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## Yesterday I Had the Key...

*Ann Wroth*

One day I was working as a social worker in a psychiatric hospital. The next day I was signing myself into a locked unit at another area psychiatric hospital.

The one thing I had never realized while working in the hospital (including doing admissions work) was the sheer terror and sense of loss of control that a psychiatric hospital admission can cause. A huge identity shift is required—a letting-go of identity and a taking-on of an unfamiliar one.

I was at work when my doctor and I decided I should admit myself. I went home to pull some things together, but I didn’t change out of my work clothes. I think I wanted to hold on to some shred of my identity as a functioning person (even though I wasn’t really functioning very well at that point). I must have looked so odd to my soon-to-be fellow patients as I toured the unit in my dress and pumps. And it was a locked unit! At the hospital where I worked, adult patients were in an open unit and I breezily asked (masking my fear) the admissions person as we went to the unit if it was a locked or open unit—my heart sank when she told me it was the former.

So, there I was at the hospital. Alone. It was a long and lonely first night. What I didn’t know then was that in addition to working on my own problems with depression and anxiety I would also be learning some valuable life lessons.

Lesson 1: My first morning at the hospital I joined the other patients for a unit meeting. Who should I see? There were two former clients from my first social work field placement in a day program for people with serious and persistent mental illness. They didn’t recognize me at first, but there was an immediate “a ha” moment as I felt the great equalizer of psychiatric illness. Eventually they both recognized me, each asking me “Wait, aren’t you a social worker? What are you doing here?” And I could only reply, “Yes I am, but I am having problems too.” We all seemed to be thrown off-kilter by my shift in roles.

Lesson 2: One day as I was being herded to the dining room, I saw a woman I had gone to social work school with across the room. She was obviously working at the hospital. I saw her a few times and we never spoke. Finally, I went up to her and said hello. I asked her how she was doing and suggested that she

*continued on page 4*

*Join us for the  
Fall New Member  
Gathering...*

*Old and New  
Members Welcome!*

*Sunday  
October 26, 2008*

*2 to 4 pm*

*at the home of  
Mary Lee Stein  
Cleveland Park, DC*

Questions / RSVP  
Sue Stevens (301) 984-1325

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**Frederic Reamer “Ethics Guru”  
Returns to GWSCSW on November 9  
Info on page 17**

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## Greater Washington Society for Clinical Social Work, Inc.

PO Box 3235, Oakton VA 22124  
202-537-0007

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— ♦ —

### GWSCSW NEWS & VIEWS

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Erin Gilbert, Jonah Green, Shoba Nayar,

Susan Post, Connie Ridgway, Mary Lee Stein,

Ann Wroth, Kim Yamas

*News & Views* is published four times a year: March, June, September and December. The deadline to submit articles and advertising is the 20th two months prior to publication.

Articles and letters expressing the personal views of members on issues affecting the social work profession are welcome and will be published at the discretion of the editorial board.

Signed articles reflect the views of the authors; Society endorsement is not intended.

For advertising rates see page 35

Email ads to [gwscsw@gmail.com](mailto:gwscsw@gmail.com)

The next issue will be published December 2008 and the deadline is October 20.

Email articles to [koganblackwell@verizon.net](mailto:koganblackwell@verizon.net)

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# President's Message

*Susan Post*

September—such a significant month of the year. Summer wanes and autumn beckons. Vacation is a memory. Kids go back to school. Jews observe the High Holidays. Most of us still think of September as the beginning of the year.

It's the start of a new year for GWSCSW as well. It's time for us all to renew our memberships. If you haven't already, you will be receiving a packet for membership which will also include information on joining/renewing the referral panel and the prepaid legal plan. Be on the lookout: both are worthwhile. The legal plan affords you an hour of legal consultation on a professional issue at a reduced rate. The referral panel affords you your own online web page for advertising purposes. This year we are beefing up the online advertising of the web site, so it will be more worthwhile than ever. You can check the site out for yourself by going to [www.metropsychotherapy.info](http://www.metropsychotherapy.info). Once you subscribe, it costs almost nothing to renew.

I'm excited about working with our newly elected officers and directors. Ann McClung, who takes over as treasurer, brings a wealth of experience in working with budgets in her job at the Department of Defense. Sheila Resnick, our new secretary, was active in the Society years ago and brings the organizational experience of someone who manages a large, multi-generational family as well as her practice. We have two new directors-at-large: Alice Kassabian and Tania Ponomarenko. Alice is a past president from the mid-1990's, and thus will provide continuity, experience and historical perspective. Tania brings with her the qualities that enabled her to complete her PhD at the Clinical Social Work Institute while raising teenagers and managing her private practice: dedication to clinical work and the ability to focus on and accomplish small tasks with the bigger picture in mind.

The board continues to work towards the active involvement of as many members as possible. This past year, committees were larger, membership gatherings reached all-time highs, and our June dinner meeting was attended by about 60 of us—all reflecting increased participation and enthusiasm. New members found a variety of ways to participate in Society activities, whether by attending events, starting peer groups, or joining committees. More of our young members taught continuing education classes. We were even successful in holding a number of education and social events in Virginia and, as far as I know, no Marylanders or DC members suffered panic attacks in getting there! See how we can grow and change, as we suggest to our clients?

We are definitely having more fun. This past year, the program committee organized an outing to theater followed by dinner at a restaurant downtown, as well as workshops related to the television program "In Treatment." Both were hugely successful, and we'll do the theater again this year. We're also reprising an old and popular Society activity: brown bag luncheon gatherings featuring a speaker and offering CE credit. These will be held in both Virginia and Maryland, and offer a wonderful opportu-

nity for informal discussion and getting to know other members.

We now have a 501(c)3 foundation which will allow us to provide even greater education opportunities and to raise funds. We have resolved to put increasing effort into professional development opportunities in order to better serve our young and new members. Looking outward, we need to refine and prioritize our legislative and advocacy efforts. These have long been a major concern of the Society, but as we operate in three different jurisdictions, they can be overwhelming to deal with. This past year we spoke out on many issues, often with successful outcomes, and many of you joined in that effort by contacting your elected officials. But we have only a handful of members who take an active role in this area, and we need many more.

So welcome to a new year, a growing and vital Society, and new possibilities for becoming involved in this wonderful community. I hope your summer provided some respite from routine and work, and that you will participate in and benefit from the many opportunities our unique and varied organization has to offer. ❖

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*Yesterday*, continued from page 1

was probably doing a little better than I was, given our current roles. I was determined to speak to her and to not give in to the stigma of being ill. It felt good to take the first step by approaching her.

While that first inpatient stay was valuable in many ways, I came to feel safe in the patient role—passive and protected from myself—and it was difficult to regain the lost time. But that’s a whole other topic. This stay did bring into sharp focus the fact that there are no major walls between the well and the ill. Defensive barriers notwithstanding, we are all on a great continuum in our level of functioning, our level of pain, our ability to deal with the challenges of life, with or without a mental illness.

My lessons continued after I was discharged and finally ready (I thought!) to go back to work. At one interview, touring the inpatient psychiatric unit of a local hospital, I ran into my roommate from my hospitalization, disheveled, being led out of a “quiet room.” She said hello and I felt that I should respond—to do otherwise would be belittling to her and not honest. At virtually the same time I saw another former classmate of mine, who wondered how I knew the woman. I fumbled a bit and then said that I knew her from another program. Not graceful, but it was the best I could do in the midst of a job interview!

So, any division we place between ourselves and our patients or clients is illusory. In any group of social work, psychology, or psychiatry professionals (or students), one need only look around the room to see the walking wounded. Chances are that one or more of your colleagues at any given time are feeling as desperate as I was that day that I went into the hospital. We must not prevent people (ourselves) from getting help because of some defensive construct that divides “us” professionals from “them” patients/clients.

Yesterday I had the key. Today I neither need the key nor to be within the confines of a psychiatric unit. I am working at NAMI, the National Alliance on Mental Illness. I work on a toll-free helpline, talking to family members of people with mental illness and to those with mental illness as well. I was 10 years away from clinical social work. Now I provide direct service of another kind. And I’m happy.

Tomorrow is an open book—and I hold the pen. ❖

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Ann Wroth, MSW, works at the National Alliance on Mental Illness, supporting people living with mental illness and their families.

## OUT & ABOUT

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*This column shares news about members’ professional accomplishments—our publications, speaking engagements, seminars, workshops, graduations—as well as our volunteer projects and special interests or hobbies. Here is what some of us have been up to...*

**Bonnie Damron** taught a seminar on Homer’s Odyssey entitled “In the Wake of Penelope: Reweaving the Odyssey from Penelope’s Point of View” this year. She relays that the Jung Society was able to grant social workers CEU’s for this work. Bonnie will be offering another course, starting later this month, based on the homecoming of Odysseus. The Jung Society offers CEU’s for many of its courses: [www.jung.com](http://www.jung.com).

**Ruth Neubauer** gave a talk on “Transitions” to the American Association of University Women in May based on her published article in *Clio’s Psyche* in December 2006.

Ruth moved to Denver, Colorado in late July and reopened her private practice there last month. For referrals she can be reached at: 240-432-4080. She wants the GWSCSW community to know how much she has appreciated her learning, teaching, and wonderful social work colleagues. She leaves the DC area with gratitude and warm wishes to everyone connected to GWSCSW.

**Adina Shapiro** has been appointed to the faculty of ICP&P. She also started a supervision group for recent social work graduates, with an emphasis on exploring theory, practice and countertransference responses to clients. ❖

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Send your information for Out & About to newsletter co-editor Jen Kogan at [koganblackwell@verizon.net](mailto:koganblackwell@verizon.net).

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## CONTINUING EDUCATION SERIES 2008-09

IPI Metro will be offering three exciting continuing education series during the academic year 2008-09. Seminars in these series may be taken individually, and are briefly described below. For a full description of each series, including schedules, faculty, cost, and continuing education credit, please visit our website at [www.ipimetro.org](http://www.ipimetro.org), or call or email Kate Scharff, Director of IPI Metro, at 301-951-3776 or [kate@thecrt.com](mailto:kate@thecrt.com).

### ■ Sex and Sexuality In Contemporary Sexuality

A series of nine monthly 4-hour meetings, one Saturday per month (September–May), 9 am – 1 pm.

Issues of sex and sexuality are ubiquitous in life and in psychotherapy. Nevertheless, most mental health training programs do not give sex the attention it deserves. Many seasoned clinicians still feel awkward or untrained in dealing with sex and sexual themes in practice, creating a safe psychological space for sexual ideas to emerge, or in helping clients with sexual problems. In recognition of the need to re-open and update our examination of sex and sex therapy, IPI Metro is pleased to offer this rich and unique curriculum, taught by leaders in the field of human sexuality.

### ■ Object Relations Special Topics Series

A series of five 3-hour seminars, one Saturday morning per month (September–January), 9 am – noon.

This series will give participants at all levels of experience the opportunity to explore, with senior IPI clinicians, a range of applications of Object Relations Theory. Topics will include: Object Relations Child Therapy, Working with Patients with Chronic Pain, Introduction to Object Relations Theory and Therapy, Working with Difficult Couples, and Working with Families with Mental Illness.

### ■ Object Relations Master Teacher Seminar

A series of nine 2-hour meetings, one Friday morning per month (September–May), 9 am – 11 am.

This videoconference seminar will link Washington, DC, Salt Lake City, UT, Long Island, NY, and Omaha, NE with major contributors from the U.S. and abroad. Participants not located in these cities may elect to participate by telephone. Guest speakers have included Otto Kernberg, Christopher Bollas, Alvaro Rey de Castro, Theodore Jacobs, Steven Ellman, Paul Williams and many others. The 2008-2009 speakers will begin with Nancy McWilliams on September 26, 2008. Other speakers to be announced.

Save the Date...

## Psychotherapy with Couples

Saturday, March 28, 2009 9:00 AM – 3:30 PM

An Object Relations Approach to Understanding and Working with Common Clinical Situations

[www.ipimetro.org](http://www.ipimetro.org)

# Aiming for Liftoff:

## *Supporting Families Who Have Children with Developmental Disabilities in Transition to Adulthood*

Jonah Green

The “launching” stage in the family life cycle (when young adults begin to establish identities and roles outside the home) is filled with possibility and challenge. Parents have the prospect of renewing their bond and exploring new interests, and young people have the opportunity to establish new relationships and begin careers. Both parents and children confront the task of creating adult relationships with each other, and perhaps accommodating to the entry of new members into the family. (Carter and McGoldrick, 2005)

Families who have children with developmental disabilities such as autism, mental retardation, and Down Syndrome face challenges during this period that are often distinct from those of typical families. Rather than adjusting to “launching,” many of these families struggle to move young disabled adults towards more independent living. The challenge of accommodating to the needs of developmentally disabled children may increase during this time, as parents develop health problems, grandparents become incapacitated or pass away, and children leave full-time school programs.

The challenge of the transitional period often contrasts with the relative calm many families have achieved by the teen years. Families with young children with developmental disabilities often face a number of stressors. These include conflicting diagnoses and treatment recommendations, painful emotions, complicated family dynamics, and heavy time and resource demands. By late adolescence, many families have clarified diagnostic issues, found programs to maximize children’s development, and made progress towards addressing many of the emotional challenges related to their children’s disabilities. (Marshak and Seligman, 1999)

An array of educational, therapeutic and other services is often a driving force behind this progress. Many families make use of federally mandated services such as diagnostic evaluations, speech/language therapy, and respite care when their children are infants and toddlers. School age children are able to obtain accommodations and supports via Individualized Education Plans (IEPs), and may engage in recreational activities and specialized treatments outside the school setting.

During this period many families make use of mental health services, which can aid development and help families cope. In accessing these programs families often find emotional support as they connect with others in similar situations.

The prospect of fewer and less coordinated services for disabled adults makes the transition period far more difficult. While all jurisdictions offer programs for adults with disabilities, waiting lists are usually long, and people are typically only able to access a fraction of the supports they need. In addition, most families have to coordinate services from a myriad of agencies. (Wehman, 2006)

Interventions aimed at maximizing children’s independence and helping families obtain coordinated and comprehensive supports can greatly assist these families. It can be helpful to:

- Offer families a “fact sheet” with all the available services—be they support for independent living, vocational assessments, educational programs, or housing assistance—and the various ways of accessing them. Local ARCs are a good resource for such comprehensive lists.
- Encourage parents to continue efforts to develop their children’s functional living skills. Because the behavior of children with disabilities often calms during late adolescence, parents may have a “second chance” to improve their teen’s hygiene, organizational ability, and pragmatic social skills.
- Make sure that families make use of available transition resources. All schools are now required by law to begin transition services when children are 14. Some government entities provide funding for transition programs that include eligibility screening and assistance accessing vocational and/or educational supports.
- Refer families to professionals who can help them obtain services. Disability lawyers can help young people apply for Social Security Disability Insurance, financial professionals can set up special needs trusts, and case managers can help fami-

lies navigate and access the maze of service agencies. Some nonprofits provide case management services for families with limited means.

- Help families find resources to transport children to activities. Encourage parents to train their children to use public transportation, and make sure they take advantage of the transportation programs that are available in most areas. Advise parents to consider carpooling, which has the added advantage of helping young people and families build social connections.
- Connect families together. ARCs, private organizations, and online groups can provide support for parents, and a number of private and governmental organizations offer discussion groups, recreational activities, and supervised social events for young people with disabilities.

The above interventions can begin to generate the “lift-off” that so many of these families yearn for; young people can become more independent, and other family members can feel more supported and less burdened. Even with such interventions, however, families

will still face many challenges. The task of accessing and coordinating ongoing services is arduous, and both individuals and relationships may become strained as a result. Parents may experience a “second loss” as they become faced with the reality that, despite all of their efforts, their disabled children may not attain the same level of independence as others. (Seligman and Darling, 1997). Young people with disabilities may confront difficult feelings as their life paths begin to contrast with others in their peer group. Having addressed the above practical matters, clinicians will find themselves in a better position to assist families in addressing their emotional and relationship needs, and offer all family members more hope as they enter the next stage of their lives. ❖

### Resources:

[www.thearc.org](http://www.thearc.org)

[www.autism-society.org](http://www.autism-society.org)

[www.nads.org](http://www.nads.org) (Down Syndrome)

Jonah Green, LICSW, LCSW-C practices therapy for children, families, and individual adults in Kensington, MD.

## Center for Spirituality • NCSWS, Catholic University

### Six Session Clinical Seminar

We invite you to join us for our third year of yearlong seminars. The seminars have been very exciting as clinicians have the opportunity to learn and share their interest in integrating spirituality into clinical practice. We have also been building a network of practitioners with similar interests.

This year we will focus on integrating complimentary practices with ongoing clinical practice. Kathie Hart, LCSW-C will facilitate the seminars. We will have guest speakers on Family Constellation practice and Yoga Nidra practice. There will be time to integrate these concepts and others into clinical practice. And there will be time to just enjoy being with our colleagues.

There will be limited openings and participants will need to agree to commit to all six meetings. There will be 12 CEUs for the series.

The seminars will be Fridays, 3:30–5:30 PM on November 7, December 5, February 6, March 6, April 3, and May 1.

### A Spiritual Book Club

Many people have requested that we begin a book club for clinicians interested in spiritual practice. We are beginning one this year. The theme will be opening of mind, body, and spirit. There will be three books and three meetings, all Mondays from 4–6. There will be 2 CEUs for each meeting.

November 17 *My Stroke of Insight*  
by Jill Bolte Taylor

February 23 *How to Practice:  
The Way to a Meaningful Life*  
by the Dalai Lama

April 20 *The Intuitive Body*  
by Wendy Plamer

Hope you can join us  
Details on our website [cssw@cua.edu](mailto:cssw@cua.edu)

*If there are any questions, or you wish to register early just contact*

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# Mindfulness:

## *Transforming the Therapist and the Therapy*

*Susan Drobis*

As I sit in my office with a woman in her mid-thirties, I sense a tide of anxiety rising in her and resonating in my own body. I notice a fluttering in my torso and belly and a slight contraction in my chest. Immediately I put both feet on the floor and feel the floor's solidity beneath me. I also bring awareness to where my body meets the chair: legs, buttocks, shoulders and arms. I focus on the sensations of support my body experiences both from the chair and the floor. I sense the rhythm of my breath as it moves through my body.

Using the tools of mindfulness I have become aware of my reactions to my client's state and then am able to ground myself in my body in the present moment. By doing so I am building more internal capacity by deepening and expanding my own container. I trust that my client will benefit from this through the inter-subjective field of our relationship.

Mindfulness is a powerful tool for self-regulation. By bringing awareness to any subjective experience we change our relationship to it. But the benefits of mindfulness go far beyond self-regulation. Mindfulness can expand and transform the self of the therapist. In that way through our own practice of mindfulness we can indirectly deepen and improve our work with clients even if we never teach them mindfulness skills.

As one therapist in a class I recently taught on Mindfulness for Therapists put it, "I was able to sit with very powerful material more calmly and not immediately rush in to do something or fix it." A few weeks later she said that she noticed that her work with a client was much deeper, and she attributed it to her own increased capacity to tolerate the intense affects this client brought into the room.

Mindfulness is an open, non-judgmental consciousness of the present moment. It is a practice of allowing and accepting whatever is there, regardless of whether it is pleasant or painful. The aim of mindfulness is to accept our experience without judging, analyzing or evaluating it. Mindfulness is a place of awareness from which to observe, notice and experience what is happening inside you- the body sensations, thoughts, and feelings that arise and change moment to moment- without focusing on the content. This capacity for awareness

helps strengthen the observing ego and creates an anchor in the present that grounds a larger sense of self—a calm center from which one can observe one's own subjective experience.

Mindfulness skills are deceptively simple in concept but they take practice to develop. It is similar to learning an instrument or a new language. I started a daily practice of meditation about 15 years ago and began attending retreats once or twice a year to deepen my skills. It has had a profound personal effect on me. Over the years I have gradually integrated mindfulness into my therapy with clients—bringing a deeper sense of connectedness, self-knowledge and presence into my work.

On this particular day, I ask my client what she notices in her body. She senses herself perched on her chair, leaning forward as if she might spring up and flee at any moment. She notices that she is hardly able to breathe and experiences the contraction in her chest and throat. I wonder with her if she can sense the place where her feet touch the floor—and she can't, but she can feel her buttocks in the chair. As she does this she becomes aware that there is slightly more space in her chest.

I think of mindfulness as a safe space or container where we can learn to hold our internal experience without judgment or reactivity. I also think of it as an experimental space where we can learn to respond rather than react. We can try on and practice new responses and develop new capacities, and explore the "being mode" as compared to the "doing mode."

Winnicott described the holding environment that the good-enough mother creates for the child as a space in which the child can discover herself. The mother creates that space by being present but not intrusive. In that space the child can relax, explore and develop what Winnicott called "the capacity to be." (Playing and Reality)

The parental holding environment is experimental space out of which the experience of self emerges. It is place of possibility, of change, of not knowing. It is the space from which play, creativity and art emerge.

As therapists we attempt to create such a holding environment with our clients. Mindfulness can deepen and



extend that space. Mark Epstein likens mindfulness to the environment within which a child makes discoveries about herself that affirm her sense of existence. "The infant who can be, as opposed to one who can only do, has the capacity to feel real" (*Going to Pieces Without Falling Apart*, p. 40)

The benefits of mindfulness are numerous. It helps to increase the ability to sit with and hold affectively charged material, to develop greater self and bodily awareness, to expand the ability to self-soothe and self-regulate and to tolerate anxiety and change. It also helps to quiet self-criticism and judgment, build self-acceptance and clarify internal conflicts.

These are all capacities that support the work of psychotherapy and indeed are often goals of psychotherapeutic work. In recent years mindfulness has become a key component of entire models of therapy including Somatic Experiencing, Mindfulness Based Cognitive Therapy for Depression, and Dialectical Behavior Therapy. But mindfulness skills can be integrated into any model of psychotherapy. ❖

Susan Drobis, LICSW, offers trainings in Mindfulness for Therapists and in Using Mindfulness in Psychotherapy through the Center For Healing and Imagery. She also has a private practice in NW DC.

*When the Professional is Personal:*

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#### **Just the Facts, Ma'am**

*Carol Kleinman, MD*

#### **When Patients Wave Confidentiality**

*Linda Grey, RN, MSN*

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# ADVOCACY & LEGISLATION

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## ■ FEDERAL

*Laura Groshong*

The Clinical Social Work Association (CSWA) submitted Testimony to the July 29 House of Representatives hearing held by the Healthy Families and Communities Subcommittee of the House Education and Labor Committee. The hearing was called "Caring for the Vulnerable: The State of Social Work in America" and can be viewed at <http://edlabor.house.gov/hearings/hfc-2008-07-29.shtml> by clicking on "Archived Webcast."

CSWA has been tracking many bills in Congress in addition to the three summarized below, but these are the most important for clinical social workers at this time.

### **Medicare Bill (HR 6331) Passes!**

Passage of HR 6331—The Medicare Improvements for Patients and Providers Act of 2008—was a big, big win for clinical social workers! This bill included everything that we were requesting, and it passed this summer with enough congressional support to override the Presidential veto. Thanks to all of you who contributed to this great success by responding to our Legislative Alerts, and special thanks to all those who forwarded letters from members of Congress (some who supported us from the beginning or others who got on board just as the train was leaving the station). Be sure to thank our colleagues in NASW and the American Psychological Association, with whom the Association worked closely in this campaign.

Here is a summary of HR 6331 changes affecting clinical social workers:

- Instead of the scheduled 10.6% cut in all provider payment rates, there will be a 1.1% increase for all Medicare providers, to take place on 1/1/2009.

- There will be a 5% rate increase for psychologists and clinical social workers billing Medicare Part B for psychotherapy services, in addition to the 1.1% increase which applies to all Medicare providers.
- Medicare mental health co-pays will decrease 5% a year from the current 50% co-pay down to 20% co-pay in 2014, to equalize mental health co-pays with Medicare 20% medical/surgical co-pays.
- Money which previously supported Medicare Advantage, the subsidized private managed care option for enrollees, will be used instead to support lower co-pays for mental health services. Currently about 20% of all Medicare enrollees are in Medicare Advantage, which was designed as a way for the private sector to offer managed care as well as fee-for-service plans and costs 13% more than traditional Medicare plans, according to the Congressional Budget Office.
- CMS put a "freeze" on paying claims from July 1 to July 15 to prevent under- or overpayment, depending on how the legislation worked out. They will now pay all the claims with the 5% increase for all psychotherapy claims filed after July 1, 2008.
- Medicare formulary Part D will now include many previously-excluded standard medications for anxiety, depression, and other common mental health disorders.

### **Mental Health Parity (S 558 and HR 1424)**

When in June the House passed its mental health parity bill, HR 1424—the Paul Wellstone Mental Health

## **New Virginia Supervision Requirement – Effective September 19, 2008**

In addition to registering supervision prior to the start of supervision for post masters clinical license application, the supervisor must have taken 14 hours of continuing education in supervision or a university semester long course in supervision.

GWSCSW is offering a supervision course in its continuing education program that fulfills this requirement. This course will also fill the existing Maryland requirement for 12 hours of education in supervision.

& Addiction Equity Act—it seemed like a breakthrough in the deadlock with the Senate, which had passed its own mental health parity bill, S 558, last September. Over the summer, the policy conflicts in the two bills have supposedly been resolved, but funding issues remain. There's some hope on the Hill for passage this fall, but no clear indication as of this writing when the final conflicts between the two chambers will be resolved.

### **Wired for Health Care Quality Act (S 1693) and PROTechT (HR 6357)**

Rarely has a bill been so misnamed. The so-called 'quality' S 1693 promises in terms of improving communication between health care providers comes at the expense of privacy. The bill's sponsor, Senator Edward Kennedy (D-MA), usually shares our views but does not appear to be concerned about the lack of privacy provisions. CSWA members did an outstanding job of responding to Legislative Alerts, joining with members of other mental health associations in the Mental Health Liaison Group, to stall the legislation for the time being.

The bill is still moving forward. However, pressure to include privacy protections is growing, thanks in part to PatientPrivacyRights, a coalition of health care groups that CSWA has joined, which is headed by Dr. Deborah Peel, a psychoanalyst and tireless advocate for mental health privacy. An alternative bill is being developed in the House, HR 6357, PROTechT, which will have stronger privacy provisions than HR 1693 has. ❖

Laura Groshong, LICSW, is Director of Government Relations for the Clinical Social Work Association (CSWA). Find out more about CSWA legislative activities, alerts, policy papers, membership, and more at [www.clinicalsocialworkassociation.org](http://www.clinicalsocialworkassociation.org).

## ■ VIRGINIA

*Mark O'Shea*

The primary focus of the legislative coalition of Virginia and Greater Washington Clinical Social Work Societies over the past months has been to track several regulatory changes being considered—and now enacted—by the Virginia Board of Social Work (VBSW), particularly those relating to post-treatment sexual relations with clients. (18VAC 140-20-150 section D 2)

The change extends the period of time (previously a minimum of two years) to a minimum of five years before post-treatment sexual relations would be permissible. The clinical societies and NASW joined forces to advocate for "never" permissible, to maintain consistency with our codes of ethics. However, when the VBSW turned to the Attorney General for advice, he explained that a standard of "never" would be at odds with Virginia law, as absolutes are not seen as defensible. Noting that the psychology and counseling boards each have a standard of five years post-treatment before sexual relationships with former clients are permitted, he pointed out that a different standard for clinical social workers doing similar work could be problematic.

Despite the failure of VBSW to accept our recommendation, it was very satisfying to collaborate with the NASW-VA Chapter to push for higher standards.

We continue to monitor the study group on social work licensing mandated by HB 1146; publication of the VBSW report is expected just as we go to press, and we anticipate an opportunity to comment in the fall. ❖

*J. Mark O'Shea, LCSW, Legislative Vice President of the Virginia Society for Clinical Social Work, urges members to keep abreast of changes in social work regulations by googling Board of Social Work Virginia or [www.townhall.com](http://www.townhall.com).*

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## ■ MARYLAND

*Alice Neily Mutch*

This summer, the Maryland Legislative Council of Social Work Organizations—the coalition of GWSCSW and MSCSW (the Maryland Society for Clinical Social Work) - was one of only two organizations from the clinical community invited to make a presentation at the Joint Commission on Access to Mental Health Services hearing in Annapolis. (The other was the Maryland Psychological Association.)

Representing the Council at the July 29 hearing, MSCSW president Martha Miller summarized the points in the Council's written testimony. The focus was the survey conducted by the Council over the past year on the effects of declining reimbursement rates and other insurance company practices on the ability of social workers to continue participation in insurance networks and carry out our core values of treating all Marylanders who are in need.

Ms. Miller ended her testimony with thanks to the legislators for the opportunity to share our concerns and a plea that they "...understand that our concern is not just about money. It is about preventing burn-out, about preserving a positive therapeutic frame of mind toward the most challenging and demanding clients, and about feeling—and being—valued...When therapists drop out of panels, it is so they might practice in a way that makes them feel good about their professional identity, providing quality care without the negative intrusion of insurance company limitations."

Ms. Miller and your lobbyist then spent an afternoon of advocacy with the legislators, insurance company representatives, and mental health professional organizations in attendance.

Asked by the Commission for recommendations for legislative or regulatory change that would lead to a more accessible high quality mental health system; the Council's follow-up letter highlighted the following:

- Promote the true parity legislature introduced by Delegate Morhaim in the 2007 legislative session removing the limitation of 20% co-pay to the first five treatment sessions;
- create incentives for hospitals to treat persons with mental illness in their community hospital settings;

- Refine the legislation to require Networks to accurately reflect the availability of professional providers in their panels including the most recent history of accepting new patients;
- Increase reimbursement rates for clinical social workers for Medicaid and other provider reimbursement plans so that experienced and skilled clinical social workers have incentives to work with this population;
- Alter state laws to protect solo practitioners as well as those in networks;
- Enforce and refine the current law enabling a credentials process which provides incentives for clinical social workers to accept and treat new patients;
- Urge the Reimbursement Task Force to focus on all mental health providers, specifically clinical social workers and psychologists, who are underutilized in the mental health system because of underpayment;
- Urge the Maryland Insurance Administration (MIA) to address the recent obstacle imposed by the carriers to have "preferred status" by January of 2009, or leave all their networks. (The "incentive" for switching from "participating" to "preferred" will be a 10% reduction in allowed fees);
- Urge support for Parity with the passage of HR 1424 - the Paul Wellstone Mental Health and Addiction Equity Act; and
- Urge the MIA to explore the most recent technique used by one of the larger insurers for delaying payment to providers in their HMO and PPO networks by denials of claims for individual treatment, based on "inappropriate service for this diagnosis."

By participating on the Reimbursement Task Force, testifying at the Joint Commission, and by following up with meetings, calls, and correspondence, the Legislative Council has been demonstrating that clinical social workers are interested and willing to participate. This in turn helps convince legislators to become advocates for clinical social work issues in the future. ❖

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Alice Neily Mutch of Capital Consultants of Maryland is a lobbyist for the Legislative Council, the coalition of GWSCSW and MSCSW. Her website [www.capitalconsultantsofmd.com](http://www.capitalconsultantsofmd.com) provides a wealth of information about Maryland legislation and legislators.

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## ■ DISTRICT OF COLUMBIA

*Margot Aronson*

It was difficult to read the local news this summer as first one child and then another died while (theoretically) under child protective care, but actually part of a backlog of more than 1500 incomplete Child and Family Services (CFSA) investigations.

We knew that CFSA had experienced an incredible surge of calls for abuse and neglect investigations after the tragedy of the four Jacks/Fogle children, whose bodies were found in January. CFSA Director Sharlynn Bobo, speaking at an NASW brownbag meeting this spring, described her department as over-stretched but taking steps to get the workload under control. The surge, she said, had peaked.

At that same meeting, several social workers spoke up about the scapegoating of workers in the Jacks/Fogle case: there was still considerable anger about Mayor Fenty's firing of six CFSA workers the day after the newspaper story broke, before an investigation had taken place. There was even more anger about a visit to CFSA by the Mayor a few days later, when, they said, he took the opportunity to lecture and spread blame. (A number of the workers walked out on his talk, some in tears. As for the fired workers, three have been reinstated.)

This was the context when, on July 8, we read of the death of six-month-old Isiah Garcia. We were deeply saddened—and concerned for the safety of all the other children supposedly in care. And then, reading on, we were outraged: Mayor Fenty, after “over an hour reviewing the case,” had fired the caseworker, noting that all city employees are accountable and a worker's heavy caseload is not an excuse for not acting.

### **The Fact-Finding Hearing**

Councilman Tommy Wells, chair of the DC Council's Human Services Committee and himself an MSW, held a fact-finding hearing on July 14. The public was not invited to submit testimony, but we were told we could suggest questions that might help “shape the discussion.” We did so.

Our questions were pointed and our bias was clear: we were urging that systemic problems be dealt with in a systemic manner, with responsibility flowing from the top down. We doubted that the worker in question was just sitting at his/her desk, twiddling his/her thumbs

and doing crossword puzzles, and we emphasized that there is no amount of improved training, better supervision, and better communication that can keep children protected when management is assigning 30 or 40 or 50 cases per worker. And surely after the Jacks/Fogle case, we noted, no one at the top can claim ignorance of the problem.

The mood at the hearing was somber, and Wells' questioning was thoughtful, with particular attention to problems in supervision (“the worker's lifeline”). Although the social worker investigator who had just been fired was not present, she was represented by George Johnson from the AFSCME union; he described her ongoing “cries for help,” as she sank under the ever-growing caseload (54 when she was fired!) in a job with a national standard caseload of 12. Wells was “appalled” to learn of the lack of supervision. Asked about morale, Johnson described it as “poor—throughout the agency.”

### **An Agency in Crisis**

Next, Judith Meltzer of the Center for the Study of Social Policy detailed CFSA statistics of rising case-

#### **The LaShawn Litigation**

The District's child welfare system has been under fire since 1989 when the LaShawn lawsuit was filed in federal court. In 1991, the judge ruled that DC was failing to meet its constitutional and statutory obligations to the children in its care; that ruling was affirmed on appeal in 1993. Then in 1995, the District was held in contempt for having failed to comply with court orders requiring improvement, and a Receiver was appointed.

Significant improvements were made in the following years, and in 2001 the Court turned the management of the agency back to the District, with a post-receivership Implementation Plan requiring full compliance by 2006. The Plan laid out the strategies that the District agreed to take to improve its child welfare system; it set measurable targets for improvement on performance and outcomes. Instead of a Receiver, there is now a court-appointed Monitor to track progress.

For details of the LaShawn case, see [www.childrensrights.org/pdfs/LaShawn\\_Williams.pdf](http://www.childrensrights.org/pdfs/LaShawn_Williams.pdf).

loads and failing completions of investigations after the tragic Banks/Fogle children's deaths last year. (The Center is the independent court-appointed Monitor for the District, under the LaShawn litigation.) Meltzer insisted that CFSA acknowledge that the agency is not merely *dealing with crisis* but is *in crisis*. Workers, she said, need to know they are accountable, but also need to know "that they will be consistently supported by their supervisors and agency leaders, and provided with resources and system supports to carry out their responsibilities."

Meltzer made recommendations for the short and long term, emphasizing the need for "a much more comprehensive approach to address family problems related to the stresses of poverty, unemployment, underemployment, domestic violence and untreated mental illness—problems that will of necessity demand the involvement of multiple public and private agencies, advocates and community partners to solve."

The final witness was CFSA Director Bobo, who described the many steps her agency has been taking to try to combat the backlog. Wells questioned her judgment in not requesting help when, at the April oversight hearing, he had specifically asked her if CFSA needed more resources. Ultimately, he said, "you and your management staff should have known..." He spoke of his intent to spend time with CFSA staff, hear their views, and "let them know we're behind them."

That evening, news of the death of another child filled the airwaves. Although in that case the caseworker had taken all possible steps, the tragedy served as a reminder of the critical importance of repairing the safety net for DC children. Within a few days, Mayor Fenty requested Bobo's resignation and appointed psychologist Roque Gerald to be Interim Director of CFSA. With the exception of a serious blemish on his professional record from twenty years ago (about which he is both open and apologetic), Dr. Gerald is said to be highly regarded in CFSA.

### **Motion To Hold the City in Contempt of Court**

On July 24, 2008, the ACLU and Children's Rights, Inc., the national advocacy organization representing plaintiff children in LaShawn, filed a motion to hold the city in contempt, citing not just the backlog, poor adoption rates, and untrained workers, but also failure to provide children with required medical and dental screenings, moving foster children from home to home, and failure to meet the required number of visits with

foster children. "...The District's executive leadership has allowed the child welfare system to return to a dysfunctional state."

### **What Next?**

Obviously, neglect and abuse cases must not be assigned indiscriminately, as they have been, with the numbers just piling up; there is a very real limit to what any child protection worker can accomplish. And we're tired of seeing caseworkers fired before the investigation begins, used as scapegoats to divert scrutiny away from management problems far beyond their control.

At the end of the day, it's not just that home visits take time, that there are bound to be issues of bad traffic and poor addresses and incomplete information. Yes, those realities should be taken into account, but equally important is the need for workers to have enough time to make positive clinical interventions rather than just to check off on a computer screen that children have been seen...and thus, as happens now, to be seen by the community as scrutinizing, criticizing, and punishing.

We challenge the Mayor and the Council to be accountable, to provide the support and leadership that Dr. Gerald and CFSA workers need to protect our children, and to examine and acknowledge the structural problems—from the top down—that set up CFSA for this dramatic failure of mission. ❖

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August 15, 2008

To: Child and Family Service Agency Social Workers

We in the DC area clinical social work society have been following with concern the plight of CFSA and its employees in the wake of recent tragedies. Our members have been saddened and disappointed to see individual, front-line social workers take the brunt of the blame passed around by those reviewing the incidents and making policy. Many of us do or have worked in public agencies, and know how extraordinarily difficult and emotionally draining this work can be. It sounds like you are all carrying impossibly huge case loads, and we know that while your goal is to do everything possible to help families in need, you may well be frustrated in your efforts to do so. There can be no more important work than yours, though often this work goes unrecognized and unappreciated until a crisis occurs.

The social workers in our association would like to express their admiration of your dedication to children, families and public welfare. Through our advocacy chairperson, Margot Aronson, we have begun to inquire about ways in which we might actively support you and your efforts. Whether through spreading the word about positions available in the agency or through volunteering to work in whatever ways we can directly, we would like to help during this period of need and stress. We are in contact with Councilmember Wells, urging him to press for changes within CFSA which will better support social workers and make directors more accountable.

While we're hopeful that these efforts will have some positive effect, we know that change comes slowly and not without struggle in public agencies. But we would like you to know that there are hundreds of social workers in your community who admire you enormously, are rooting for you, send you their thanks and good wishes, and are available to work on your behalf in whatever ways we can.

Should you wish to let us know how things are going or how we can help, you can do this through Mindy Good, CFSA's Public Information Officer. We will continue to monitor events and to stay in touch through those contacts we have.

Our very best to you all,

Susan W. Post  
President

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## **CONNECTING WITH CLIENTS: *How Object Relations Can Help You Be a More Effective Therapist***

**Saturday, November 22, 2008**

### **Schedule:**

9:00 am – 9:15 am	Greetings and Introductions Kate Scharff, MSW
9:15 am – 10:30 am	The Basics of Object Relations Theory David Scharff, MD
10:30 am – 10:50 am	Break (with refreshments)
10:50 am – 1:00 pm	Connecting with others: Mirror Neurons, Intersubjectivity, and the Latest Findings in Neuropsychological Research Pier Ferrari, Ph.D.
1:00 pm – 2:15 pm	Lunch (on your own)
2:15 pm – 3:15 pm	Clinical Presentation and Discussion Presenter: Patrizia Pallaro, LMFT; Chair, Sheila Hill, MSW

### **About the Presenters:**

**Pier Ferrari, PhD** is currently a visiting scientist in the Laboratory for Comparative Ethnology of the National Institute of Child Health and Human Development, NIH. In Italy Dr. Ferrari is Assistant Professor in Biology at the School of Medicine at the University of Parma. He is a researcher in the department of neuroscience research with Rizzolati, Galese and others who discovered mirror neurons and continue to develop research into their importance in rhesus monkeys and humans.

**David Scharff, MD** is Co-director of the International Psychotherapy Institute, Clinical Professor of Psychiatry at the Uniformed Services University of the Health Sciences and at Georgetown University. He is a Teaching Analyst at the Washington, DC Psychoanalytic Institute. Dr. Scharff has authored, co-authored and edited fifteen books, including *Object Relations Couple Therapy* (1991), *Object Relations Individual Therapy* (1998), and *Tuning the Therapeutic Instrument: Affective Learning of Psychotherapy* (2000), all with Jill Savege Scharff. His recent books include *The Psychoanalytic Century: Freud's Legacy for the Future*, and *Fairbairn and Relational Theory*, co-edited with Frederico Pereira). *Treating Relationships: New Paradigms in Couple and Family Therapy*.

**Patrizia Pallaro, LMFT**, is bilingual licensed psychotherapist and a registered dance/movement therapist, Patrizia Pallaro maintains a private practice in Bowie, Maryland, where she offers individual, couple, family and group therapy ([www.movingtheself.org](http://www.movingtheself.org)). A writer and editor, she is faculty member of IPI Metro ([www.ipimetro.org](http://www.ipimetro.org)), of Art Therapy Italiana ([www.arttherapy.it](http://www.arttherapy.it)) and a Fellow of the International Psychotherapy Institute ([www.theipi.org](http://www.theipi.org)).

**Sheila Hill, LCSW-C** is in private practice in Chevy Chase, Maryland. She is a faculty member at The International Psychotherapy Institute for which she is the chair of the Supervision and CAP programs and the co-chair of The Metro Washington Center of IPI (IPI Metro).

**Location:** Offices of IPI Metro: 6917 Arlington Road, Suite 224, Bethesda, MD 20814

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*Save the Date...*

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The International Psychotherapy Institute, IPI (formerly the Institute of Object Relations Therapy, IORT) is approved by The American Psychological Association to sponsor continuing education for psychologists. Continuing Education Credit: IPI is an NBCC Approved Continuing Education Provider (ACEPTM) and may offer NBCC approved clock hours for events that meet NBCC requirements. The ACEP solely is responsible for all aspects of the program. NBCC Approved Continuing Education Provider Number 6017. IPI is a California Board of Behavioral Sciences approved continuing education provider for marriage and family therapists and social workers (PCE#1508) IPI maintains responsibility for this program and its content. Continuing Education Credit or Social Workers has been applied for through the Maryland Society for Clinical Social Work. The views expressed at the conference are not necessarily those of the Maryland Society for Clinical Social Work, Inc.



# Lobbying at the National Level

Margot Aronson

Centered as we are in the shadow of the Capitol, it is not surprising that our Society has an active interest in legislation at the national level. So, how are we making our clinical social work voice heard?

We do not have a lobbyist; the cost would be prohibitive. Instead, we have affiliated with the Clinical Social Work Association (CSWA), which in turn partners with some 40 national-level mental health professional, consumer, and/or advocacy organizations in a focused and effective coalition known as the Mental Health Liaison Group (MHLG).

Each organization sends a representative to the MHLG monthly meeting, where information is shared on the progress of favored and/or troublesome legislation. There are always speakers - sometimes policy people, generally Congressional staffers (though Patrick Kennedy came along, too, to a meeting a few months ago). The speakers come to garner support for their agencies' or Congressmen's bills, and to learn. MHLG participants are invited to Congressional briefings; the most active MHLG participants are known on the Hill, and their advice, letters of support, and testimony is sought.

Through this strong coalition, nurses and psychologists and psychiatrists and social workers and the Mental Health Association and others focused on mental health issues stay in-the-loop and make their voices heard. Social work member groups are CSWA, NASW, OPEIU Guild 49 (clinical social work), and the American Board of Examiners Clinical Social Work Center. CSWA and NASW are consistent participants, and both have representatives serving on the Steering Committee (NASW's Jim Findley is an officer).

In addition to being active in MHLG, the Clinical Social Work Association participates in Patient Privacy Rights and other national coalitions focused on health and mental health issues.

As a CSWA affiliate, we in the Society receive our reports and alerts from Laura Groshong, who is the CSWA Director of Government Relations. We read her reports in this newsletter: in the last issue, Laura wrote about the Social Work Reinvestment Act, and this time

she celebrates the dramatic passage last month of the Medicare bill along with hopeful news about parity legislation and the issues around the health-information-technology bills.

As for alerts, our president Susan Post posts Laura's alerts on the listserve within hours of receiving them - usually calls for grassroots action, asking us to contact members of Congress to urge passage or amendment of a bill. Laura always includes a brief explanation of the bill in question, and suggests wording for the note or call.

Alice Kassabian and I, both members of CSWA as well as the Society, work with Laura on her Government Relations Committee; we are beneficiaries of the MHLG meetings and briefings. If you have a strong interest in federal legislation, we urge you to consider joining the Association.

There is also room within the Society for a focus on federal policies and legislation. Following issues, discussing problems, alerting membership, expanding our network - there's plenty to do at every level. If you're interested, please email Margot Aronson at [malevin@erols.com](mailto:malevin@erols.com).

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# Social Work Ethics Guru Frederic Reamer Returns this November

*Dolores Paulson*

The evaluations read: "great conference!"... "what a terrific speaker"... "he knows clinical ethics"... "he truly encourages questions"... "please bring him back next year!" On April 8, 2005, social work ethics guru Frederic Reamer came to Washington to present a day-long ethics conference, and the evaluations told the story. We did as you asked. We brought him back on October 22, 2006.

Again, all marveled that any one speaker could keep an audience interested in ethics for a full day since most think of that CE requirement as a chore. His presentation was still all new and fresh even for those who attended the first conference. All spoke of Reamer's incredible breadth of knowledge and insight, the way he engages an audience so that everyone is on the edge of their seats.

The Reamer conferences were a huge success: on April 8, 2005, over 130 attendees and again on October 22, 2006 over 140 attendees found all of the above and more to be true! Dr. Reamer addressed those issues that clinicians deal with day in and day out in a thoughtful, insightful, tempered way. He focused on the ethical issues that confound clinical social workers in a variety of settings; he responded in depth to his clinically sophisticated audience, with particular focus on those "gray areas where reasonable people will disagree."

Person after person leaving the auditorium, appreciative of his knowledge of clinical ethical dilemmas, asked, when will he return? Could he talk more about the confounding ethical issues social workers live with, could he talk about documentation? We are very fortunate to have Dr. Reamer return November 9, 2008!

The Clinical Social Work Institute is co-sponsoring the conference, which will take place in the Sibley Memorial Hospital auditorium at 5255 Loughboro Road NW, Washington, DC, from 8:30 AM to 4:30 PM on Sunday, November 9, 2008. Parking is available in the hospital parking lot (fee); there is some street parking; and the Metro bus stops at the hospital. Continental breakfast and lunch are included. We are fortunate to be able to hold the fee to \$130 for members, non-members \$150, for this full day seminar. The fee for students is

a very reasonable \$60. After October 15, fees increase. As with all GWSCSW programs, scholarship funds are available.

## **Fulfill Your Ethics Requirement**

This is a wonderful opportunity to fulfill your ethics requirements with a brilliant ethicist in a clinical social work context rather than settling for what's available in that last minute frenzy when space is filled and options are limited. Maryland licensees will meet their ethics requirements well in advance of the October 30 '09 and '10 renewal deadline; Virginia and DC licensees will meet their requirement well in advance of the June and July '09 deadlines.

Attendees will receive six Category I Continuing Education Units (CEUs) in Ethics for this conference, more than fulfilling the ethics requirements of Maryland and Virginia licensees and completely filling the District of Columbia requirement.

Alice Kassabian, Audrey Thayer Walker, and Connie Hendrickson, are serving with Dolores Paulson, Chair, on the conference committee. The committee welcomes assistance, and in particular volunteers to help at the door. To volunteer, call Dolores at 703-448-9711.

For more information and to register, call the GWSCSW office at 202-537-0007; details can be found at [www.gwscsw.org](http://www.gwscsw.org). This is an ideal time for non-members to join GWSCSW and enjoy the member discount for the conference. We urge you to encourage colleagues to join! ❖

### **Continuing Education Requirements for License Renewal**

Maryland:	40 total hours (3 hours in ethics)
Virginia:	30 total hours (2 hours of ethics)
DC:	40 total hours (6 hours of ethics)

### **License Renewal Dates**

Maryland:	October 30, 2009 / October 30, 2010
Virginia:	June 30, 2009
DC:	July 30, 2009



present

# Frederic Reamer, PhD

Social Worker, Distinguished Ethicist, Scholar, Expert Witness, Author, Professor, Dynamic Speaker

on

## Ethics in Clinical Social Work

Based on Clinical Social Work Standards of Practice

*"New and fresh every time we hear him."*

*"Dr. Reamer leaves everyone wanting more—even after six hours!"*

*"He brings in all the audience, keeps them engaged and participating throughout."*

*"He responds to questions with profound insight and an extraordinary breadth of knowledge."*

*"Who would have thought an ethics conference would have us at the edge of our seats?"*

**Sunday, November 9, 2008**

**8:30 AM Registration / 9:00 AM – 4:30 PM**

**Sibley Hospital Auditorium, 5255 Loughboro Road NW, Washington DC**

**Park in Sibley lot or street parking available. On the Metrobus line.**

**Registration includes continental breakfast and lunch**

**6 Category 1 CEUs**

**Limited seating! Make your reservations early!**

**Questions? Call 202-537-0007**

Please reserve a space for me at the Reamer conference

By 10/14/08    10/15 or later

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Mail this registration form with payment to:

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PO Box 3235  
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Cancellation Policy: 48 hours prior to event, you will receive GWSCSW credit.  
No refunds for cancellations less than 48 hours prior to event.

GWSCSW & CSWI Members..... \$130..... \$150

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Groups of 5 or more,  
paying together, each ..... \$135..... \$150  
*(Please use a separate registration form  
for each, but mail in one envelope)*

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\_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_

GWSCSW is an approved sponsor for Category I Continuing Education activities for Social Workers in Maryland, Virginia and the District of Columbia.  
This conference will satisfy the Continuing Education requirements in Ethics for Maryland, Virginia, and DC.

# A Time of Transition: Interview with Irv Dubinsky, Past President from 1999-2000

*Connie Ridgway*

Irv Dubinsky was the GWSCSW president in a time of transition for the Society. Our numbers had been dwindling and there was less participation from the members. Irv stepped in to help during this crucial time.

Irv grew up in Queens, New York City. His family owned a meat business, making frankfurters, corned beef, salami and pastrami. He learned to cure corned beef, smoke pastrami, tie knockwurst and do bookkeeping. Irv's older brother took on the family business, while Irv carved a different path.

Irv has worn many diverse hats in his life. Right after college he went into the Peace Corps, inspired by John Kennedy's great speech "ask not what your country can do for you, but what you can do for your country." He loved working with people in different cultural settings. Irv performed a stint in the the Peace Corps in Colombia, South America, working with handicraft cooperatives and the National Federation of Cafeteros (coffee growers). He found it very satisfying.

After two years in Colombia, he "couldn't get back overseas except in army fatigues." Instead, Irv pursued two masters degrees (International Education and Economic Development) and a doctorate (Public and International affairs), all at the University of Pittsburgh. Irv's dissertation was on trade union discrimination against African Americans in the construction industry. He evaluated programs to assist their re-entry into the unions. He also worked at Community Action Pittsburgh as Director of Research and Planning, allocating funds and evaluating projects to fight poverty. During this period Irv got married.

After obtaining his PhD, Irv moved to Washington DC to be an assistant professor at the George Washington University. He taught courses in community organization, urban policy analysis and research methods. These were the same courses he eventually taught as an adjunct professor in the School of Social Work at Virginia Commonwealth University in the 1990s. In the late 1970s, Irv worked as a Senior Analyst at the Department of Energy in the area of renewable energy sources, a hot issue during the Carter administration. He later became the director of management control in the Ethanol program, which disbanded after

Reagan came into office. He wound up at the Department of Agriculture's Food Safety Program. Ironically, while working there, he was in an agency regulating his father and brother's family meat business! He was Director of the Policy and Regulatory Division for that program.

Irv started to notice that he was becoming more interested in people's personal problems, as well as his own, rather than the content of his work. He also had gotten a divorce, and had spent a year taking courses in human growth and development. After that, he decided to get a clinical degree in Social Work (his fourth advanced degree!).

Irv returned to New York to go to Yeshiva University. He was in the block program, taking course work in the summer and interning at St. Elizabeth's in DC during the school year. He continued working part time in the US Government during this period. He "had a great time, I loved St. Elizabeth's." After the internship he worked for the government during the day and did therapy in the afternoon and evening. At the same time he remarried and had a son.

For a time he worked with the Navajo Nation in the Southwest part of the US, helping them implement food safety programs. He spent eight years working evenings at the DC Institute for Mental Health (Center for Mental Health) in Anacostia, and later at the Connecticut Avenue site. He started practicing at the Institute in 1989. It took about 3-1/2 years to get licensed, since many clients didn't show up for clinic appointments, and therefore he couldn't count them toward his post-graduate hours. He came into the field right when managed care was cutting the remuneration rates going to therapists. This was a big issue for Irv personally, and it became a big issue for clinical social workers and GWSCSW at the same time.

Irv had become a member of GWSCSW after getting his license. He attended meetings but did not become actively involved. Then someone asked him to do research on social work legislation issues. In 1999, he was called and asked if he'd be interested in running for office for the Society. There were several positions open, including president. He said, "If I were to do

anything, it would be president." The person said, are you sure? He said yes, and was asked two more times, each time saying he was sure. A few weeks later his name was on the ballot. He became president immediately instead of president-elect, because the previous person elected had dropped out.

The Society had been dealing with several difficult issues at this point. Managed care was calling all the shots—squeezing people out of income and placing undue restrictions on people getting onto panels. The Clinical Social Work Federation (CSWF) had pressured the state societies and Greater Washington to join a Guild—a trade union—to fight managed care and also to provide members with health insurance through the union. Joining the Guild would have added \$85 in union dues to each member's annual dues. Members were divided over whether to do this, and a majority voted against it. The lengthy debate over this issue took a lasting toll on the Society. The National organization also suffered, dropping from about 12,000 members to 6,000.

The Society had recently decided to hire a full-time Executive Director and had raised dues significantly. Dealing with managed care had resulted in time constraints, with extensive paperwork requirements and the need to work more hours to make up for the lower reimbursements. Board members had far fewer volunteer hours to give, and there was a feeling that the Society needed an executive director to survive. However, the burdensome cost of a full-time employee and the significant hike in dues, on top of the controversy over the Guild, led to a drop in membership, which had been over 800.

Irv became president of the Board several months after these changes. He feared the decline in membership would continue because of the large dues increase. Since at that time the members renewed by the month they joined (instead of a fixed annual renewal date for all members), he began carefully reviewing renewals, and found there was a significant loss of members each month.

Irv's efforts to increase services to make membership more valuable weren't enough to turn the tide. He recommended that the Society go back to the old dues level and hire a part-time office person. There was disagreement on the Board about what path to take, and ultimately, the Board rejected his proposal.

Irv stepped down as president after a year, which was a painful decision. Several months later the Society

came close to ending. A letter went out to the membership noting that survival would depend on a group of people stepping up to assume leadership roles. A handful of members did just that, and eventually the Society was revived in a "leaner, meaner" version that we have built upon from then until today.

Irv says he is thrilled to see that the Society has grown again. He participated at a time when the Society desperately needed new people to get involved, and he stepped up to the plate. However it was not yet the time of rebirth and growth, and that was hard to witness. Meanwhile, Irv became involved with the Clinical Social Work Institute in 2002, and currently is their Director of Research.

Irv retired from the government in 2003, and now works downtown with a variety of private clients. He especially likes to help professional men and women in transition or midlife, and also works with couples. He likes to take on difficult cases that force him to continue to learn. He also has some outside passions: hiking, traveling overseas (he returned to Colombia last year), and racquetball. His son just got married.

Thank you, Irv, for being a dedicated member of our society. ❖

Connie Ridgway, LCSW, LMT, is a licensed clinical social worker in Washington DC and Alexandria VA. Her practice, Full Circle Creative Healing, integrates mind and body therapies.

*One of the popular benefits of GWSCSW membership...*

## **The GWSCSW Listserv!**

The listserv has become our primary up-to-date method of communication about dates to remember, meetings, gatherings, continuing education seminars, deadlines for renewals of membership, legal plan, and other participatory activities.

The listserv is also a valuable resource for sharing information on issues related to ethical dilemmas, insurance, referrals, private practice issues, educational resources, and just about anything else you may want to know.

You can choose to receive the listserv emails one-by-one or as a digest which comes as one email per day and includes all postings.

**To join the LISTSERV, email:  
GWSCSW@gmail.com**

# It's Time to Renew!

*GWSCSW Membership Renewal forms will be in the mail the first of September. This year we are attempting to make things easier for our members by offering a one-stop, all-in-one renewal form.*

On this year's form you can:

- Renew your GWSCSW membership
- Make any changes to your membership directory entry
- Join or renew your personal home page in the GWSCSW Website Referral Panel
- Enroll in the 2009 GWSCSW Prepaid Legal Plan
- Join the popular GWSCSW Listserv
- Join a GWSCSW committee

You can pay for all of the above with one check or credit card transaction.

**But, PLEASE — watch the deadlines. Once the deadlines have passed for the Referral Panel and Prepaid Legal Plan, there will not be another opportunity to join until next year!**

We hope to get the membership directory out earlier this year, so if you are late renewing you will miss the directory.

## Referral Panel

[www.metropsychotherapy.info](http://www.metropsychotherapy.info)

The GWSCSW Referral Panel is open to Full members of GWSCSW.

In 2005, with growing demand from institutions and individuals, the Referral Panel went online! The result has been increased visibility and referrals. Now, through the Referral Panel website, we can offer the community—those in search of a therapist, as well as those making referrals—direct access to easy-to-use listings of Referral Panel participants, each of whom has an individualized web page describing his/her practice.

In addition to the listings, the Referral Panel website has pages informing potential clients about social work, the meaning of licensing, and other

relevant information. The Referral Panel home page is linked to the Society home page, providing an additional source of information for the user, who can, for example, click through to our code of ethics and other search areas.

### Application

A copy of the 2009 application is printed on the next page. You can also download it from the GWSCSW website ([www.gwscsw.org](http://www.gwscsw.org)) or have one sent to you by contacting the office ([gwscsw@gmail.com](mailto:gwscsw@gmail.com) or 202-537-0007).

### New Referral Panel Members

If you are joining the online Referral Panel for the first time, and have never paid the \$95 start-up fee, fill out the entire Referral Panel application and mail it with your check and the other required documents, to the office.

### Renewing Referral Panel Members

If you are currently a member of the Referral Panel, you may renew for 2009 by checking one of the two renewal boxes.

To change your personal web page, check the appropriate box, print a copy of your web page, mark the changes you want made, and mail it with your check and the other required documents.

If you have no changes, check the appropriate box and mail it with your check and the other required documents.

All panel members (new and renewals) must include a photocopy of their malpractice insurance face sheet and current license(s) from the jurisdiction(s) in which they practice. Mail to Beth Altman, 910 17th Street NW #1015, Washington, DC 20006.

Save time—make your payment with your Society membership renewal and mail your application and supporting documents with your renewal.

*The deadline to join the 2009 Referral Panel is November 15, 2008. The next opportunity to join the website will be in 2009.*

## Prepaid Legal Plan

Recognizing the need for expert advice when legal questions arise, GWSCSW offers a Prepaid Legal Plan to help you in your clinical practice. This plan provides expert legal advice at a reduced rate for the first hour. The law firm of Feldesman Tucker Leifer Fidell LLP has been providing these services to GWSCSW for the past two years. Subscribers who have used the plan during their enrollment period have been very satisfied with it.

This plan provides legal advice and representation to our members who have subscribed to the Plan in the basic areas of the law which any of us might need help with at some time: subpoenas, duty to warn, recordkeeping, expert witness testimony, abuse reporting requirements, client confidentiality, licensing board issues, managed care issues or peer review issues.

This plan covers consultation related to and arising out of the subscriber's practice of clinical social work and includes up to one hour of legal consultation during the subscriber's year of coverage under the plan. The law firm will track consultation time in intervals of quarter-hours for the attorney's time. After the initial hour has been used up, covered legal services are available at the most favorable rate offered by Feldesman Tucker, Leifer Fidel.

Please, don't wait until you have a legal crisis, because enrollment is only open once a year, and we don't always know ahead of time when we will need legal advice. The enrollment year begins on January 1, 2009 and ends December 31, 2009.

Cost to subscribe to the Plan is \$100 for 2009. Simply indicate on your membership renewal if you wish to join for 2009, and include the fee with your membership dues.

*The deadline to join the 2009 Prepaid Legal Plan is November 15, 2008. We cannot accept late enrollments.*

## Join a Committee!

Joining a GWSCSW committee is a great way to meet your colleagues and enrich your professional life. Indicate on your renewal the committees that interest you and someone will contact you to give you more information.

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## Renew by October 1, 2008

*Please return your renewal on time to be included in the upcoming Directory!*

**If you have any questions about your membership renewal, please call the office at  
202-537-0007**

# GWSCSW 2009 WEB REFERRAL PANEL APPLICATION

*For current and new applicants – this form must be submitted each year. Deadline: November 15, 2008.  
PLEASE – Read carefully and follow directions. PRINT LEGIBLY.*

- Are you currently a FULL MEMBER of GWSCSW?  Yes  No *If no, stop here; only current full members are eligible. To join or renew, call 202-537-0007.*
- RENEWAL (\$20)** - For current members of the Referral Panel. **If you wish to make any changes, go to your entry online, select "Printer Friendly Page," print the page, neatly mark your changes and attach the page to this form.**
- Renew w/ NO CHANGES  Renew w/ changes marked on ATTACHED page (DO NOT use New Member form below)
- NEW (\$95)** - Not currently a member of Web Marketing (Referral Panel). *Fill out form below.*

Name \_\_\_\_\_

Licensed in:  Virginia (LCSW)  Maryland (LCSW-C)  DC (LICSW)

Have you ever been sued for malpractice?  No  Yes (please attach an explanation)

Have any of your state licenses expired, been revoked, suspended or denied?  No  Yes (please attach an explanation)

Have you ever been charged with an ethics violation?  No  Yes (please attach an explanation)

**All of the above information is true to the best of my knowledge.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

► **INCLUDE WITH YOUR APPLICATION:**

- A copy of each state license for 2009 where you wish to list an office
- A copy of your current malpractice liability insurance policy showing a minimum of \$1,000,000 coverage for 2009
- If renewing w/changes, a copy of your personal web page with changes clearly marked.

**PAYMENT:**

- Check enclosed (payable to GWSCSW) in the amount of \$ \_\_\_\_\_
- Payment was included with Membership Renewal.

► **MAIL THIS FORM WITH ALL SUPPORTING DOCUMENTS TO:**

Beth Altman  
910 17th Street NW #1015  
Washington DC 20006

**(NO FAXES)**

Questions?  
202-775-0041

## ▼ NEW MEMBERS ONLY ▼

**Office Address** *Note: If you wish to list more than one office, you must submit a separate application for each location.*

Street Address \_\_\_\_\_ Phone \_\_\_\_\_

City / State / Zip \_\_\_\_\_ Fax \_\_\_\_\_

Email link, enabling clients to contact you. Use this email address: \_\_\_\_\_

Include a link to your personal web site: \_\_\_\_\_

**Please check** (Please be as specific as possible about your specialties or other unique aspects of your practice.)

Office Hours:  Day  Evening  Saturday  Sunday  Handicap Accessible

Adjustable Fees:  Yes  No  Do you have a student rate?  No  Yes

Population:  Child  Adolescent  Adult  Geriatric  Developmentally Challenged

Modalities:  Individual  Group  Family  Couple

Services:  Consultation  Case Management  Supervision (check here if you meet Md. standards for Supervision: )

Specialties:  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_

Ongoing groups \_\_\_\_\_ Foreign Language(s) \_\_\_\_\_

Theoretical Orientation(s):  Cognitive/Behavioral  Eclectic  Family Systems  Integrative  
 Psychoanalytic  Psychodynamic  Other \_\_\_\_\_

A brief (**only the first 50 words will be included**) description of your practice/orientation for prospective clients:

\_\_\_\_\_  
\_\_\_\_\_

List all insurance panels from which you accept referrals \_\_\_\_\_

# Annual Dinner Meeting a Wonderful Event

*Naomi Greenwood and Diana Seasonwein*

It had been a sweltering week. Nevertheless, on Friday, June 13, the evening turned delightful with a pleasant breeze cooling the sixty social workers gathered in Janet Dante's lovely backyard for the end-of-the-year dinner party. Diana Seasonwein and Naomi Greenwood, co-chairs of the event, breathed a collective sigh of relief. Colored tablecloths and delightful flower arrangements enhanced the scene, thanks to Diana's artful planning.

Classical chamber music filled the air as people arrived and we enjoyed appetizers. The student string quartet from B-CC High School sounded entirely professional and added a touch of real elegance. Thanks to Amy Scott for making the arrangements to have this wonderful group play for us.

Everyone brought a potluck dish for appetizers, main course or dessert, and tables overflowed with more delicious food than we could possibly consume. Beth Altman brought plenty of wine and Betsy Carmichael provided soft drinks and mineral water. Needless to say, no one went thirsty or hungry!

There was a brief membership meeting during which Margot Aronson gave a short history of the Society, Susan Post thanked and gifted outgoing officers Ted Billings, Barbara Tahler and Beth Altman, and welcomed incoming officers Ann McClung and Sheila Resnick as well as new directors Alice Kassabian and Tania Ponomarenko. Sue Stevens of the membership committee recognized the new members in attendance and

asked each to tell a little something fun and different about themselves. Everyone enjoyed hearing their interesting and varied life experiences!

Finally, the meeting over and dessert begun, we proceeded with the drawing for the door prizes obtained by Naomi, who clearly has the gift of persuasion. These fabulous treats included:

- An acupuncture session with Robert Shapero of Bethesda
- An infant massage series with Cynthia Lazarow, Bethesda
- A Pilates session with Sharon Witt of Core Essentials, Bethesda
- Pedicure with Kim Nyguen of The Bethesda Salon
- A women's haircut with Dori Davis of The Bethesda Salon
- A gift certificate from As Kindred Spirits in Rockville.

The Society thanks all these generous donors

A big thank you to our set up and clean up committees under the capable direction of Jane Nielson. And of course none of this would have been possible without Janet Dante's gracious hospitality. As co-chairs of the party committee, we appreciate the ever-gracious help and support of Susan Post, our president and friend.

Those of you who attended know what a totally enjoyable evening it was. The annual party is an opportunity to mingle, renew acquaintances, catch up with old friends, and meet new people. Many of us found it particularly fun to put faces with familiar names we see in print or on the listserv.

For those of you who weren't able to attend, we hope this whets your appetites to join us next year. ❖



*Mary Jean Kane, Barbara Schaffer, and Marilyn Lammert.* Photo by Beth Altman



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## **Sensuality And Sexuality Across the Divide of Shame**

*with*

Joseph Lichtenberg, MD

**Saturday, December 6, 2008**

**8:30 am to 12:30 pm**

**National 4-H Conference Center  
7100 Connecticut Avenue  
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Fees:

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Three CEUs awarded for full attendance at the program.  
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**IPI** International  
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## **Through the Life Cycle: The development of relating, identity and thinking in Klein, Bion and Winnicott**

**Conference October 17–19, 2008**  
Rockville Hilton Hotel, Rockville, Maryland  
with

**Meira Likierman, PhD**

Consultant Child Psychotherapist, Tavistock Clinic,  
and author of *Melanie Klein: Her work in Context*

Contributions of Klein, Bion and Winnicott to  
psychic development in childhood, adolescence,  
adulthood and old age

Large and small group discussion  
15 hours CE

**October 18:** Saturday morning lecture and discussion on  
How infantile needs, wishes and suffering are manifest in infancy  
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**Information/Register at [www.theipi.org](http://www.theipi.org)  
or contact [info@theipi.org](mailto:info@theipi.org) (301-215-7377)**

## **CENTER FOR TRAINING IN PSYCHOTHERAPY INTEGRATION**

is offering a four class course in

## **Four Powerful Models of Psychotherapy Integration**

Class meets the second Sunday of each month  
September 14, 2008 – December 14, 2006

Class Location:  
2325 Glenmore Terrace  
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Check Website for Syllabus:  
[www.centpi.com](http://www.centpi.com)

**24 CEUs**

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### *Participants will be exposed to:*

- Psychotherapy theories and techniques from orientations other than your own (i.e., psychodynamic, cognitive-behavioral, humanistic-experiential, systemic).
- Four powerful, systematic models of integrative psychotherapy.
- Issues in developing your own integrative psychotherapy.

### *Goals include:*

- Help students appreciate the distinction between eclecticism and a systematic approach to integrative psychotherapy.
- Learn the specifics of each of the four models of psychotherapy integration.
- Learn how a systematic integrative therapy can be developed from different starting points: Psychodynamic; CBT; Experiential Therapy.

Fee: \$600

Registration requires a \$100 deposit.

**Barry E. Wolfe, PhD**  
President, CTPI

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Phone 301-424-3832 Fax 301-424-0995  
[www.centpi.com](http://www.centpi.com)

# CLINICIANS & MONEY

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## The Economic Self

by Peter Cole, ChFC, LCSW

In this period of economic turmoil and volatile markets, it is timely to discuss the connection between our emotional lives and financial wellbeing. We clinical social workers understand psychological processes, yet we do not always recognize the many ways in which these emotional currents intersect with and influence our financial lives.

The Economic Self is a concept I introduced in my new book *True Self True Wealth*. This term refers to the aspect of self that is connected to the world in the financial sphere of life. This aspect of self is involved with saving, investing, spending, setting our fees and negotiating our salaries. This is the aspect of the self that calms our anxiety when dealing with challenging financial circumstances. This aspect of self is at play when we set limits with our loved ones around financial issues in our intimate lives and assert ourselves in ways that enhance our financial wellbeing. This aspect of self is involved with creating a successful career and guiding that career over the span of a lifetime.

Another way to frame the Economic Self is to say that it essentially refers to ego functioning in the economic aspect of life. We clinical social workers know the difference between strong ego functioning and poor ego functioning in other aspects of life, but what are the hallmarks of strong ego functioning the economic sphere, or a healthy Economic Self? We must start with basic financial education, for it is not possible to have a well functioning Economic Self if one does not have a working model of what is going to promote one's financial well being. Beyond basic financial education, here are a few of the qualities of resilient, healthy and strong Economic Selfhood.

The capacity:

- for self-assertion in personal financial affairs
- to soothe one's financial anxiety in order to forestall financial acting out
- to envision a financial life that is satisfying and in keeping with one's values
- to set appropriate financial boundaries with others
- for resilience in the face of financial challenges

The need for developing the Economic Self becomes a foreground issue when we face challenging economic times such as the current period we are in. With setbacks in the price of housing and volatility in the stock market, many Americans are facing a period of reduced net worth. Macroeconomic issues affect the microeconomics of our personal lives, and these issues reverberate in the psyche. A resilient Economic Self allows us to stay centered and on course in times such as these. Here are a few thoughts about how to maintain a balanced approach to financial well being in a time of economic volatility:

- Feel your feelings about your money, and then act rationally
- Meet with a trusted financial advisor before you make any major financial moves
- Know that it is part of the normal cycle of economic activity that both housing and stock markets will go through down periods
- Try not to get caught up in "group think" that is either overly euphoric or overly pessimistic
- Maintain an appropriate allocation of your assets (a well-educated financial advisor should be able to help you with this)

One final thought. In my experience most people far underestimate the importance of working with the psychological dynamics of financial wellbeing and financial success. With an eye to good process and healthy functioning of the Economic Self, you can face challenging economic times with resilience, effectiveness and creativity. ❖

---

Peter Cole is an LCSW, Chartered Financial Consultant and director of Insight Financial Group<sup>1</sup>. He specializes in financial planning<sup>2</sup> for psychotherapists. He is the author of *Mastering The Financial Dimension of Your Practice* (Brunner-Routledge) and *True Self True Wealth* (Simon & Schuster) Peter can be reached at (800) 426-1399; [www.trueselftruewealth.com](http://www.trueselftruewealth.com).

<sup>1</sup>Securities through Securities America Inc, a registered broker/dealer, member FINRA/SIPC, Peter Cole, Registered Representative. <sup>2</sup>Advisory Services through Securities America Advisors, an SEC Registered Investment Advisory Firm, Peter Cole, Investment Advisor Representative. CA insurance license #0D04931.

JUNGIAN ANALYSTS OF WASHINGTON ASSOCIATION

presents

# Clinical Uses of Jungian Psychology

## Four Saturday Seminars on Jungian Theory and Practice

Jungian psychology envisions psychological health as a balance between a person's outer life of relationships, work and social obligations, and an inner orientation to spiritual values and personal meaning. Our patients seek help with life situations, symptoms, dreams and fantasies that express a lost connection with the inner life. Emotional, physical and relational distresses require careful attention to determine their purpose and meaning. We strive to help patients toward a greater sense of wholeness and to deepen the connection to their own souls through engagement with symbolic forms of expression stemming from the unconscious psyche. Each seminar demonstrates therapeutic techniques and perspectives distinctive to Jungian Analysis. Participants will gain a deeper understanding of both their patients and their role as therapists.

**3 CE CREDITS PER WORKSHOP**

**9:30 am – 2:30 pm**

**American University  
4400 Massachusetts Ave. NW  
Mary Graydon Center, Room 200**

Directions: All seminars take place in Room 200 of the Mary Graydon Center at American University. Enter through the Massachusetts Avenue entrance, proceed straight ahead and park above the Butler Pavilion. Mary Graydon Center is adjacent to the Butler Pavilion.

**QUESTIONS?**

**www.jungiananalysts.org**

**Call Janice Quinn  
at 703-521-1848**

JAWA is approved by the American Psychological Association to sponsor continuing education for psychologists. JAWA maintains responsibility for this program and its contents.

**September 13, 2008**

**Noble Suffering: The Archetype of the Tragic** Julie Bondanza, PhD

The therapist is often at a loss when the tragic enters the treatment room. How does one hold hope in the face of tragedy? Through art, mythology, and clinical cases we discover the archetype of the tragic. We will observe how, for all the pain and misery imposed, catastrophe often awakens the human spirit. Participants are invited to bring clinical vignettes.

**November 15, 2008**

**Women, Power, and Aggression** Jane Penrod, MSN, RN, CSP

Through folktale, myth, and clinical cases we explore the psychological challenges women face as they move into their own authority. Selected historical and cultural portraits of women's use of power and aggression will be viewed in light of recurring motifs found in women's dreams.

**February 21, 2009**

**Aggression in Analysis and in Fairy Tales** Bonnie Miller, MS, LPC

Our reluctance to use our aggression in the consulting room makes it difficult to see and address our patients' aggression in a way they can relate to and understand without acting out or withdrawing in the analytic session. An exploration of aggression as an archetypal motif in fairy tales will help us discover constructive approaches to aggression in psychotherapy. Participants are invited to bring a fairy tale that speaks to their aggression, as they understand it.

**April 18, 2009**

**Breaking the Ties That Bind** Anne Pickup, LCMFT

Breaking the ties that bind is the sine qua non for new and expanding life and is a major theme in an analytic process. The troublesome complexities of separation, letting-go, and severing ties require that we endure the suffering that inevitably follows. We will look at clinical examples, myth, story, music, and dreams to explore the universal drama of separation in service to the individuation process.

**REGISTRATION: CLINICAL USES OF JUNGIAN PSYCHOLOGY**

Please check which seminar(s) you plan to attend:

- September 13     November 1     February 21     April 18

AT THE DOOR  
\$55 per seminar

PRE-REGISTRATION  
COST

- \$160 for all four  
 \$45 per seminar  
\_\_\_\_\_ seminars

\$\_\_\_\_\_ enclosed

Name \_\_\_\_\_

Degree \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Email \_\_\_\_\_

Mail (with check payable to: Jungian Analysts of Washington Association) to:

Janice Quinn | 1005 S. 16th Street | Arlington, VA 22202

# GWSCSW BOOK CORNER

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Our book corner celebrates the works of GWSCSW authors. Please contact Erin Gilbert at [erin@egtherapy.com](mailto:erin@egtherapy.com) with information about your publications.

Erin Gilbert

## They Hear My Name: Korean Adoptees and Their Journeys Toward Identity

Marilyn Lammert, Ellen Lee and Mary Anne Hess



Marilyn Lammert

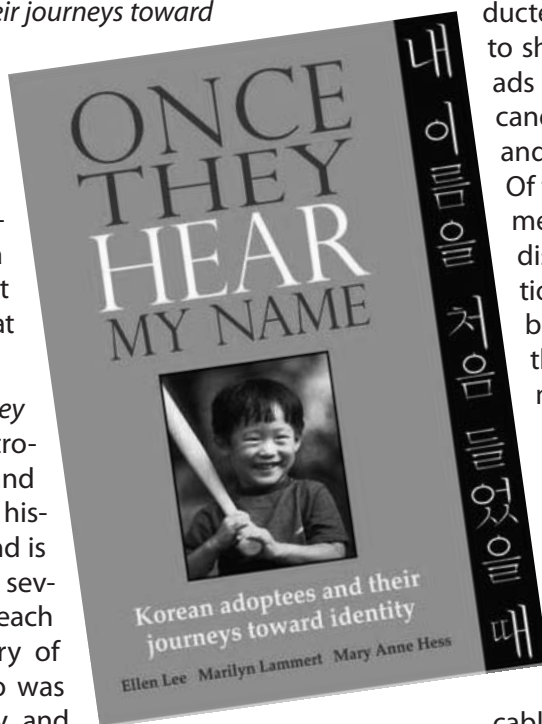
An idea born in 1996 is coming to fruition this month as social workers, Marilyn Lammert and Ellen Lee in conjunction with Mary Anne Hess release their book, *Once They Hear My Name: Korean adoptees and their journeys toward*

*identity*. In a recent phone conversation with Lammert, she discussed how personal issues played a role in the book's development, as she is the mother of a Korean adoptee, and Lee, while not an adoptee, left Korea for the U.S. at a young age.

Lammert explained that *Once They Hear My Name* begins with an introduction detailing the creation and mission of the book and some history about adoptions in Korea, and is followed by nine vignettes and several photos. She described how each vignette features the oral history of an individual born in Korea who was adopted into an American family, and what it was like for that adoptee to grow up with parents of a different race—specifically, to be physically Korean but have a name and family that are

not Korean. Lammert noted that the focus of each vignette is identity formation, and how each individual wove a self-identity despite the additional complexity of being a transracial and transnational adoptee.

When asked how the nine featured individuals were selected, Lammert replied that a diverse sample was sought, and a process of networking was conducted to find those who were willing to share—trips were made to Korea, ads were submitted to newsletters, candidates were found at camps and through church connections. Of those included in the book, Lammert described the openness they displayed as they answered questions about their lives, relaying both struggles and successes in the hopes that their experiences might help others.



Lammert plans to conduct workshops on this topic, she and several of the Korean adoptees from her book will be speaking on a panel at an adoption conference in November. While such conferences and the topic of the book certainly are appli-

cable to those who are adopted, parents who already have adopted and those who are thinking about adopting, Lammert also recommends *Once They Hear My Name* to clinicians and others seeking understanding of the challenges of transracial and transnational adoption, or any situation involving racial or cultural differences.

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DID YOU KNOW... A purchase from Amazon.com made through the GWSCSW website results in a contribution to your Society! Go to [www.gwscsw.org](http://www.gwscsw.org) and click the Amazon button!

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GWSCSW member Erin Gilbert is a social worker in private practice. You can contact her at [erin@egtherapy.com](mailto:erin@egtherapy.com).

# GWSCSW Course Offerings 2008–2009

This brochure describes the 2008–2009 selections being offered by the Continuing Education Committee of the GWSCSW. Considerable attention has been given to insure that the topics meet the needs and interests of the clinical social work community. The program's focus is clinical. Non-clinicians will be admitted to classes at the discretion of the instructor.

■ **FEES** Some courses have small additional fees for educational materials. Please note, fees are reduced by 50% for GWSCSW Graduate members. Some scholarship funds are available.

GWSCSW members are entitled to substantial discounts on registration fees. If you are considering joining GWSCSW, please do so prior to registering for a course; discounts cannot be applied retroactively. Download an application form from [www.gwscsw.org](http://www.gwscsw.org) or call the office at 202-537-0007 for more information.

■ **CEUs** Participants will be issued a Certificate of Attendance at the conclusion of each course which will document the hours attended.

■ **REGISTRATION** Many of the courses fill up quickly. Priority in registering is given to GWSCSW members. In the event that a course is being offered for the second time, preference will be given to first time registrants. Please register at least one week prior to the beginning of the course in order to be included on the class list.

■ **REFUNDS** Cancellations made prior to 48 hours before the first day of the course will receive GWSCSW credit. There are no refunds for cancellations made less than 48 hours prior to the course.

■ **QUESTIONS** If you have any questions regarding a particular course please contact the instructor. Please call the Chair for scholarship information.

Ted Billings, Chair  
Continuing Education Committee  
(202) 232-2001

## Register Your Study Group with GWSCSW for CEUs

Study Groups promote ongoing social work education, collaboration, peer leadership, and the exploration of a wide range of clinical interests. The GWSCSW Continuing Education Committee has developed procedures to make it possible for GWSCSW members in Study Groups to be granted Continuing Education Units (CEUs).

A study group can be a wonderful resource for Society members, since no fee is charged for participation and members themselves can establish the size, time, place, frequency, content and learning objectives of the group. Generally these groups are led by peers, though they may be leader-led. Group discussion may utilize resources such as books, articles, films, case examples, or even call upon relevant outside expertise.

The chair of the Continuing Education Committee and the vice president for Educational Affairs are available for consultation if needed.

Each study group should select a coordinator to record attendance and document educational content for each session.

Complete the following information about your Study Group:

1. Learning objectives
2. Education content, including a bibliography
3. List of participants
4. List of attendees for each meeting
5. Evaluation forms from each attendee at the end of the academic year.
6. A check for \$15 per person, payable to GWSCSW.

Submit all materials to Ted Billings. The appropriate number of CEUs will be awarded to each Study Group member.

For more information, contact Ted Billings, 202-232-2001.

### GWSCSW COURSES REGISTRATION FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Office Phone (\_\_\_\_\_) \_\_\_\_\_

E-Mail \_\_\_\_\_

Courses Desired:	Date:	Member Fee	Non-Member Fee
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_____	_____	\$ _____	\$ _____
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_____	_____	\$ _____	\$ _____
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<b>PAYMENT INFO</b>	<b>TOTAL</b>	\$ _____	\$ _____
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Check (payable to GWSCSW) \$ \_\_\_\_\_

Charge to my VISA or MasterCard \$ \_\_\_\_\_

Credit Card Billing Address is same as above

Billing Address \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_

Please return to:

**GWCSWS**

**PO Box 3235**

**Oakton VA 22124**

or if paying with credit card,  
you may fax to 703-938-8389

## CLINICAL SOCIAL WORK PRACTICE

### ■ Ethics: Boundary Violations

This course raises and reviews ethical questions the clinician faces in the course of practice with a particular emphasis on boundary violations. Questions are analyzed and understood based on the Clinical Social Work Association's Code of Ethics. Students are encouraged to bring into class ethical questions they encounter. THIS COURSE MEETS THE VIRGINIA, MARYLAND, AND HALF OF THE DC LICENSING REQUIREMENTS.

Instructor: Carolyn Gruber, PhD, LICSW  
Location: 6129 31st Street NW, Washington DC 20015  
Info: 202-686-2139  
Date: September 10, 2008  
Time: 12:00 noon – 3:00 pm  
Cost: Members: \$45 / Non-Members \$75  
CEUs: 3 hours

### ■ Ethics: Termination

This course raises and reviews ethical questions the clinician faces in the course of practice with a particular emphasis on issues relating to termination. Questions are analyzed and understood based on the Clinical Social Work Association's Code of Ethics. Students are encouraged to bring into class ethical questions they encounter. THIS COURSE MEETS THE VIRGINIA, MARYLAND, AND HALF OF THE DC LICENSING REQUIREMENTS.

Instructor: Carolyn Gruber, PhD, LICSW  
Location: 6129 31st Street NW, Washington DC 20015  
Info: 202-686-2139  
Date: October 15, 2008  
Time: 12:00 noon – 3:00 pm  
Cost: Members: \$45 / Non-Members \$75  
CEUs: 3 hours

### ■ Successful Private Practice: What They Didn't Teach You in Social Work School

Develop the mindset to succeed and learn specific strategies and tools to make it happen in this practical, dynamic workshop. Starting and successfully building a private practice is a challenge most of us were never taught to manage in social work school. In this workshop, the director of a successful private practice will provide you with valuable information about the business of providing therapy.

Instructor: Britt Rathbone, MSW  
Location: Bethesda Regional Library  
7400 Arlington Road, Bethesda MD 20814  
Info: 202-537-0007  
Date: November 14, 2008  
Time: 10:30 am – 1:30 noon  
Cost: Members: \$45 / Non-Members \$75  
CEUs: 3 Hours

### ■ The Supervisory Relationship

This is a two-day workshop for those who supervise or who are considering supervising practitioners of clinical social work. The focus of the workshop will be on the relational dynamics between supervisor and supervisee. The underlying assumption is that this relationship is the most significant medium through which clinical social work is taught to practitioners. A model will be presented which describes clinical supervision. The primary elements of the supervisory relationship include the use of power and authority, and the development of trust and shared meaning. The process of supervision is seen as one of accountability and the goal is that of insuring competent service to clients. All of this takes place in a larger context, which includes the agency, the community, funding sources and credentialing bodies.

We are offering a 12-hour course to meet the Maryland requirements for supervision certification with an optional additional 2-hour case conference Saturday afternoon from 3:15–5:15 to meet the 14 hour Virginia continuing education requirement. Lunch is included for both days.

Instructor: Tamara L. Kaiser, PhD  
Location: Suburban Hospital, Conference Rooms 6 and 7  
8600 Old Georgetown Road, Bethesda, MD 20814  
Date: September 19 and 20, 2008  
Time: 9:30 am – 5:15 pm  
Cost: Member: \$150 (12 hrs) or \$180 (14 hrs)  
Non-members: \$275 (12 hrs) or \$325 (14 hrs)  
Includes lunch both days  
CEUs: 12 or 14 Hours

## THE BRAIN AND CLINICAL SOCIAL WORK

### ■ Neuroscience and its Implications for Clinical Social Work Practice

This two-part workshop will focus on the brain from a utilitarian perspective. It will discuss the basic parts of the brain via easy-to-understand language and discussion.

Over the past 20 years, tremendous progress has been made in understanding the structures of the brain, their functioning and the relationships between these structures and behavior. More recently, brain researchers have begun to explore the biologic basis of both consciousness and self. The implications of all these discoveries for clinical practice are beginning to make their way into the field of social work. This course will provide an introduction to neuroscience and prepare clinical social workers with the background they need to engage in exploration and discussion of these important developments. Topics will include: the five major brain systems, including the deep limbic system, the basal ganglia, the prefrontal cortex, the cingulate and the temporal lobes; how the brain works, what happens when things go wrong, and ways of optimizing brain function.

Instructor: Eileen Stanzione, PhD  
Location: Davis Community Library  
6400 Democracy Blvd, Bethesda MD 20817  
Info: 240-409-0005  
Date: September 26 & October 3, 2008  
Time: 11 am to 2 pm  
Cost: Members: \$90 / Non-Members \$150  
CEUs: 6 Hours

## ■ Attachment Theory, Love and Neurobiology

Instead of What's Love Got to Do with It, let's take a look at What's Attachment Theory Got to Do with It? Attachment Theory provides us with an understanding of love. Attachment Theory, at the same time, provides us with a road map to understand couples in distress and how to intervene effectively. The work by John Bowlby and Mary Ainsworth, the founders of Attachment Theory, focused on the relationship between children and their parents. This is a natural place to begin to understand love. Taking a look at how Attachment Theory informs couples work, specifically Emotionally Focused Couple Therapy (EFT), we will be expanding love between children and parents to love between partners. In this course, we will look at eight ways in which Attachment Theory informs couples work. Attachment Theory proposes, among other tenets, that people are hard-wired to seek and maintain a safe connection with a few key others and respond with alarm when that bond is threatened. We will also look at research that helps us understand the neurobiology of when couples have a secure attachment and when they are in distress.

Instructor: Beth Levine, MSW

Location: 3930 Knowles Avenue #200, Kensington MD 20895

Info: 301-279-7779

Date: October 25, 2008

Time: 10:00 am – 2:00 pm

Cost: Members: \$60 / Non-Members \$100

CEUs: 4 Hours

## ■ Effective Treatment for Autistic Spectrum Disorders: An Eco-Systemic Approach

Increasing evidence demonstrates that Autism Spectrum Disorders (ASDs) have genetically based etiologies. At the same time, individuals with autism both impact and are impacted upon by their social environments. Working with families, school systems, other health care practitioners, and social service systems is an integral part of any effective treatment for individuals with autism. This course will assist clinicians in working with families and larger systems to help autistic children and adults to lead more fulfilling, productive lives. Bring your own lunch.

Instructor: Jonah Green, MSW

Location: 7643 Leesburg Pike, Falls Church, VA 22043

Date: November 2, 2008

or

Location: 3930 Knowles Avenue #200, Kensington MD 20895

Date: January 18, 2009

Time: 10:00 am – 2:00 pm

Info: 301-466-9526

Cost: Members: \$60 / Non-Members \$100

CEUs: 4 Hours

## ■ An Overview of Neurofeedback for Clinical Social Workers

This four-hour course will describe and explore clinical applications using Neurotherapy interventions for clients with PTSD, traumatic brain injury, pain, chronic health conditions, and cognitive problems. Neurotherapy assessment data gives valuable information about difficult-to-treat clients. The burgeoning contribution of neurological research to understanding central nervous system (CNS), and autonomic nervous system (ANS)

functioning in relation to DSM conditions offers new tools for therapist and client. Case illustrations will be presented. Ongoing Neurofeedback research data for PTSD/TBI with Iraq service members, will be presented, as well as published research outcomes with fibromyalgia, and TBI. EEG patterns will illustrate the relationship between history, current psychosocial functioning, and predictive value for appropriateness of Neurofeedback treatment. Time permitting, an EEG map will be offered to a participant as a demonstration

Instructor: Mary Lee Esty, PhD

Location: 7920 Norfolk Avenue #200, Bethesda MD 20814

Info: 301-652-7175

Date: February 21, 2009

Time: 9:00 am – 1:00 pm

Cost: Members: \$60 / Non-Members \$100

CEUs: 4 Hours

## ■ Freeing Your Inner Voice: Self-Care for the Therapist

Resonance...attunement...sympathy...instrument...all are words of music. And therapy. Therapists use themselves and their voices to be a healing presence. Recent brain studies show what singers and healers have intuitively known, that music, especially when performed and not just listened to, deeply affects our self-regulation, calms our sympathetic nervous system, helps us concentrate and remember, changes brainwave frequency, and reduces depression and anxiety. Freeing the voice can take many forms, all for the benefit of the therapist and thus for our clients. This workshop hopes to provide a fun way to open us up for more capacity for staying in the present, listening, speaking the truth, and enjoying.

Instructor: Connie Ridgeway, MSW

Location: 4115 Wisconsin Avenue NW #203  
Washington, DC 20016

Info: 202-966-8230

Date: March 18, 2009

Time: 9:30 am – 12:30 pm

Cost: Members: \$45 / Non-Members \$75

CEUs: 3 Hours

## ■ Book Review: The Brain and the Inner World by Mark Solms and Oliver Turnbull

We will discuss *The Brain and the Inner World: An Introduction to the Neuroscience of Subjective Experience*. Solms has published several works exploring relationships between psychoanalysis and neuroscience, his dual passions. The authors assure the reader, "This is very much a beginner's guide to the brain. It makes virtually no assumptions about previous knowledge of neuroscience." Topics include consciousness and the unconscious, emotion and motivation, dreams and hallucinations, the self and the neuroscience of the "talking cure," as well as future implications.

Instructor: Diane Rainey, PhD

Location: 7700 Leesburg Pike #425, Falls Church VA 22043

Info: 703-734-1103

Date: May 22, 2009

Time: 1:00 pm – 3:00 pm

Cost: Members: \$30 / Non-Members \$50

CEUs: 2 Hours

# COMMITTEE REPORTS

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## Continuing Education

Ted Billings  
[ted.billings@gmail.com](mailto:ted.billings@gmail.com)

For the 2008–2009 Continuing Education program, we have organized the majority of the courses around a single theme: The Brain. Offerings will include an overview of the brain and neuroscience, love and the brain, treating autistic spectrum disorders and the brain, neurofeedback, therapist self-care and the brain, and one of our popular book discussion groups and the brain. We hope you enjoy the courses. Please send along ideas for future program themes.

We are offering courses in supervision in the fall and the spring this year. The courses will qualify for the continuing education requirement for supervisors in Maryland and the new requirement in Virginia. At press time, we understand that all Virginia supervisors will be required to have 14 hours of continuing education on supervision, effective this fall.

A new addition for us is a course on building a successful private practice. The committee is very excited to be offering this class and we're looking forward to your feedback to know whether we should continue with something similar in future years.

Ethics courses will be offered in the early fall, for those of you renewing Maryland licenses, and late spring, for those with Virginia and DC licenses.

## Ethics

Judy Gallant  
[jg708@columbia.edu](mailto:jg708@columbia.edu)

**Corrected On-Line Ethics Resources:** There was some imprecise information in the Spring newsletter article regarding social workers licensed in Virginia. The more precise information is below, along with a reprint of the other listings. You are only bound by the Codes of those organizations that you are a member of, or are licensed by.

- **NASW:** [www.socialworkers.org/pubs/code/code.asp](http://www.socialworkers.org/pubs/code/code.asp)
- **Clinical Social Work Association:** [www.associationsites.com/page.cfm?uusr=cswa&pageid=3869](http://www.associationsites.com/page.cfm?uusr=cswa&pageid=3869)
- **American Board of Examiners in Clinical Social Work:** [www.abecsw.org/about-code-ethics.php](http://www.abecsw.org/about-code-ethics.php)
- **Maryland Board of Social Work Examiners, Code of Maryland Regulations (Title 19 COMAR 10.49 Chapters .01 to .08):** [www.dsd.state.md.us/comar/idq\\_files/search.idq](http://www.dsd.state.md.us/comar/idq_files/search.idq)
- **Social workers licensed by DC** use the NASW Code of Ethics.
- **Social workers licensed by Virginia** are told by the Board of Social Work (804-367-4441) to: "Take a look at the Regulations on our website at [www.dhp.virginia.gov](http://www.dhp.virginia.gov), under Social Work, Laws and Regulations – see

regulation 18VAC140-20-150 - Professional Conduct, under Standards of Practice." They are also told to: "Contact NASW for their Code of Ethics at 804-204-1339."

- **International Federation of Social Work:** [www.ifsw.org/en/p38000324.html](http://www.ifsw.org/en/p38000324.html)
- **American Psychoanalytic Association:** [www.apsa.org/ABOUTAPSAA/ETHICSCODE/tabid/200/Default.aspx](http://www.apsa.org/ABOUTAPSAA/ETHICSCODE/tabid/200/Default.aspx)
- **Child Protective Services:** A Guide for Caseworkers. Based on NASW Code of Ethics, applied specifically to child protective workers: [www.childwelfare.gov/pubs/usermanuals/cps/cpsq.cfm](http://www.childwelfare.gov/pubs/usermanuals/cps/cpsq.cfm)

Please contact Judy Gallant at [jg708@columbia.edu](mailto:jg708@columbia.edu) with any questions you would like the committee to address.

## Legislation & Advocacy

Margot Aronson  
[malevin@erols.com](mailto:malevin@erols.com)

Committee activities in Maryland, Virginia, and the District are described on the Legislation & Advocacy section of this newsletter. In each jurisdiction, a small [way too small!] committee works with one or more local coalitions and/or a lobbyist to be sure that our voice is heard on mental health issues as well as on policies, laws and regulations affecting the clinical social work profession,

What we truly need is a few Maryland members/licensees to get involved. Alice Neily Mutch, our lobbyist, is on top of what's going

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VISIT OUR WEB SITE: [www.gwscsw.org](http://www.gwscsw.org)

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on in Maryland government and legislature; she's informative, interesting, fun to work with, and an excellent strategist. Our coalition is blessed to have Betsy Amey and her Maryland Society legislative committee going to meetings in Annapolis and doing the testifying in Annapolis. We have an intern from Howard University who is eager to work and to learn. The weak link is...us.

Our Society needs to do its part. Conference calling instead of meetings in Annapolis; talking with the legislators and/or staffers in their home offices in Montgomery and Prince George's counties, instead of trekking to Annapolis; committee members each taking a specific issue rather than all trying to learn about everything—there are lots of ways to make this work. So please, Marylanders: get involved!

### Membership Committee

Melinda Salzman  
salzmanmsw@starpower.net

Recruiting and welcoming new members is one of the Committee's most important functions. This year, as we have done in the past, we mailed GWSCSW gift certificates to graduating MSWs at Howard, Virginia Commonwealth and Catholic Universities. The fifty dollar gift certificate can be applied to Society membership dues or any of our educational programs.

We have begun planning for the annual Fall Gathering for new members (see announcement on page 1.) This year the event will be held on October 26 at the home of Mary Lee Stein. We will welcome those who have joined the Society in the past year. All other members are invited to attend, as well, to

help us meet and greet our newest members.

Be on the lookout for your membership renewal letter, which will be mailed in early September. Remember to renew by the October 1 deadline!

Finally, the Committee would like to encourage all members to join us in recruitment efforts. Spreading the word about GWSCSW, directing colleagues to our website and promoting the Society's activities and benefits to prospective members all help to support the Society and enhances the work of our committee. Thanks!

Written by Jane Morse.

## Welcome New Members!

### Full Members:

Jeffrey Frank  
Paul H. Kelner  
Judith Ann MacDowell  
Allison Medina

### Graduate Members:

Cynthia B. Crane  
Ruth "Ann" Talley  
Lisa Wilson

### Student Member:

Alicia Funes Nguyen  
Karen Reed  
Sarah Wilch-Spamer

## Programs

Joel Kanter  
joel.kanter@gmail.com

Since January 2008, a new Program Committee has been busily working to plan GWSCSW educational and social programs. In the first half of 2008, the Committee planned the theatre outing to see "The Price" at Theatre J, followed by dinner at Skewers and initiated a brownbag lunch series with two workshops using the HBO series "In Treatment" for discussion of clinical and ethical issues.

Plans for 2008-2009 include an expansion of member-led Brown Bag lunch workshops, four in Maryland and four in Northern Virginia. This revives a GWS tradition of community-based meetings where members share their knowledge on a wide range of topics. The meetings are free for members and attendees will receive 1.5 CEUs. Maryland meetings will be held at the Davis Library in Bethesda and the Virginia meetings are tentatively planned for VCU School of Social Work in Alexandria. Information on some of the Maryland meetings can be found in Upcoming Events on this newsletter and the Virginia brownbags will be announced soon. Committee members Adele Redisch and Barbara Tahler are coordinating the Maryland meetings and Kate Rossier and Tish Reilly are coordinating the Virginia events.

As many Maryland members need to fulfill their ethics requirement by October 31, 2008, we will also have another workshop using videos of the HBO series "In Treatment" to examine clinical and ethical issues raised by this TV show. The videos shown will be different than those

*continued on page 34*

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### **Committee Reports**, from page 33

viewed in May. The workshop, coordinated by committee members Jan Freeman and Monica Glatt Berger, will be held from 9AM to Noon on Sat. October 4 at the River Road Unitarian Church in Bethesda. Again, there will be no charge for members.

Finally, we are bringing back F. Diane Barth, LCSW from New York City to present a Friday evening dinner meeting lecture and Saturday morning workshop on February 6-7, 2009. Diane spoke at our 2007 Attachment Theory conference and was very well received. Her Friday evening talk is titled "Idealizing and Blaming Parents: Developmental issues, Therapeutic Phases" and her Saturday morning workshop will be on "Treatment of Clients with Eating Disorders." Location and other details will be forthcoming shortly.

Other plans in the works include another theatre event, more dinner meetings. For more information on the Program Committee, contact me at joel.kanter@gmail.com.

### **Mentor**

Sheila Rowney  
srowney@aol.com

Even while the Mentor Committee was in summer mode, we were looking forward to fall events. We are planning to do another panel discussion on "Getting Started in Private Practice" since the last one was so well received. Betsy

Carmichael has organized a peer support group for new MSWs who are transitioning into professional roles. Please contact Betsy (betsy\_carmichael@yahoo.com or 703-819-2704) to participate in this ongoing group. Committee member Maria Ines Butler is collaborating with the Membership Committee in an effort to reach out to about-to-graduate MSWs at the local universities.

We are always in need of experienced GWSCSW members who would like to volunteer a few hours as Mentors to newer members with various concerns about professional roles, including those who have relocated to the DC area, looking for jobs, preparing for licensure, or beginning a private practice. Please consider offering a bit of your wisdom and expertise!

And anyone who would like to be assigned to a Mentor is welcome to request one. The Mentor page on our website ([www.gwscsw.org](http://www.gwscsw.org)) has applications for both Mentors and Mentees. Applications can be downloaded and sent by email or snail mail to Sheila Rowney (email address listed above) and be matched up.

### **Newsletter**

Jen Kogan  
koganblackwell@verizon.net  
Maya Godofsky  
maya\_beth@aol.com

This September issue is filled with intriguing feature articles

and important legislative news. Remember that the authors are all GWSCSW members who have shared their clinical expertise and experience. All topics are open for consideration in the newsletter. If you have an idea for an article but aren't sure about it, just give me a call at 202-215-2790 or email me at [koganblackwell@verizon.net](mailto:koganblackwell@verizon.net) and we can chat about it. The deadline for the December issue is October 20th.

### **Referral Panel**

Beth Altman, [blaltman@juno.com](mailto:blaltman@juno.com)

The Referral Panel Committee is exploring ways to increase the Society's visibility on the web with the goal of bringing in more referrals. Several of our members volunteered to approach local hospitals with information about the referral panel so that hospital staff needing to refer patients for psychotherapy will be aware of our service. The Referral Panel Committee very much appreciates the efforts of these members.

The Referral Panel will be open for new participants as well as renewals in the fall. The application form can be found on page 23 of this issue.

If you would like to join the Referral Panel Committee or contribute to our marketing efforts without necessarily joining the committee please call Beth Altman at 202-775-0041. ❖

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## **Registration for the 2009 GWSCSW Prepaid Legal Plan closes November 15, 2008**

*Members will have an opportunity to subscribe for 2009 when they renew their memberships in the fall.*

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## ADVERTISEMENTS

Advertisements, accompanied by full payment, must be received by the GWSCSW by the first of the month preceding publication.  
Material should be sent to GWSCSW, PO Box 3235, Oakton VA 22124 or gwscsw@gmail.com. For questions about advertising, call 202-537-0007.

<b>Classified Ads:</b> 75¢ per word Minimum price \$15 (20 words)	<b>Display Ads:</b> Full page 7 x 9¼ ..... \$300 Quarter page 3¾ x 4½ ..... \$100 Eighth page 3¾ x 2¼ ..... \$ 50	Half page ..... \$175 Horizontal: 7 wide x 4½ high Vertical: 3¾ wide x 9¼ high
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Size of display ads indicated above is width by height. These are the only sizes that will be accepted. Electronic submission (PDF) preferred.  
Publication does not in any way constitute endorsement or approval by GWSCSW which reserves the right to reject advertisements for any reason at any time.

### OFFICE SPACE AVAILABLE

ALEXANDRIA, OLD TOWN – Thursday afternoons, Fridays and Saturdays. Can accommodate a group or testing. Call Carol Frick, LCSW, at 703 541-1288.

ALEXANDRIA, OLD TOWN – Share furnished office half time with psychologist. Half bath, \$400 per month. Parking available 703-836-6366.

ARLINGTON – Northern Virginia Doctors Building, 611 South Carlin Springs Rd, Suite 501, Arlington VA 22204. Three rooms available. Share office space with psychiatrist. Call (703)-861-8722 or send an email to raju.jamuna@gmail.com for more information.

### OFFICE SPACE WANTED

SILVER SPRING/ROCKVILLE/KENSINGTON – Part-time. Please contact me at (301) 388-0178 or paulkelner@verizon.net.

### TRAINING

THE BASICS OF SEX THERAPY – Fridays, October 3, 17 (2:15–3:45); 31 (1:15–3:15). Presenter: Deborah Fox, Certified Sex Therapist, 4600 Connecticut Ave. NW. 5 CEUs applied for. Register/information: 202-363-1740.

SOCIAL WORK LICENSING – Prep Courses and Home Study Materials. For sample questions, schedule, and information call Jewell Elizabeth Golden, LCSW-C, LICSW, BCD, 301-762-9090.

### POSITION OPEN

PT OPPORTUNITY AVAILABLE IN THE FALL – Seeking MSW grad with life experience, compassion for clients, and interest in private practice. Supervision toward licensure provided. Call Laura at 703-578-0030 or Laura@ThriveCounseling.com.

### SUPERVISION

SUPERVISION – Offered toward VA or MD licensure by humanistic and existentialist therapist with open and up-front style. Call Laura at 703-578-0030 or Laura@ThriveCounseling.com.

### GROUPS

ADOLESCENT THERAPY GROUPS – 20 ongoing psychotherapy groups for adolescents 6th grade through college. Offices in Bethesda and Rockville. Rathbone & Associates. 301-230-9490. High quality effective adolescent treatment. www.rathbone.info

FREE PEER SUPPORT GROUPS – For children or adolescents who have experienced significant loss (death, divorce, other separation) in Silver Spring. Call RAINBOWS MD/DC Chapter at 301-495-0051.

## ■ GWSCSW Directory Update / Change of Address, Office Info, Email, etc.

*In addition to your name, please enter only information that has CHANGED since the last directory.*

<p>Name _____</p> <p>Home Address _____</p> <p>City/State/Zip _____</p> <p>Home (_____) _____</p> <p>Home Office (_____) _____</p> <p>Fax (_____) _____</p> <p>E-Mail _____</p>	<p>REMOVE Office: located at _____</p> <p>ADD Office: Address _____</p> <p>City/State/Zip _____</p> <p>Office Phone (_____) _____</p> <p>Other: _____</p> <p>_____</p> <p>_____</p>
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**Fax to: 703-938-8389 or Mail to: GWSCSW, PO Box 3235, Oakton VA 22124 ■ Email info to: gwscsw@gmail.com**

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# UPCOMING GWSCSW EVENTS

**October 4 Workshop: "In Treatment" – Clinical and Ethical Issues**

Discussants: Jan Freeman, MSW, LCSW; Monica Glatt Berger, MSW, LCSW; Nancy Wilson, MSW, LCSW

Time: 9AM-Noon.

Location: River Road Unitarian Church, 6301 River Road, Bethesda  
No Charge for members; \$20 for non-members.

**October 17 Brownbag Lunch Meeting: Demystifying Interpersonal Psychotherapy and Psychoanalysis**

Presenter: Adina Shapiro, MSW, LCSW

Time: Noon – 1:30 PM

Location: Davis Library, 6400 Democracy Blvd. Bethesda  
No Charge for members; \$20 for non-members.

**October 26 Membership Committee Fall Event**

Time: 2:00 – 4:00 PM

Location: Home of Mary Lee Stein, Cleveland Park DC

**November 9 Ethics Reamer Conference**

Time: 8:30 AM – 4:30 PM

Location: Sibley Hospital, Washington DC  
6 Ethics CEUs

**December 19 Brownbag Lunch Meeting: An Introduction to Emotionally-Focused Couples Therapy**

Presenter: Beth Levine, MSW, LCSW-C

Time: Noon – 1:30 PM

Location: Davis Library, Bethesda  
No Charge for members; \$20 for non-members.

**February 6 GWSCSW Dinner Meeting Idealizing and Blaming Parents: Developmental Issues, Therapeutic Phases**

Speaker: F. Diane Barth, LCSW

Cost and Place: TBA

**February 7 Morning Workshop Treatment of Clients with Eating Disorders**

Speaker: F. Diane Barth, LCSW

Cost and Place: TBA

**February 20 Brownbag Lunch Meeting Divorce Therapy: Helping Families Separate and Reorganize**

Presenter: Jonah Green, MSW, LCSW-C

Time: Noon – 1:30 PM

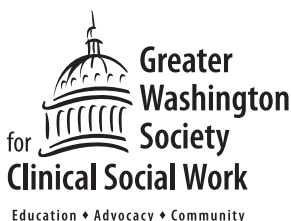
Location: Davis Library, Bethesda  
No Charge for members; \$20 for non-members.

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**For current information on events, dates, times, locations go to our website at [www.gwscsw.org](http://www.gwscsw.org) and click on CALENDAR.**

**See the 2009-09 GWSCSW Course Offerings on page 29–31 of this newsletter**

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PO Box 3235  
Oakton VA 22124

