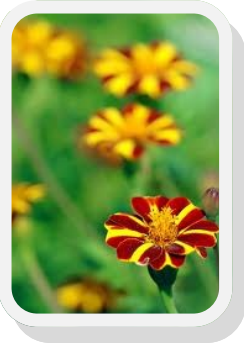
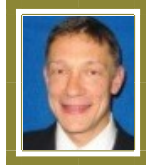


Spring 2012



Bulletin of BSWE



A Final View from the Chair...
 Daniel L. Buccino, LCSW-C, BCD
 March 1, 2012

As I approach the end of my two-year tenure as Chair, and seven-year term as a Board member, I am pleased to report that the Maryland Board of Social Work Examiners (BSWE) is in exceptionally strong shape. Board members and staff work together harmoniously and professionally for the good of the public and the profession.

The stable and secure status of your BSWE was validated this winter by the State Legislature’s Department of Legislative Services’ independent, decennial review of the Board. The Board passed its audit quite impressively and DLS made only minor recommendations for improvement. The audit found that your Board has improved its processes and functioning substantially since its last audit and recommended to the Legislature that the BSWE need not be reviewed again for another decade. As you may have read in the news, other Boards were found to have significantly more room for improvement. DLS’s “Sunset Review” and recommendation for a waiver of interim audits comes as a ringing endorsement of the efficient and effective operation of the BSWE staff and Board Members.

IN REVIEW

The number of licensees, over 12,000, continues to grow, especially at the LCSW-C level. Almost two-thirds of the total new and renewal licenses in FY 2011 occurred at the LCSW-C level. Despite the increase the Board continues to operate more efficiently on all measures, including the ways in which Board members are nominated and appointed.

The BSWE operation is fully staffed with 15 employees and 12 volunteer Board members. As there will be some natural turnover of Board members this summer, replacements have been vetted and nominated and stand ready to assume their own appointments. Astute fiscal stewardship by the Board’s Executive Director, Jim Merrow, and his staff, has allowed the Board staff to grow in a tight fiscal environment in order to provide evermore responsive customer service. The BSWE has expanded into additional office space and hired a dedicated compliance officer to ensure that fair, timely, and consistent disciplinary procedures are followed. As the BSWE has become fully staffed, it has become more engaged with the community and its constituencies and improved its capacity for oversight and for direction of the profession in an evolving regulatory environment.

While the number of complaints reported to the BSWE continues to be relatively low, through better outreach and public education, the number of complaints has increased slightly over the years. Most complaints are resolved with informal, non-public actions, such as letters of education or admonishment. Over 60% of complaints entail some sort of administrative problem such as practicing

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MEET BOARD MEMBERS



Judy Levy, LCSW-C
Vice Chair

☆ ☆ ☆ ☆ ☆ ☆ ☆ ☆
*"By law,
 licensees are
 required to
 notify the
 Board in
 writing of
 changes in
 address
 within 60
 days."*
 ☆ ☆ ☆ ☆ ☆ ☆ ☆ ☆



Thomas Smith, LSWA
Secretary/ Treasurer

Chair's Report (Continued from Page 1)

without a license, failing continuing education audits, or working with an unregistered supervisor. These administrative issues can still have extremely serious practical, financial, and risk management consequences. Over the past five years, about 6% of complaints have entailed serious dual relationship or other boundary violations with clients.

ON-LINE

Since 2005, the BSWE has transformed itself from seeming like a 19th-century paper-intensive enterprise into a modern, 21st century digital operation. The most visible manifestation of this is the Board's website which is a comprehensive, easy to use, first-stop for all questions concerning Maryland social work licensure, laws, and regulations. On-line license renewals are another visible way by which the BSWE has gone digital, and its communications by way of e-mail and e-newsletters are an indication of how the BSWE has been better able to engage with its licensees by more frequent and economical electronic communication. Instant on-line license and supervisor verification should ensure that no licensee or client shall have to work with an unlicensed social worker or colleague, or accrue hours toward advanced licensure with a supervisor who is not Board-approved and registered.

The Board has gone greener by digitizing most of its current and past records, which also makes record retrieval more reliable and efficient. In the past year, the BSWE has minimized the amount of paper circulating to Board members by digitizing its monthly meeting packets and reports, which can be voluminous.

Over the past seven years, the BSWE has overhauled all of its regulations, most notably its supervisory regulations (which have received subsequent, additional clarifications), our continuing education regulations, and most recently our Code of Ethics. The BSWE also has streamlined the process by which experienced social workers from out of state can apply for and receive an LCSW-C in Maryland.

COLLABORATION

Most importantly perhaps, the BSWE has opened its work processes to outside stakeholders for input and collaboration around workforce issues like the licensing and hiring of out of state licensees, and for consideration of professional issues such as continuing education and the revision of our Code of Ethics. The Board is about to undertake a full review of the entire statute governing social work practice in Maryland and is forming a large, diverse workgroup of stakeholders to consult around this important review. The unprecedented openness that the Board has shown in establishing these workgroups with outside stakeholders over the past several years has reinforced BSWE's engagement with the community. The Board has demonstrated that it wishes to work with the social work community for the good of the profession and the protection of the public.

Chair's Report (continued from Page 2)

CONCERNS

Although the state of the BSWE is solid, and its accomplishments substantial, the Board remains concerned about the ongoing lack of awareness some licensees seem to have about the Board's functioning, its statute and regulations, and the BSWE's governance of social work practice. For example, though the supervision regulations changed almost eight years ago, there are still far too many experienced LCSW-Cs who seems unaware of them, and still far too many LSWAs and LGSWs whose practice and experience accrual is at risk due to insufficient supervision. As the Board has stated before, it is incumbent on more experienced practitioners to be aware of the regulations in order to adequately guide newer licensees. It would appear that ignorance of the most basic regulations concerning supervision potentially creates substantial liability for agencies, supervisors, and supervisees, as well as inadequate service to clients.

As on-line licensing has made renewal easier, full staffing has also allowed the Board to audit renewals more readily. There continue to be licensees who gamble with their licenses and livelihoods by not being truthful in on-line renewals, whether about continuing education or legal entanglements. This also creates substantial risk exposure for licensees and the public.

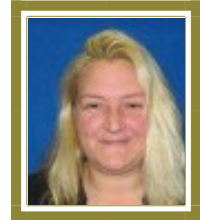
And, sadly, far too many social workers remain unaware of the fact that not only is there a Code of Ethics for social workers in Maryland which supersedes any professional association code of ethics, but that our Code of Ethics has been thoroughly overhauled within the past year. At a recent social work ethics conference, in a room of well over 100 social workers, only the presenter and one other person claimed to be aware of the Code of Ethics for social workers in Maryland, not to mention its revision.

It is not possible to say what is "new" in the Code of Ethics because all of it applies now to social work practice in Maryland and it will be the first layer of review should there be any disciplinary complaint. Maryland remains at the forefront of states; our Code of Ethics includes contemporary language about research ethics, the need for a "professional will," or formal plan, for the disposition of clients and records in the event of a licensee's incapacitation, competence with electronic media and all other treatment interventions, and the need to monitor the effectiveness of one's interventions.

Sexual relationships with current or former clients remain expressly forbidden, despite the slightly more nuanced position on this issue by other professions and our own professional associations.

HEADS UP

I continue to liken social work licensure to having a driver's license, yet far more of us seem aware of the rules of the road than we are of the rules of the road of social work practice in Maryland. Even though some may continue to violate the law, everyone knows that handheld cell calls and texting are now illegal in Maryland. However, many seem unaware of the ongoing revisions in



Yvonne Bryant, LCSW-C

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



Joyce Bell, LCSW-C, PhD



Geoffrey Greif, DSW, LCSW-C
Educational Member

★ ★ ★ ★ ★ ★ ★ ★ ★ ★
 ★ *Maryland* ★
 ★ *consent* ★
 ★ *orders are* ★
 ★ *now available* ★
 ★ *to the public* ★
 ★ *on the* ★
 ★ *Board's* ★
 ★ *website.* ★
 ★ ★ ★ ★ ★ ★ ★ ★ ★ ★

Chair's Report (Continued from Page 3)

the statutes and regulations that govern our practice, our careers, and our livelihoods. It is imperative that licensees read and respond to all BSWE communications and check the website regularly. Indeed, such active engagement is a requirement for licensees: passivity and claims of ignorance will not suffice.

Since the regulation of professions is held to be a State's right, there is no national social work license. Licensing standards vary by state, and since our nation is increasingly mobile and linked electronically, it is essential that social workers become familiar with licensing standards in any state in which they practice, just as we are obliged to obtain new driver's licenses and license plates when we relocate.

In conclusion, it has been a tremendous honor and a wonderful opportunity to serve on the BSWE. I am enormously grateful for the trust placed in me and deeply appreciative of all that I have learned over the past seven years and for the opportunity to work with so many talented and dedicated social workers, Board members, and staff. I trust we on the Board have been able to contribute a modest fraction in return for the good of the profession and the protection of the public.

And yet, given the drifting attention of some licensees to the requirements of our work, it is necessary to end where I began one of my earliest columns, by reference to a poem by Mary Oliver, *Yes! No!*: "To pay attention, this is our endless and proper work."

Very truly yours,
Daniel L. Buccino, LCSW-C, BCD
 Chairman
 Maryland Board of Social Work Examiners

Board Members and their Terms

Daniel L. Buccino, LCSW-C,
BCD
Chair
07/01/2008- 06/30/2012

Yvonne Bryant, LCSW-C
Board Member
07/01/2009 - 06/30/2013

Loretta Wall, LCSW-C
Board Member
07/01/2011- 06/30/2015

Thomas Smith, LSWA
Board Member
(Secretary/Treasurer)
07/01/2010- 06/30/2014

A. Denise Peak, LGSW
Board Member
07/01/2008 - 06/30/2012

Lillye Wells
Consumer Member
07/01/2008- 06/30/2012

Judy Levy, LCSW-C
Vice Chair
07/01/2011 - 06/30/2015

Peggy Barnes, LCSW-C
Board Member
07/01/2009- 06/30/2013

Trinita Robinson
Consumer Member
07/01/2009 - 06/30/2013



A. Denise Peak, LGSW

Geoffrey Greif, DSW, LCSW-C
Educational Member
10/01/2008- 06/30/2012

Joyce Bell, LCSW-C, PhD
Board Member
07/01/2010- 06/30/2014

Denise Capaci, LCSW-C
Board Member
07/01/2011 - 06/30/2015

Updated Sanctions: From June 1, 2011 through March 1, 2012

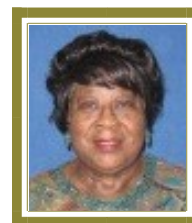
If you would like to read the complete Board Order or read all the Board's sanctions, go to [Disciplinary Actions](#) on the Board's website.

Michael Ryan Jr. LCSW-C 08600	On 9/9/2011, the Board ratified a Final Decision and Order revoking Mr. Ryan's license.
Shirley E. Singer LGSW G07430	On 9/9/2011, the Board ratified an Order Lifting the probationary status of Ms. Singer's license.
Donny W. Smith LCSW-C 08197	On 9/9/2011, the Board ratified an Order Lifting the probationary status of Mr. Smith's license.
Monique N. Wilson LCSW-C 15930	On 10/10/2011, the Board ratified a Pre-Charge Consent Order signed by Ms. Wilson in lieu of formal charges.
Leeanna J. McKenzie LGSW G10425	On 11/09/2011, the Board ratified a Pre-Charge Consent Order signed by Ms. McKenzie in lieu of formal charges.
Danna Carroll LCSW-C 11926	On 12/09/2011, the Board ratified Ms. Carroll's Letter of Surrender of her licensee.
Wanda D. Currie LCSW-C 09961	On 12/09/2011, the Board ratified a Final Order revoking Ms. Currie's license.
Sabra Ferreira LCSW-C 10717	On 1/13/2012, the Board ratified a Pre-Charge Consent Order signed by Ms. Ferreira in lieu of formal charges.
Pamela C. Neal LGSW G12136	On 1/13/2012, the Board ratified a Pre-Charge Consent Order signed by Ms. Neal in lieu of formal charges.
Debra E. King LSWA A05003	On 3/19/2012, the Board ratified a Pre-Charge Consent Order signed by Ms. King in lieu of formal charges.



Denise Capaci, LCSW-C

★ ★ ★ ★ ★ ★ ★ ★ ★ ★
**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.*
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Lillye Wells,
Consumer Member



Loretta Wall, LCSW-C



Peggy Barnes, LCSW-C

Trinita Robinson
Consumer Member

Scope of Practice and Supervision Requirements

Scope of Practice

A licensed social worker may practice social work only within the scope of the specific type of license issued by the Board. **"Practice social work"** means to apply the theories, knowledge, procedures, methods, or ethics derived from a formal educational program in social work to restore or enhance social functioning of individuals, couples, families, groups, organizations, or communities through: Assessment; Formulating diagnostic impressions; Planning; Intervention; Evaluation of intervention plans; Case management; Information and referral; Counseling that does not include diagnosis or treatment of mental disorders; Advocacy; Consultation; Education; Research; Community organization; or Development, implementation, and administration of policies, programs, and activities.

A licensed **associate social worker** may not: practice social work without the supervision of a licensed certified social worker or licensed certified social worker-clinical who meets the requirements specified in the regulations; may not make a clinical diagnosis of a mental or emotional disorder; and may not provide psychotherapy.

For an individual licensed as a **graduate social worker**, practice social work also includes the treatment of psychosocial conditions and mental disorders and the provision of psychotherapy under the direct supervision of a licensed certified social worker-clinical. A licensed graduate social worker may not practice graduate social work without the supervision of a licensed certified social worker or licensed certified social worker-clinical who meets the requirements specified in the regulations; may not treat mental or emotional disorders or provide psychotherapy without the direct supervision of a licensed certified social worker-clinical; may not diagnose a mental disorder.

For an individual licensed as a **certified social worker**, practice social work also includes: supervision of other social workers; and treatment of psychosocial conditions and mental disorders and the provision of psychotherapy under the direct supervision of a licensed certified social worker-clinical. A licensed certified social worker may not treat mental or emotional disorders or provide psychotherapy without the direct supervision of a licensed certified social worker-clinical and may not diagnose a mental disorder.

For an individual licensed as a **certified social worker-clinical**, practice social work also includes: supervision of other social workers; evaluation, diagnosis, and treatment of psychosocial conditions and mental disorders as defined in § 10-101(f) of the Health - General Article; and the provision of psychotherapy.

Supervision – COMAR 10.42.08

A supervisee may not engage in the practice of social work independent of supervision. **All LSWAs and LGSWs must be supervised at all times in their social work practice** (assessment, planning, intervention, evaluation of intervention plans, case management, information & referral, counseling, psychotherapy, advocacy, consultation, education, research, community organization, administration of policies, programs and activities) **by a qualified LCSW or**

Scope of Practice and Supervision Requirements (Continued from page 6)

LCSW-C social work supervisor.

For the **general practice of social work** (not for advanced licensure) a supervisee shall: participate in a minimum of 3 hours of face-to-face supervision per month with the supervisee's supervisor; prepare for supervision using case materials related to the supervisee's social work practice; and maintain documentation of supervisory sessions including dates, duration, and focus of supervision, to be available for verification to the Board, on request by the Board or its authorized agent.

For **advanced licensure** a supervisee shall: attend and participate in supervision as agreed in the **written contract (using the Board's form and established before supervision is initiated)**; prepare for supervision using case materials related to the supervisee's social work practice; and maintain documentation of supervisory sessions including dates, duration, and focus of supervision, to be available for verification by the Board, on request by the Board or its authorized agent; and may contract for supervision outside of the employment setting.

Supervisees and supervisors are required to maintain documentation, for at least 5 years, of supervisory sessions, including the dates, duration and focus of the supervisory sessions.

Most Frequently Asked Continuing Education Questions

- 1) I just received my license, when can I begin to earn Continuing Education Credits?

You can begin to earn credits as soon as you receive your license.

- 2) This is my first license. Do I need to obtain continuing education?

Licensed Graduate Social Workers are required 40 continuing education units. Twenty continuing education credits must be obtained under category I, (face-to-face, or webinar training) and 3 of category I credits must focus on the content of ethics. Twenty continuing education credits can be obtained under category II.

Licensed Social Work Associates are required 30 continuing education units. Fifteen continuing education credits must be obtained under category I, (face-to-face, or webinar training) and 3 of category I credits must focus on the content of ethics. Fifteen continuing education credits can be obtained under category II.

- 3) What is the difference between Category I and Category II?

Category I training activities are formally organized face-to-face learning experiences provided by Board approved sponsors.

Category II training activities that are independent and less structured learning experiences (in-service training pertaining only to mental health issues) online, or home-study.

- 4) After renewing my license how soon can I earn CEU's for the next renewal cycle?

You can begin to earn credits beginning November 1st through October 31st.

BSWE - Website – Your 24 Hour Access

You may ask yourself, "*Why use the Board's website? All I need is a telephone and I can call the Board anytime.*" Unfortunately the Board's business hours are from 8:00 AM until 5:00PM Monday through Friday except for State and Federal Holidays. The website can be accessed 24 hours a day, 365 days a year. Since the Board is supported by your licensing fees and websites are quicker, using the website can cut the Board's costs and save you money.

Some of the features and services included on the Board's website are:

Online Services: Forms

Online Change of Address (By law licensees are required to notify the Board in writing of changes in address within 60 days.) Use the Change of Address form to notify the Board.

Online Renewal (Between July 15 and October 31).

Download the following forms:

Licensure Application, Endorsement Application, Reactivation & Reinstatement, Inactive Status

Registration form for Supervisors & Contractual Agreement (LCSW & LCSW-C)

CEU Credit Report form, Application for CEU Sponsors, Program Submission form

Complaint form, Authorization for release of Information form

DHMH request for Appointment Consideration Biographical Information form

Newsletters

The website has copies of all back issues.

The newsletters include a list of licensees that have been sanctioned by the Board.

Ethics Question?

Go to the legislation/regulation section.

Verification

Verify an individual licensed by the Board. (By name or license number)

Verify or look for a supervisor registered by the Board. (By name, license number or zip code)

Board Meetings

Want to see what the board is up to? Check out the date, time, and agenda for the next board meeting.

Want to join the board?

Membership information and application is available online under the Board Member link.

Links

- ◆ Other state social work boards
- ◆ National Association of Social Workers
- ◆ Association of Social Work Boards
- ◆ Societies for Clinical Social Work
- ◆ Council on Social Work Education
- ◆ Clinical Social Work Federation
- ◆ Information about the state and local government (Maryland Manual Online)

So come see our website www.dhmh.maryland.gov/bswe and join the more than 106,000 visitors.

Eating Disorders: An Overview for Health Professionals

By Lauren Mirkin, MS, CNS, LDN, LGPC

Have you ever worked with someone who you suspected had an eating disorder? Were you perplexed or baffled by their behaviors around food and eating? Were you perhaps even annoyed by their rigid behavior and intense preoccupations with calories or grams of fat? Here are some basic facts and educational resources to help you develop more confidence in working with these challenging clients and directing them to the right professionals.

How widespread are eating disorders?

According to the National Eating Disorders Association, up to 10 million females and 1 million males in the U.S. are struggling with life-threatening eating disorders such as anorexia or bulimia, and millions more are affected by binge eating disorder. The mortality rate can be upwards of 20% overall; in fact, anorexia nervosa, one of the most common forms of eating disorders, has the highest mortality rate of any mental illness. Many prominent health authorities consider eating disorders to be vastly under-diagnosed and under-treated, and they caution that the incidence is rising.

What are the most common types of eating disorders?

There are three officially recognized types of eating disorders, according to the DSM-IV-TR, which is the current version of the Diagnostic and Statistical Manual of Mental Disorders. A fourth disorder is still considered to be in the research stage and does not yet have official diagnostic criteria. It may get official recognition in the new edition that is slated for publication in May 2013.

The three currently recognized disorders are as follows:

- ◆ **Anorexia Nervosa** (diagnostic code 307.1) has two subtypes: restricting and binge-eating purging. The hallmark of anorexia is the refusal of the person to maintain a minimum normal body weight.
- ◆ **Bulimia Nervosa** (307.51) also has two subtypes: purging and non-purging. This disorder is marked by the consumption of abnormally large amounts of food, followed by compensatory behaviors to prevent weight gain, such as self-induced vomiting or the use of laxatives.
- ◆ **Eating Disorder NOS** (not otherwise specified) (307.50) describes disorders that do not fully or neatly meet the diagnostic criteria of either of the above two disorders.

The fourth disorder, still under consideration for inclusion in the DSM, is **Binge-Eating Disorder**. This condition is marked by repeated episodes of binge eating without the compensatory behaviors seen in bulimia.

Interested dietitians and nutritionists are encouraged to read the sections on each disorder in the DSM itself, or to consult *The Eating Disorders Clinical Pocket Guide*, by Jessica Setnick, RD.

Eating Disorders: An Overview for Health Professionals (continued from page 9)

What are the medical consequences of eating disorders?

Eating disorders can result in a wide range of serious medical complications, such as loss of menstrual cycle, weakness, dizziness and fatigue, irregular heartbeat and chest pain, frequent cavities, and sore or burning mouth or throat. Long-term consequences may include osteoporosis, kidney dysfunction and chronic constipation.

What are the warning signs of eating disorders?

Patients or clients who exhibit behaviors such as the following may be developing or experiencing an eating disorder: changes in eating habits or drastic weight changes; a tendency to order food in small amounts; drinking a lot of diet soft drinks; expressing guilt about eating; defensiveness about food and weight; watching others eat but not eating themselves; and preoccupation with food.

What risk factors may contribute to the development of eating disorders?

Emotional and social factors that may contribute to the development of an eating disorder include low self-esteem; perfectionist standards; a history of trauma; hypersensitivity to media influences or social messages about body size and shape; and difficulty with personal identity. According to the authors of *Surviving an Eating Disorder*, "An eating disorder is not merely a problem with food or weight. It is an attempt to use food intake and weight control to solve unseen emotional conflicts or difficulties that have little to do with either food or weight. Healthier eating habits and stronger willpower are not the missing ingredients that will make the problem disappear."

How are eating disorders treated?

Because of the complex etiology and potentially serious symptoms and complications of eating disorders, they are typically treated with a team approach. An internist or pediatrician typically monitors weight adequacy and runs lab tests as needed. A psychiatrist prescribes medications and monitors and treats comorbidities such as depression, anxiety, obsessive compulsive disorder, substance abuse and other mental health problems. An individual or family therapist works with the disordered thoughts, negative feelings and unhealthy behaviors that client presents with. The therapist will also help with the family relationships that are impacted by the eating disorder.

A dietitian rounds out the team by helping the client and her family with ideas, strategies and encouragement related to re-feeding, and educating the client about adequate amounts and types of foods. A dietitian may also be involved in facilitating family-coached meals and teaching skills related to food and eating, such as helping the client learn to identify when she is hungry and when she is satisfied.

Lastly, a client with an eating disorder may go to a weekly support group to share her experiences with others on the path to recovery and gain from the mutual support and education.

What resources are available to learn more?

The following reliable and well-known websites should be helpful to a variety of health profes-

Eating Disorders: An Overview for Health Professionals (continued from page 10)

sionals looking to learn more about eating disorders. Information about CEUs is also available at most of these sites.

- ◆ www.anad.org
- ◆ www.nationaleatingdisorders.org
- ◆ www.renfrewcenter.com
- ◆ www.bulimia.com
- ◆ www.understandingnutrition.com

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5. Lock, J., & Grange, D. (2005). *Help your teenager beat an eating disorder*. New York: Guildford Press.
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9. Setnick, J. (2005). *The eating disorders clinical pocket guide*. Dallas: Snack Time Press.
10. Siegal, M., Brisman, J., & Weinshel, M. (2009). *Surviving an eating disorder*. New York: HarperCollins.

Lauren Mirkin is a Maryland Licensed Dietitian-Nutritionist (LDN) and professional counselor with more than 15 years of experience working with teenagers and adults with a variety of nutritional and health concerns, including disordered eating and eating disorders. Please contact the Maryland Board of Dietetic Practice at msavage@dhmh.state.md.us if you have any questions or comments.

Notice: Sex Offender Advisory Board

NOTICE:

FROM DR. HANSON

Dear Mental Health Boards,

The clinical workgroup of the governor's Sex Offender Advisory Board is conducting a survey of all licensed mental health professionals to determine the extent and availability of therapeutic services in our state.

The evaluation and treatment of sexual offenders is a matter of high concern, and represents an issue relevant both to public health and public safety.

The workgroup would appreciate your help identifying any of your licensees who may currently be providing mental health therapy or psychiatric care, in order to invite them to participate in our survey. We would like responses from all mental health providers, regardless of whether they are self-identified as providing treatment to sex offenders. The Board will use the survey results to make recommendations regarding the expansion of services and to make additional voluntary training available to interested providers.

Thank you for your time and help with this project.

Anne Hanson, MD

Director

Forensic Psychiatry Fellowship

University of Maryland School of Medicine

phone: 410-724-3149

If you are currently providing mental health therapy or psychiatric care and would to participate in this survey please contact Dr. Hanson at 410-724-3149.

Maryland Board of Social Work Examiners

4201 Patterson Avenue, Room 318

Baltimore, Maryland 21215