

Fall 2011

Bulletin of BSWE

Special points of interest:

- New Regulations on Ethics
- CEU Courses
- Disciplinary
- Sanctioning Regulations

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Daniel Buccino
LCSW-C, BCD
Letter from the Chair

Greetings,

It is a pleasure to report that the Maryland Board of Social Work Examiners (BSWE) continues to function at optimal efficiency and effectiveness. For the first time in some time, the BSWE is fully staffed – with its complement of 12 Board members and all Staff positions filled. Under the steadfast leadership of BSWE’s Executive Director, Jim Merrow, the BSWE has navigated some perilous financial times and remains able to provide exceptional service to licensees and the public. Just as the MVA ensures that drivers are qualified to navigate the roads, the BSWE protects citizens by licensing and regulating the practice of social work. The BSWE and Staff are well-positioned to enter the busy Fall season of about 6,000 license renewals, and to address important regulatory issues.

As you are aware, over the past year, your BSWE has engaged in novel and open processes of engaging the social work community in the work of regulatory reform. For example, in response to a perceived workforce crisis, the BSWE convened a diverse group of concerned stakeholders to streamline the process for experienced social workers with advanced licensure in other states to become licensed in Maryland. Most recently, under the leadership

of BSWE Vice-Chair, Judy Levy, LCSW-C, the BSWE convened another group of stakeholders from a variety of practice, policy, agency, and academic settings to recast the *Code of Ethics* for Social Workers in Maryland.

Updated Code of Ethics

Many have asked, “What’s different?” in the revised *Code of Ethics*. In fact, a lot of it is new, and we are all responsible for upholding it. Our *Code of Ethics* supersedes any professional association *Code of Ethics* when it comes to evaluating disciplinary cases and complaints against licensees in Maryland. If you have not already familiarized yourself with our *Code of Ethics*, now is the time to do so. Ignorance of the *Code* will not protect you from being held responsible to uphold it and comply with it . And claiming allegiance to a professional association *Code of Ethics* will not immunize you from having to know what the state requires in Maryland.

A number of leading-edge practice and risk-management topics are addressed in the new *Code* including language about record-keeping, record retention and disposal, competent and effective practice, and research ethics. The BSWE’s website provides a direct link directly to the new *Code of Ethics*.

<http://www.dhmh.md.gov/bswe/Adobe/Regs/10.42.03CodeofEthics.pdf>

members when I say the Board is grateful for the opportunity to serve the citizens and social workers of the State of Maryland.

All best wishes for a healthy and happy Fall,

Dan Buccino, LCSW-C, BCD

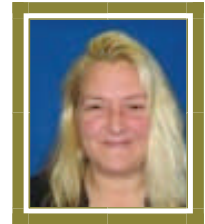
Chairman, MDBSWE

Updated Sanctions: From November 15, 2010 through June 1, 2011*

| | |
|--------------------------------------|---|
| Shanine Andrea Borum, LGSW G12677 | Consent Order dated 4/8/2011. Licensee suspended for 3 months (stayed), for felony conviction. Licensee on probation for a minimum of 2 years, with conditions. |
| Anthony T. Estreet, LCSW-C 15813 | Order Lifting Probation dated 4/8/2011. License restored without restrictions or conditions. |
| Tina Marie Hyatt, LGSW G11102 | Consent Order for Reinstatement dated 5/13/2011. Licensee placed on probation, for a minimum of 5 years, with conditions, for felony convictions. |
| Daniel R. St. Rose, LCSW-C 16581 | Consent Order dated 4/8/2011. Licensee reprimanded and fined for practicing social work in Maryland without a Maryland license. |
| Thomas B. Wetmore LCSW-C 12570 | Letter of Surrender, effective 4/8/2011, for allegations of professional misconduct. |

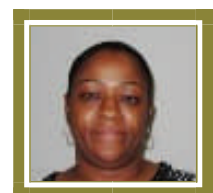
Disciplinary

In fulfilling its mission to protect the public, one of the Board's roles is to investigate complaints against licensees. The Board's complaint process is straight forward. A written complaint is filed with the Board by a citizen, licensee, or organization. During the fiscal year ending June 30, 2011, the Board reviewed 110 complaints. Once a complaint is received, it is sent to the Board's Disciplinary Complaint Review Committee (DCRC). The DCRC meets monthly and reviews the complaint for violations of the Maryland Social Workers Act or the Board's regulations. If the allegations do not rise to the level of a violation, the DCRC sends



Yvonne Bryant, LCSW-C

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 ★ **Please note* ★
 ★ *that the* ★
 ★ *Board makes* ★
 ★ *every effort to* ★
 ★ *ensure the* ★
 ★ *accuracy of* ★
 ★ *this list;* ★
 ★ *however, the* ★
 ★ *occasional* ★
 ★ *typographical* ★
 ★ *error may* ★
 ★ *occur. Please* ★
 ★ *contact the* ★
 ★ *Board office* ★
 ★ *with any* ★
 ★ *questions or* ★
 ★ *for* ★
 ★ *clarification.* ★
 ★ ★ ★ ★ ★ ★ ★ ★ ★ ★



Joyce Bell, LCSW-C, PhD



Loretta Wall, LCSW-C

★ ★ ★ ★ ★ ★ ★ ★ ★ ★
★ *Become a* ★
★ *Volunteer.* ★
★ *Join* ★
★ *Maryland* ★
★ *Professional* ★
★ *Volunteer* ★
★ *Corps.* ★
★ *For more* ★
★ *information* ★
★ *go to* ★
★ *OP&R* ★
★ *website* ★
★ ★ ★ ★ ★ ★ ★ ★ ★ ★



Trinita Robinson
Consumer Member

the complaint to the full Board with a recommendation for dismissal. After the Board dismisses the complaint, both the individual filing the complaint and the licensee are notified of the dismissal. If the allegations in the complaint rise to the level of a violation, the complaint is assigned a liaison (one of the Board members) and the complaint is sent to the Board's Investigator. During the investigation, witnesses may be called, the licensee may be interviewed and documents/records may be subpoenaed. Once the investigation is complete, the full Board will review the case. At this time, the Board may dismiss, request additional information, take informal action, or file formal charges against the social worker. If the Board files formal charges against a social worker as a result of the investigation, an administrative hearing may be held. This formal hearing involves the complainant, lawyers, a court reporter, a hearing officer and witnesses. If the Board finds that the social worker's conduct constitutes a violation of statute or regulation, it has the authority to impose penalties ranging from a reprimand, suspension, or revocation of license. At any time after formal charges are filed, the Board may reach an agreement with the social worker regarding sanctions. Depending on when the complaint is received and the complexities of the investigation, it generally takes three months to investigate a complaint. If formal action is taken and the complaint goes to a hearing, it could take considerably longer to resolve. Complaint forms are available on the Board's website. www.Maryland.gov/bswe

What about self-care or personal growth courses counting for CEUs?

A frequent question the Board receives is whether a course related to self-care or personal growth for the social worker will count towards the 20 Category I units needed bi-annually to maintain your license. Social workers often take these courses for their own benefit and believe that they can teach some of the lessons they gained from the class to their clients. Say, for example, you take a class on deep breathing and relaxation and you find this helpful in your own life. It would make sense that you would then consider teaching this technique to your clients. The Board would have difficulty approving this class as continuing education if it

was not offered *specifically* for social workers or other health/mental health providers and if it were not offered for the purpose of training social workers to use this technique with clients.

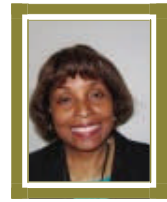
To approve such a course without these conditions would open up any self-care/personal growth class as fulfilling a CE requirement. The cliché of a slippery slope comes to mind. For example, exercise is good for health, so an aerobic class could count if the social worker then encouraged a client to exercise. The argument could be put forth that anything helpful to the social worker (e.g. bridge, chess, creative writing) could also be taught to the client.

While we recognize the importance of personal growth and self-care, such courses carry greater value to the professional when they are taught in a classroom with other professionals for the specific purpose of helping clients. The ASWB web-site offers the following guidance in what to look for before registering for any course:

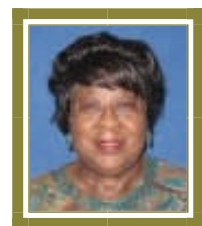
- High degree of involvement from social workers in curriculum planning and presentation
- Clear and effective evaluation procedures
- Content pertinent to social work theory, methods and practice
- A syllabus or general outline of the course provided at the beginning
- Written educational goals and specific, measurable learning objectives
- Web site security for registration, payment and on-line courses

The Maryland BSWE website carries the following statement: Personal growth courses (e.g. yoga, qi gong, meditation) intended for lay audiences will not be approved for social workers for CEUs. For approval, the audience must be all professionals, the topic theory-based and supported by research, and the technique's application to social work clients must be shown.

Authorized sponsors of these courses are responsible for insuring that qualified people present workshops. The presenter must have the professional education, training, and experience to teach the material. Outstanding continuing education is key to maintaining high standards of practice for the profession.



Peggy Barnes, LCSW-C



**Lillye Wells,
Consumer Member**

New Regulations on Ethics



The new regulations, which took more than a year to develop and promulgate, went in to effect June 13, 2011. The original ethics regulations were adopted in 1983. In developing the new regulations, the Board did a comprehensive review of other state board's ethics regulations, the Association of Social Work Boards Model Practice

Act, the National Association of Social Workers Code of Ethics and the Clinical Social Work Association Code of Ethics. In addition to the literature reviewed, the Board formed an ad hoc committee consisting of individuals from the Board and the social work community. Members included individuals from social work schools and universities, the associations and other interested social workers representing various areas of social work practice. The committee was charged with making the ethics regulations more comprehensive and clear. The new regulations address areas such as Responsibilities to Clients, Responsibilities to Colleagues, Relationships and Standard of Practice. The committee worked last summer and presented its recommendations to the Board last fall.

Denise Capaci
Board Member

★ ★ ★ ★ ★ ★ ★ ★ ★ ★
★ *The new* ★
★ *Code of* ★
★ *Ethics* ★
★ *regulations* ★
★ *went into* ★
★ *effect* ★
★ *June 13, 2011* ★
★ ★ ★ ★ ★ ★ ★ ★ ★ ★

Board Under Sunset Review

The Maryland Program Evaluation Act, enacted in 1978, requires the Department of Legislative Services (DLS) to periodically evaluate certain State entities. This activity is commonly known as sunset review. The Board of Social Work Examiners is once again due for its preliminary evaluation, the results of which will be reported to the Legislative Policy Committee (LPC) this fall. As part of the preliminary evaluation process, DLS staff will interview both Board staff and members. DLS also reviews Board documents and data. The evaluation covers the past ten years. By December 2011, LPC must decide whether to waive the Board from a full evaluation. If waived, legislation to extend the Board will be enacted next year. Otherwise, a full evaluation will be undertaken next year.

Board Member Vacancy

There will be an opening for a Board member starting on July 1, 2012. The Board will be filling a LCSW vacancy. If you are interested, please send your resume to the Board.

Improving Health Through Health Literacy

Monica McCann, MA, MPH
Office of Minority Health and Health Disparities
Maryland Department of Health and Mental Hygiene

May 2011

The Institute of Medicine defines health literacy as “the degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions” (IOM, 2004).

A recent systematic review published by the U.S. Department of Health and Human Services, Agency for Health Research and Quality found that “differences in health literacy level were consistently associated with increased hospitalizations, greater emergency care use, lower use of mammography, lower receipt of influenza vaccine, poorer ability to demonstrate taking medications appropriately, poorer ability to interpret labels and health messages, and, among seniors, poorer overall health status and higher mortality.” In addition, **the evidence suggests that disparities in prescribed treatment outcomes may be explained partly by differences in the health literacy levels of health consumers.**

Based on a Maryland population sample of the National Assessment of Adult Literacy, 30% of adults in the state have only a “basic” or “below basic” level of health literacy. These literacy statistics are a clear indicator that **not every health consumer in Maryland is able to successfully navigate the health care system**—meaning that individuals may not be able to access preventive services and treatment in a timely manner, to self-manage chronic health conditions and medications, or to understand the connection between everyday behaviors and one’s individual health status. We must also bear in mind that even consumers who are highly literate may experience difficulty understanding and utilizing health information.

The issue of health literacy becomes even more complex when one considers the linguistic and cultural diversity of Maryland’s population. Nearly 15% of Marylanders age 5 and older speak a language other than English at home; and one out of five Marylanders report that they speak English “not well” or “not at all” (U.S. Census Bureau, 2010). **Effective communication between health care providers and consumers requires that health care providers have the tools and skills necessary to provide information and services in plain language and in a manner that is both understandable and culturally-appropriate for the consumer.** Such efforts are essential if, as a health care community, we hope to:

- ◆ Increase timely access to care and preventive services;
- ◆ Improve the health status of the population through improved quality of care and health outcomes;
- ◆ Increase health consumer satisfaction and participation in their own care; and

- ◆ Ensure appropriate utilization of health care resources.

There is increasing energy in Maryland and around the nation on the issue of health literacy. In 2010, the U.S. Department of Health and Human Services (HHS) released the National Action Plan to Promote Health Literacy, which has in turn spurred development of a health literacy initiative in Maryland to mobilize stakeholders on the issue. In addition, the HHS **National Partnership for Action has released a National Stakeholder Strategy for Achieving Health Equity, which includes strategies and several objectives geared toward health communication and health literacy.** Specifically, the National Stakeholder Strategy calls on health professionals and other stakeholders to become involved in the development and utilization of culturally and linguistically appropriate health communication materials, health literacy practice guidelines, and clinical tools to improve identification of and communication with consumers with limited health literacy. **More information about joining the National Partnership for Action can be found at: www.minorityhealth.hhs.gov/npa/ or call toll free: 1-855-JOIN-NPA (1-855-564-6672).**

In a similar manner, the Maryland Office of Minority Health and Health Disparities is currently collaborating with the Herschel S. Horowitz Center for Health Literacy at the University of Maryland-College Park to develop a **“Cultural Competency and Health Literacy Primer”**— to be released in 2012. The primer will include a compilation of training and educational resources for health professionals in Maryland who wish to become more effective in their interaction and communication with an increasingly diverse population of health care consumers.

Sanctioning Regulations

The 2010 Maryland General Assembly passed a law requiring all health occupation boards to develop sanctioning guidelines to be used as a guide for sanctioning licensees in disciplinary proceedings. The Board is in the process of developing these regulations and hopes to have them in place by the end of the year . As with all Board regulations, they will be posted in the Maryland Register for a thirty day comment period prior to being finalized.

Maryland Board of Social Work Examiners

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