well as generate ideas to take back to your practice.

Social workers, especially school social workers can find themselves isolated amongst other professionals. School social workers are typically surrounded by teachers, principals and administrators and rarely have someone else in their building doing the same type of work. Therefore, we often find ourselves explaining what we can do and how we can help. Attending the Midwest School Social Work Conference was the first time I didn’t have to explain my purpose. It was great to be amongst colleagues who understand what it is you’re professionally aiming for.

I encourage and challenge you to find in your professional and/or personal budget the necessary funds to attend a conference in your field to help rejuvenate your passion, energy and commitment. Last but not least, for all you school social workers out there, consider joining the Ohio School Social Workers Association so that you too can have the support and connection with likeminded professionals.

Scholarships available for NASW Members

JANE B. ARON DOCTORAL FELLOWSHIP
EILEEN BLACKEY DOCTORAL FELLOWSHIP
CONSUELO W. GOSNELL MSW SCHOLARSHIP
VERNE LAMARR LYONS MSW SCHOLARSHIP

Visit www.naswfoundation.org/fellowships.asp
FOR MORE INFORMATION

Networking:
Critical for Social Work Students

As a graduate intern, I had the opportunity to organize three of the six professional development seminars: Finding and getting a social work job; Self-advocacy throughout the interview and selling the social work brand; and Self-advocacy throughout your career. This was my first opportunity to plan a professional event on a larger scale. I quickly found that one of the most valuable aspects to planning an event is having connections. As a new social worker new to the area I have minimal contacts and felt overwhelmed trying to network at the seminars. This experience awakened an understanding of the importance of networking. Throughout my education I have been told that networking is important to help me obtain a job, but I never thought about the importance of networking as a means to gain understanding of people’s expertise and utilizing their skills in a learning environment.

I enjoyed this opportunity to take an in-depth approach on professional development topics. To benefit those attending the seminars, NASW members, I developed a professional development booklet aimed at helping social workers write cover letters, resumes and prepare for job interviews. It holds beneficial information for students, social workers who wish to change jobs and for those coming back into the field after a period of absence. If you would like your own copy of the professional development booklet, visit www.naswoh.org. This is a members-only benefit.

Get your copy of the professional development booklet to prepare for your social work career at www.naswoh.org.
On October 3, 2012, at the Dayton VA Medical Center, NASW Social Work Pioneers Mr. Frank Webb, Jr. was recognized by the United States Secretary of Veterans Affairs, Eric Shinseki, for exemplifying the best of the profession’s values throughout his accomplished and extraordinary lifetime career, spanning 55 years of total Federal service. In attendance was Mr. Webb’s family and friends, Mr. Glenn Costie, Dayton VA Medical Center Director/CEO and Ms. Danielle Smith, NASW Ohio Chapter Executive Director.

Mr. Webb is a rather exceptional Government employee who has worked tirelessly to defend his country at home and abroad as a member of the United States Air Force with 22 years of decorated military service, serving during both the Korean War and Vietnam War era. Subsequently, he continued his federal service with the Department of Veterans Affairs where he has been working for the last 33 years. During this time, he has been a stellar and consummate role model, contributing to a positive image for the social work profession, working tirelessly to care for our veterans and providing the highest quality of healthcare. Additionally, he is the recipient of the 2012 National Association of Social Workers (NASW) Lifetime Achievement Award for Region 7 (Dayton).

With a Master of Social Work degree from The Ohio State University School of Social Work, Mr. Webb has reinvented the role of social work practice at the Department of Veterans Affairs (VA) through servant-based leadership; directing his work in building a more patient-focused atmosphere, particularly as the VA continues to serve the largest wave of combat soldiers in recent generations. He serves as the department expert in operations of the electronic medical record system and underlying systems architecture.

Mr. Webb’s reward is the certainty that his career choice as a social worker has made a difference—indeed, he can look back over his distinguished 55 years of service and know that he has performed the highest degree of service to our nation in the United States Air Force and contributed to the public good with his service in the Department of Veterans Affairs.

In recognition of conspicuously innovative contributions and visionary leadership, Webb received the Air Force Commendation Medal, National Defense Service Medal, Korean Service Medal, United Nations Service Medal and the Air Force Longevity Service Award, bringing great credit upon himself and the United States Air Force. Ultimately, Frank Webb is a pioneer and a leader in the field both as a Veteran and a VA employee—a leader in the large community of VA social work.
NASW OHIO CHAPTER

Register for any of these workshops at www.naswoh.org or by completing the registration form on page 27 of this newsletter. NASW Ohio Chapter is an approved provider of social work and counseling CEUs.

LICENSURE REVIEW COURSE
JANUARY 18TH, 2013—DAYTON
Bethany Village, Village Center Classroom
6443 Bethany Village Drive, Dayton, OH
9:30am–4:30pm

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) 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 keyword 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.

JANUARY 25TH
TAKE A 3 HOUR ETHICS AND/OR 3 HOUR SUPERVISION COURSE
IN CLEVELAND
Location to be determined—call 614-461-4484 or visit www.naswoh.org for more information
9:00am-12:15pm—“Supervision: Issues in Social Work Supervision” presented by Ray Fant, LISWS, meets requirement for three hours of Supervision CEUs for Social Workers.
1:15pm-4:30p—“Ethics–Court and documentation training for social workers: Understanding the impact of your clinical notes” presented by Shayna Jackson, meets requirement for three hours of Ethics CEUs for Social Workers and Counselors. This 3-hour ethics workshop provides you with an understanding of the key elements of professional negligence and how to avoid it through proper documentation. The workshop also covers how to strike a balance between too much and too little documentation, creating credible records, when to release records, how to respond to subpoenas and how to protect yourself.

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

FEBRUARY 2ND
TAKE A 3 HOUR ETHICS AND/OR 3 HOUR SUPERVISION COURSE
IN COLUMBUS
Location to be determined—call 614-461-4484 or visit www.naswoh.org for more information
9:00am-12:15pm—“Training Supervision”, presented by Cynthia Webb, MSSA, LISWS, meets requirement for three hours of Supervision CEUs for social workers. Do you know the difference between clinical supervision and training supervision? Clinical supervision is the supervision that is required by agencies to review client’s progress and notes. Training supervision is the supervision provided by on LISW-S to those individuals who are performing the required 150 hours of supervision to become an LISW.

150 hours of supervision to become an LISW.

30 hours of supervision that is required by agencies to review client’s progress and notes.

150 hours of supervision to become an LISW.

30 hours of supervision that is required by agencies to review client’s progress and notes.

150 hours of supervision to become an LISW.

30 hours of supervision that is required by agencies to review client’s progress and notes.
This workshop will focus on the requirements, responsibilities and duties involved in training supervision.

1:15pm-4:30p—“Ethics of Social Media and New Technologies”, presented by Danielle Smith, MSW, MA, LSW, meets requirement for three hours of Ethics CEUs for social workers and counselors. Social media has become a fact of life. Social workers and other professionals, co-workers, and clients are using this new technology which has many benefits and pitfalls to avoid. This workshop will provide you with an understanding of these benefits and pitfalls and how to manage your risk as a social worker.

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

CHECK WWW.NASWOH.ORG FOR MORE INFORMATION ABOUT THESE COURSES:

FEBRUARY—LICENSURE REVIEW COURSE, CLEVELAND, OH
FEBRUARY—LICENSURE REVIEW COURSE, COLUMBUS, OH
MARCH—TAKE A 3 HOUR ETHICS AND/or 3 HOUR SUPERVISION COURSE, CINCINNATI, OH FOR SOCIAL WORK CEUS ONLY
APRIL—LICENSURE REVIEW COURSE, CINCINNATI, OH

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 hear at 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 5 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.

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 which qualify for CEU credit in Ohio.
NEWLY CREDENTIALED

Congratulations to the following NASW members who received their NASW certifications during October and November.

LaTasha Stanley-Gianzero, C-SWHC, Certified Social Worker in Health Care
Kelly M. Synak-Mullen, LISW-S, C-ASWCM, Certified Advanced Social Work Case Management
Amanda F. Oberle, LISW, C-SWHC, Certified Social Worker in Health Care
Carol Ann Kuntz, ACHP-SW, Advanced Certified Hospice & Palliative
Jenny A. Flynn, C-SWHC, Certified Social Work Case Manager Certification
Melissa Ann Seagrave, LISW, C-SWHC, Certified Social Worker in Health Care
Kathryn Dykman, LISW, C-SWHC, Certified Social Worker in Health Care

NEW LICENSEES

Congratulations on receiving your license!

LISW
Cynthia Bauer
Erika Carlson
Tracie Cordle
Rosemary Diamond
Beth'a El-Shamy
Elisabeth Feucht
Sarah Fockler
Morgan Gibson
Amy Hernandez
Thelma Hodge
Emily Huffman
Connie Jenkins
Lisha Lengel
Katie Marshall
Katherine McLain
Julia Muschert
Andrew Pardi
Susan Sandwall
Sherrill Sellers
Deante Smith
JAC Stringer

MANAGEMENT
Katherine Young
Rachel Weingart
Kimberly Vogel
Tugba Olgac
Samantha Noble
Tugba Olguc
LeQuita Patter
Linda Railing
Brittany Roppel
Daniel Schmidt
Megan Schofield
Mikel Sinnott
Lisa Stasny
Kirsten Stopher
Maryann Tomes
Erica Underwood
Michelle Vanderham
Dorothy Walsh
Kristen Webster
Kerryan Welch
Jherel Wells
Michael Wente
Mary Wyatt
Nora Zavala

THE CLEVELAND AREA
Michelle Allexa
Elizabeth Cooper
Emily Geier
Patricia Gorman
Colleen McWamara
Emily Merchant
Michelle Miller
Julia Neuder
Ciera Redding

THE CANTON AREA
Rosemary Diamond
Crystal Dunivant
Kurtis Harstine
Jennifer Kestel
Andrew Kleinhenz
Paige Nofsinger

THE CINCINNATI AREA
Samantha Atkins
Joe Coates
Michelle Dillingham
Amanda Eichenlaub
Leonard Fugate

THE COLUMBUS AREA
Brittany Burgess
Cathleen Denti
Samantha Deribin
Lori Harris-Brown
Theresa Hazelwood
Hannah Helgesen
Joyce Hertrich
Kathryn Hill
Melissa Huggins
Melody Kulp
Jessica Lavelle
Christine Liebrecht
Cameron Makas
Christopher Nelson
Rachel Paisley
Nicole Rice
Amanda Riser
Kelsey Robinson
Alissa Shradar
Roanane Sunderland
Stephanie Sussman
Sara Tabora
Heather Thobanian
Parris Watson
Alexis Wellman
Brittany Woodley

THE DAYTON AREA
Sheila Anderson
Carol Kimbrough
LeAnn Mallernee
Mackenzie Mayer
Erin Ritter
Jandia Sutherland
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HAPPY ANNIVERSARY!
Congratulations to the NASW members who reached their membership milestones during November and December 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.

25 Years
Linda Berks, Region 5 (Columbus)
Roger Gerwe, Region 6 (Cincinnati)
Lynn McMahon, Region 3 (Cleveland)
Carol Pratt, Region 7 (Dayton)
Louella Tyus, Region 5 (Columbus)
Linda Whikehart, Region 5 (Columbus)

20 Years
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Julie Cory, Region 5 (Columbus)
Joyce Cummings, Region 3 (Cleveland)
Monica Dunn, Region 5 (Columbus)
Patricia Huntley, Region 2 (Akron)
Myla Jennings, Region 1 (Toledo)
Barbara McCall, Region 3 (Cleveland)
Diane Morgan, Region 5 (Columbus)
Karen Nitsch, Region 7 (Dayton)
Robin Walters-Powell, Region 1 (Toledo)

15 Years
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Lisa Haberbusch, Region 8 (Canton)
Robert Mitchell, Region 3 (Cleveland)
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Noelle Willey, Region 7 (Dayton)

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William Bailey, Region 5 (Columbus)
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Patricia Hamblin, Region 8 (Canton)
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Angela Haver, Region 1 (Toledo)
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William White, Region 2 (Akron)

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Ohio’s 2014-15 state budget is a chance to go in the right direction again. Our budget is how we decide who pays and for what in Ohio. After cutting personal income taxes by 21% and doing away with the corporate income tax in 2005, we don’t need another income tax cut in 2013. Less revenue led to billions of dollars of cuts to K-12 education and local government. It’s already gone too far. One Ohio Now is a broad-based coalition of over 80 organizations advocating for the revenue needed for the great public services that make our communities stronger. Go to www.OneOhioNow.org to get involved today!
MAJOR CHANGES IN 2013
FOR CLINICAL SOCIAL WORKERS

- Updating electronic systems, billing statements, and other forms
- Communicating with third-party payers about their specific requirements regarding these changes
- Enrolling in training to become familiar with the new changes and how to implement them in practice

NASW has provided advocacy for its members in the development of changes in CPT psychiatric coding, measure development for clinical social workers in the PQRS and DSM-As stated above, NASW will be available to provide technical assistance to members as these changes are implemented.


New Psychotherapy Codes for Clinical Social Workers—For more information attend the members’ only free webinar on January 11th from 1pm–2pm. Register at www.socialworkers.org.

Effective January 2013, clinical social workers will begin using new and revised psychotherapy codes when providing psychotherapy services to patients. For the first time since 1998, the family of psychotherapy codes has gone through a major revision process. NASW provided national social work leadership in the development and approval processes for the new and revised psychotherapy codes through the American Medical Association Current Procedural Terminology (CPT) Editorial Panel. In addition to working with CPT panel, NASW also worked collaboratively with the American Psychiatric Association, Academy of Child and Adolescent Psychiatry, American Nurses Association, and American Psychological Association.

In 2011, NASW members were first introduced to the new codes when they participated in a national psychotherapy survey sponsored by the American Medical Association and the Centers for Medicare and Medicaid Services to determine work values for the new and revised psychotherapy codes. Work values consist of how much time, mental effort, skills, judgment, and stress it takes to perform a psychotherapy service. The new and revised codes better reflect psychotherapy services delivered in the 21st century. Some of the codes remain the same such as family therapy, psychoanalysis, and hypnotherapy. Definitions of psychotherapy services have also been revised and two new services are introduced: psychotherapy for crisis and interactive complexity.

NEW AND REVISED DEFINITIONS OF SERVICES

In addition to new psychotherapy codes, there are new and revised definitions of psychotherapy services.

PSYCHIATRIC DIAGNOSTIC EVALUATION: An integrated biopsychosocial assessment, including history, mental status, and recommendations.

PSYCHOTHERAPY: The treatment of mental illness and behavioral disturbances in which the physician or other qualified health care professional, through definitive therapeutic communication, attempts to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavior, and encourage personality growth and development.

INTERACTIVE COMPLEXITY: Specific communication factors that complicate the delivery of a psychiatric procedure. Common factors include more difficult communications with discordant or emotional family members and engagement of young and verbally undeveloped or impaired patients. Typical patients are those who have third parties, such as parents, guardians, other family members, interpreters, language translators, agencies, court officers, or schools involved in their psychiatric care.

PSYCHOTHERAPY FOR CRISIS: An urgent assessment and history of a crisis state, a mental status exam, and a disposition.

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DELETED CODES

The following codes have been deleted as of 2013.

90801: Psychiatric diagnostic interview examination.
90802: Interactive psychiatric diagnostic interview using play equipment, physical devices, language interpreter, or other mechanisms of communication.
90804: Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient.
90806: Individual psychotherapy, insight oriented, behavior modifying and/or supportive in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient.
90808: Individual psychotherapy, insight oriented, behavior modifying and/or supportive in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient.
90810: Individual psychotherapy, interactive, physical devices, language interpreter, or other mechanisms of nonverbal communication in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient.
90812: Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of nonverbal communication in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient.
90814: Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of nonverbal communication in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient.
90816: Individual psychotherapy, insight-oriented, behavior modifying and/or support, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient.
90818: Individual psychotherapy, insight-oriented, behavior modifying and/or support, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient.
90821: Individual psychotherapy, insight oriented, behavior modifying and/or supportive in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient.

90823: Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of nonverbal communication in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient.

90826: Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of nonverbal communication in an inpatient hospital, partial hospital, residential care setting, approximately 45 to 50 minutes face-to-face with patient.

90828: Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanism of nonverbal communication in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient.

90857: Interactive group psychotherapy.

CODES WITHOUT CHANGES IN NUMBERS OR DESCRIPTORS

The following codes remain without changes in code numbers and descriptors. There were changes in the vignettes which describe the services. Vignettes are used in psychotherapy surveys to describe the patient’s symptoms which are used to determine the work to be performed.

90845: Psychoanalysis.

90846: Family psychotherapy (without the patient present).

90847: Family psychotherapy (conjoint psychotherapy, with the patient present).

90849: Multiple-family group psychotherapy.

90853: Group psychotherapy (other than of a multiple-family group).

90880: Hypnotherapy.

90889: Preparation of report of patient’s psychiatric status, history, treatment, or progress [other than for legal or consultative purposes] for other physicians, agencies, or insurance carriers.

NEW CODES FOR INDIVIDUAL PSYCHOTHERAPY

Several new codes have been developed and some codes replace those formerly used for former individual psychotherapy services. The codes are for face-to-face services and include all settings such as outpatient office, inpatient hospital or partial hospitalization, residential care, and assisted living facility. The psychotherapy session can be with a patient and/or family member.

90791: Psychiatric Diagnostic Interview.

90832: Psychotherapy, 30 minutes with patient and/or family member.

90834: Psychotherapy, 45 minutes with patient and/or family member.

90837: Psychotherapy, 60 minutes with patient and/or family member.

ADDITIONAL NEW CODES

90785: Interactive complexity (Use only as an add-on code with the following new and existing psychotherapy codes: 90791, 90832, 90834, 90837, and 90853).

90839: Psychotherapy for crisis; first 60 minutes.

90840: Psychotherapy for crisis; each additional 30 minutes.

For 2013, only the family of psychotherapy codes has been revised. There are no changes in the Health and Behavior Assessment and Intervention Codes or the Team Conference Codes used by clinical social workers. A crosswalk of the new and revised psychotherapy codes related to clinical social workers is located at the end of this article. Clinical social workers who use deleted psychotherapy codes in 2013 will receive claim denials resulting in non-payment of psychotherapy services. NASW continues to advocate for clinical social workers in the coding process through the American Medical Association CPT Editorial Panel and will inform its members of any additional changes.

RESOURCES


Join NASW’s **PRIVATE PRACTICE** Specialty Practice Section Today!

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- **SectionLink, providing the latest NASW practice news six times per year**
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