

Education ♦ Advocacy ♦ Community

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Opportunities Amidst the Economic Downturn

By Jonah Green

The present economic downturn is likely to result in a host of emotional, behavioral, and interpersonal difficulties for many of our clients. Incidences of depression, suicide, alcohol and substance abuse, and interpersonal violence typically increase during recessions. Those who are already poor will surely be hit the hardest; they already suffer from higher rates of emotional and behavioral disorders than the general population, and they are more likely to experience shocks such as job loss, eviction, and foreclosure. Many clients in the middle class may also suffer from emotional and interpersonal hardship; even those who do not lose their jobs or houses are likely to see the diminishment of savings and experience more anxiety. Mental health clinicians from across the country have been noting an increase in anxiety and depression in many of their patients since last fall.

The literature on resilience suggests that some of our clients who experience the fallout from the current recession may be able to weather the effects of the downturn better than others. Those not already living in poverty, who do not suffer from a pre-existing mental illness, who have a high degree of interpersonal support, and whose economic pain is not severe are likely to fare best. As long as they are still able to afford and attend therapy, we can assist many clients in managing their setbacks, and even help them grow from the adversity.

Opportunities to Assist the Affluent

In fact, the economic downturn may offer opportunities for us to assist one particular group of clients—the affluent. This economic slump has hit the very wealthy particularly hard. Many affluent families have lost half or more of their assets, and even the most successful professionals are facing the prospect of “downsizing.” As we support them through the shock of seeing the fruits of so much of their hard work evaporate, we may also be able to use the crisis to help them make changes that could benefit them and their families.

Although research on the interaction of economic class and mental health has traditionally focused on the risks associated with coming from a poor background, recent evidence suggests that affluence can also adversely affect mental health, particularly for children. Researchers have found that, beginning around middle school, both boys and girls whose family income exceeds \$120,000 suffer from higher rates of depression and anxiety than those from middle-income families. Affluent girls from the pre-teen years onward suffer from higher rates of eating disorders than the general population, and affluent teen boys are at higher risk for abusing drugs and alcohol. Recent studies suggest that children

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Registration Form on page 19

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GWSCSW NEWS & VIEWS

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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 31
Email ads to gwscsw@gmail.com

The next issue will be published
June 2009 and the deadline is April 20.

Email articles to koganblackwell@verizon.net

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President's Message

Susan Post

A Primer on the Benefits and Costs of Membership

As I write, we have just gone through the period of joining or renewing our memberships in GWSCSW. Given the downturn in the economy, I imagine many of you have thought about what benefits you receive for the dues you pay. We have recently reviewed our budget and finances, and I thought now might be a good time to share with you the primary activities of the Society and the related costs.

Let me start by enumerating the benefits of membership, and sharing something of what goes into delivering them. Perhaps the most concrete benefit is the vast array of continuing education courses and programs available to us at extremely low cost. The CE committee works year round to recruit and train our own members to lead classes in their areas of expertise and to ensure that we offer trainings in areas necessary for licensure such as ethics and, for supervisors, the supervision courses. It also organizes and sponsors peer study groups. The committee makes sure every curriculum fulfills state CEU requirements and strives to include programs that reach across varied modalities and areas of specialization. The program committee brings gifted speakers from around the country, organizes the local brown-bag lunch meetings, and has branched out into new and popular activities such as the "In Treatment" ethics series and an annual theater event. We do not try to make money from our CE activities. They are priced at a discount for members so that all can attend, and if we cover the costs of renting space and providing refreshments, it's a bonus.

Enabling members to stay informed and connected is a less tangible but very important task of the Society. The quarterly newsletter, written and edited by the newsletter committee, the board, and interested members, keeps us up to date on the activities of the Society, on what's happening in our jurisdictions in terms of relevant legislation and administrative regulations, on what our members are doing, on the scheduling of courses and events both inside and outside of our own organization, and on new developments in research and social work thought. Our web site provides complete information on all aspects and services of the Society. The listserv is a well-trafficked vehicle for tracking events, offering updated information on insurance matters, licensing, and practice trends, facilitating referrals, sharing sources of information, organizing peer groups, and inviting lively discussion between members. Publishing the newsletter is probably our largest expense, and we have monthly costs for maintaining and updating the web site. The Society also provides support and connection to members starting out in our profession. The Mentor Committee matches new social workers with more experienced mentors and sponsors workshops on such topics as starting a private practice.

Several benefits of membership are optional, and we work it so that the fees paid by the participants cover the costs of the services provided. One is the on-line Referral Panel. Members who participate pay \$95 to join and

have their web page set up. After that initial fee, it costs only \$20 annually to maintain the page and make any requested changes. These fees pay for the person who designs and maintains the web site (www.metropsychotherapy.info) and for any other related expenses, which are largely administrative. The other optional benefit is participation in the Pre-Paid Legal Plan. Although this program has been temporarily ended, we are in the process of trying to set it up again with a different law firm.

Membership in the Society also enables us to stay up to date on ethical, legal and advocacy issues, and to have an impact on public perception and regulation of clinical social work. This year we have made ourselves heard as a Society in Virginia, DC and Maryland through written and verbal testimony on issues related to licensure, continuing education and ethics. Aside from the work of board members on these issues, we share with the Virginia and Maryland clinical societies the cost of retaining lobbyists in both Richmond and Annapolis, without whom our awareness, voice and interests would be vastly diminished. At the national level, we pay annual dues to remain part of the Clinical Social Work Association, which gives us a national voice as well as the option to purchase individual liability insurance policies as part of a group. We work with other groups to highlight the importance of clinical social work as a discipline separate from other clinical specialties as well as from generic social work.

There are also expenses the Society incurs which enable us to survive and thrive as an organization. Many of you have had some interaction with Jan Sklennik, our amazing administrator and our single paid "employee." It's almost impossible to describe what Jan does for us. She handles all the checks we send in for dues and CE programs and does much of the banking. She designs and publishes all of our printed materials—the newsletter, the CE booklet and materials, membership materials, notices—and handles all the mailings. She posts reminders on the listserv, and solves many, many problems. Perhaps most importantly, Jan works closely with the board and committee chairs, spending countless hours on the phone helping us think through the resolution of a problem, and often sending us friendly reminders that "it's time to do such-and-such" because a deadline is fast approaching. Jan serves as our institutional memory, and does it with grace and wit. We of course have certain other organizational expenses

such as insurance, an accountant for tax filings, and VISA fees.

We try to maintain something of a social as well as professional connection. We organize an annual membership dinner in June, an event which has had increasing attendance with each ensuing year, and we honor our many volunteers with an appreciation luncheon in the Spring. The membership committee hosts several gatherings during the year at the homes of members. These events provide wonderful marketing opportunities, and while each has related costs, they are kept to a minimum by the amazing organizational work put in by members.

So there you have it—a primer on the major benefits and costs of our Society. We are one of only a very few large clinical societies left in the country, and our dues are significantly lower than most of the others. I hope this letter answers many of the questions you might have about what your dues go for; I believe they could not be better spent anywhere in our professional lives. ❖

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Opportunities, continued from page 1

from more affluent families demonstrate higher levels of social aggression and rule-breaking than children in the general population, and may suffer from higher levels of psychopathology in adulthood (Luthar and Latendresse, 2005).

Children Can Suffer from Affluence

Madeline Levine, a psychologist from California, wrote a book in 2006 called *The Price of Privilege*, in which she maintained that many financially privileged children and teens are actually suffering as a result of aspects of “the culture of affluence” in which they and their families live. Levine believes that the pressure for achievement in school and sports, the overvaluation of toys, games, and clothes, the devaluing of chores and responsibilities not related to achievement, and the lack of time families spend together in activities that are not goal-directed are all inimical to the development of healthy selves and relationships. She finds that many children from affluent families feel that their worth is conditioned on their achievement, and so have difficulty developing feelings of self-worth. When adults in affluent communities shower children with material goods and give them few chores and responsibilities not related to achievement, they deprive them of the opportunity to develop discipline and self-respect. Alongside these pressures and indulgences, Levine also finds that children of affluent families have less opportunity to experience a relaxed atmosphere of love and acceptance than many other children do. She found that, while affluent parents may spend time at their children’s sporting events or help them with homework, wealthy families spend less time eating dinner or playing games together than middle-class families.

Those of us who work with wealthy families have noted that some face particular barriers to positive change. Some of the behavior patterns that produce the most emotional and interpersonal damage are self-reinforcing: busy schedules and a preoccupation with achievement may make for disconnected relationships, but these same habits have helped these families achieve and maintain the material success that so many in the broader society admire. Several of these families’ habits of relating are multi-generational; many parents in affluent families were brought up in families that placed a premium on achievement. In addition, many family members see similar patterns of relating in their

environments outside of the family, as affluent communities generally feature less cohesion, in the form of block parties and social events, than middle-class ones.

The shock of the economic crisis may offer us a way around some of these barriers. Although many aspects of the affluent lifestyle are continually reinforced, many of the affluent, particularly those who come to us, are also aware that their pursuit of material success and achievement has sometimes crowded out other goals, including personal growth and the deepening of family and community relationships. With the economic downturn, many are now finding that even the fruits of their hard work, achieved at such cost, have been lost. As we empathize with their pain, we may also be able to encourage them to find more joy and value in the things that achievement and material success cannot buy, including the joy and comfort of loving relationships. In the process, we can assist our clients in creating stronger selves, families, and communities. ❖

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

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Sheila Handler Resnick, PhD

Susan Post

It has been with a great sense of sadness and loss that we have tried to acclimate ourselves to the untimely death of Sheila Resnick. A long-time active member of the Society, Sheila was our current secretary, a job she cheerfully took on even though she had served earlier in leadership capacities. Her sudden death took us all by surprise: she was in terrific health until the onset of heart problems and complications in late December, and then the stroke she suffered several weeks later.

Sheila lived an extraordinarily rich life. She had a busy private practice, had taught graduate courses at both Howard and Catholic Universities, was a prolific writer and international speaker, and was active in the Washington Center for Psychoanalysis, the American Academy of Psychotherapists, and the International Association for Group Psychotherapy. She also had six children, numerous step-children, and many grandchildren, and had suffered the tragedy of the death of a child. Her husband Steve and her extended family were the true center of her life.

Despite her busy professional and family life, Sheila found time and energy for much, much more. She cherished her many long friendships, loved travel, art, politics and literature, had an enduring sense of adventure and play which was contagious, exercised rigorously, and had recently moved to and renovated a beautiful home, something she undertook to create a warm and enticing gathering place for her ever growing family. Even though she was still dealing with decorating and settling in, Sheila generously hosted our October Board retreat— typical of the gracious way she welcomed all into her life.

After two emergency hospitalizations and a pacemaker, Sheila wrote this to me just two days after her discharge in late December:

“I expect to be at the meeting on 1/5, barring something unforeseen. I have 2 doctors’ appointments that morning, and another test after I leave the meeting. This is all such a bummer...”

Bummer, indeed. Surely, Sheila did not have to schlep from McLean to Chevy Chase in the midst of three medical appointments to attend a meeting! But that was typical: she was undaunted, totally determined, and eternally optimistic. We will miss her enormously. ❖

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...

Margot Aronson will be inducted into the National Academies of Practice (NAP) as a Distinguished Practitioner in Social Work at a black tie dinner on March 28, in recognition of her many years of interdisciplinary practice as well as her efforts on behalf of the social work profession on the local, state, and national levels. Although there may be only 150 practitioners or scholars in each profession’s Academy, GWSCSW is well represented: NAP Distinguished Practitioners in Social Work are Mary Dluhy, Carolyn Gruber, Joel Kanter, Alice Kassabian, Dolores Paulson, Golnar Simpson, and Audrey Walker.

Beth Levine is happy and proud to announce that she has earned her Certification in Emotionally Focused Couple Therapy (EFT).

Patricia Morgan recently received the following certifications: Certified Clinical Hypnotherapist, Certified Practitioner of Neuro-Linguistic Programming, and Intensive Individual Coaching.

Ruth Neubauer is teaching a class at Denver University’s Osher Lifelong Learning Institute called “Psychoanalytic Ideas for Everyday Living.” She will also be presenting a 4-hour workshop on the same subject at the Div. 39, APA meetings in Toronto in August. ❖

Send your information for Out & About to jenko108@gmail.com

ADVOCACY & LEGISLATION

■ FEDERAL

Laura Groshong

The Obama Administration has made it clear that health information technology (Electronic Health Records (EHRs), Personal Health Records (PHRs), and electronic health information exchanges) will be at the forefront of healthcare and economic reform efforts. Thus we can expect that electronic records will be more widely used, if not required; that health information will be open to a larger group of providers, patients, and insurers; and that the rules governing privacy will be exceedingly important.

The HITECH Act—the House bill creating the standards for EHR privacy—was being marked up as I wrote this, and may already have passed as you read. It may strengthen HIPAA by requiring encryption and audit trails for records, or maintain the weak, optional standards in HIPAA. (Encryption is the coding of information so it can only be read by a computer with access to the code; audit trails record each time information is released from a healthcare record.)

With the creation of “medical homes,” as recommended in most of the reform proposals, it is likely that all information about a given patient will have to be stored in one location, or clinicians and institutions will face penalties. This will increase the possibilities of violating patient privacy. Even now, mental health records are quite accessible, perhaps an unintended consequence of increased mental health benefits. In testimony before the Senate HELP Committee, thirty-five percent of Fortune 500 companies admitted to looking at an employee’s health records before making hiring and promotion decisions (2006, 65 Fed. Reg. 82,467). What this means is that the need for consent to disclose records, left out of the HIPAA rules, is critical.

HIPAA is a flawed system when it comes to the real protection of privacy of health care records, and the flaws may become more significant as we move to the creation of all electronic records which are required to contain all medical and mental health information about patients. The Clinical Social Work Association (CSWA) will continue tracking the progress of bills which will improve the privacy standards in HIPAA and lobbying on this important issue with grassroots mailings, visits

to Congressional leaders, and as part of an active coalition of national mental health organizations.

You can help by letting your Senators and Representatives know about the importance of encryption, audit trails, and informed consent in the disclosure of electronic health care records. ❖

Laura Groshong, LICSW, is Director for Government Relations for the Clinical Social Work Association (CSWA), the national voice for clinical social work. Laura can be reached at lwgroshong@clinicalsocialworkassociation.org. GWSCSW members are reminded that, while our Society receives some benefits as a CSWA affiliate, a direct membership in the Association brings additional benefits to the individual member.

www.ClinicalSocialWorkAssociation.org

New Group for Women: On Becoming Yourself

Mondays at 7:30 PM

3000 Connecticut Ave NW Ste. 137

Washington, DC 20008

Group Leader: Grace C. Riddell, LICSW, LCSW-C, MED.

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Speaking Out for Privacy Rights: A Grassroots How-To

The following letter, written by GWSCSW member Kathryn Chefetz, in collaboration with Washington psychiatrist and analyst Dr. David Miller, and sent to Delegate Eleanor Holmes Norton this winter, is an example of the kind of educational grassroots effort we can all follow with our representatives in Congress.

Dear Delegate Norton,

Your help is urgently needed to ensure patient privacy in the Obama bill for electronic health information. As a clinical social worker in private practice, I feel certain that without adequate safeguards to privacy, few people will seek mental health treatment or utilize it effectively if that treatment is reported in an electronic health information system. With their most personal information widely available and even “hackable,” people will avoid needed treatment, or they will try to benefit from it with minimal disclosure of personal information, rendering the treatment useless. Common sense tells us that for most people, disclosure of mental health information is of far greater concern than disclosure of other medical data.

Patients need to be assured that any system of electronic health information will be safe and will respect therapist/client privilege. To achieve this aim, the following features must be in the system:

Encryption and audit trails must be built into any electronic system.

Information limited to basic data, such as diagnosis, dates of treatment, and medication; shared information to include only that which District of Columbia law allows therapists to share with third parties.

No information shared with anyone without informed patient consent for each specific case of sharing.

These limitations will still allow clinicians access to all the information needed for continuity of care. Making additional information available will greatly worsen the quality and cost of care, because patients will put off treatment until they are in crisis, at which point treatment is likely to be less effective and more costly.

I appreciate your attention to this request and I hope you will be able to give it your full support.

Sincerely yours....

■ MARYLAND

Alice Neily Mutch

The 2009 legislative session began on January 14 and will end its business on April 13. During its 90-day session, the General Assembly—made up of 47 Senators and 141 Delegates—will introduce and act on about 2000 bills, including the Governor's annual State budget.

So far, the old pattern of partisan bickering has been absent in most corners and there is optimism in the air. Freshmen legislators have been waiting until this session before stepping forward with creative initiatives. However, because of the fiscal climate, we can expect an unprecedented low number of bills with cost mandates, and instead, many bills with cost containment measures—including those dealing with social service and mental health programs.

On the other hand, this Governor says that his administration is dedicated to crafting ways to improve health-care coverage and healthcare outcomes. Healthcare reform is on the federal agenda, and any new initiatives from the Obama administration are likely to be enthusiastically embraced during this session.

Given this unusual political climate, your Legislative Council of Social Work Organizations has made efforts to pursue discussions with the legislative leadership, with the executive branch, and with coalitions of mental health advocacy groups and health/mental health providers.

An ongoing theme for us has been declining reimbursement rates, as well as the numerous other insurance network practices that disincentivize the approximately 7,000 Maryland LCSW-Cs who provide the bulk of psychotherapy services in the state. The State needs to find a way to hold insurance companies and managed care organizations accountable for delivering the quality services they have promised.

An Effective Strategy for Advocacy

Already in the session profile are several bills that may be of some interest to clinical social workers: one would eliminate pre-existing condition clauses in health insurance policies; another aims to ease state-to-state social work reciprocity; a third would establish regulations for counseling of patients with terminal illnesses.

There will be many more! Your Legislative Council and your lobbyist review all, and determine which are of little interest, which should be monitored, and which warrant full attention and advocacy. As the session develops, we will ask for your support in contacting legislators and assisting them to understand the issues we have identified.

Contact is critically important. This winter, GWSCSW President Susan Post stepped forward to speak with the Board of Social Work Examiners about continuing education concerns, and your Membership Committee chair Melinda Salzman congratulated social worker/state delegate Melony Griffith at a reception celebrating her election to Chair of the Prince George's County delegation to the Assembly. Past president Diana Seasonwein found an opportunity to talk about clinical social work with Montgomery County Senator Jennie Forehand.

Meeting with leaders and legislators, learning about their interests and letting them know who you are and what is important to you as clinical social workers, puts you in the picture when they consider policy change. Your Legislative Council offers many such opportunities, and in the long run, this is your most effective avenue for reaching your legislative goals. ❖

Alice Neily Mutch of Capital Consultants of Maryland is lobbyist for the Legislative Council of Social Work Organizations - our coalition of GWSCSW and MSCSW. Her website www.capitalconsultantsofmd.com provides a wealth of information about Maryland legislation and legislators.

Maryland Board of Social Work Examiners

The Board of Social Work Examiners (BSWE) has been exploring ways of easing continuing education requirements to address cost, time, and travel factors, especially for those in rural areas. While some of the changes may make our lives a little easier, we must be vigilant against undermining our standing as equals in training to psychologists and other mental health professionals. Be on the lookout for publication of the proposed revisions in March; BSWE will be asking for comments.

Also, BSWE is working on an update of the social work statute, and hopes to have a draft completed this spring for review/comment before it goes to the Governor's office for inclusion in his legislative package.

The new Board of Social Work Examiners (BSWE) chair, Cherie Cannon, LCSW-C, has graciously agreed to resume the quarterly BSWE article for *News & Views* that outgoing chair, Yvonne Perret had been writing. We look forward to her articles, starting in June.

In the meantime, it is easy to locate answers to practice questions and to find relevant Maryland laws and regulations at the very user-friendly BSWE website: <http://www.dhmd.state.md.us/bswe/>. The winter 2008 BSWE newsletter can be downloaded as well. ❖

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Introducing MSW Intern Novlett Lewis

The Maryland Legislative Council of Social Work Organizations (MD-LCSWO)—our coalition of GWSCSW and the Maryland Society—is hosting a second year Howard University MSW candidate again. The field instructor is Betsy Amey, the MD-LCSWO co-chair from the Maryland Society,

and our lobbyist Alice Neily Mutch is her task supervisor.

Novlett Lewis is a macro student with a concentration in mental health. Born in Jamaica, Novlett recently moved with her husband from the District of Columbia, where they raised their three children, to Clinton in southern Maryland. Novlett's openness, her enthusiasm, and her intellectual curiosity have been matched by her responsible approach to hard work during this internship.

Novlett wrote for us:

"My overall mission is to advocate for people with mental illness. I want to work toward the introduction of thoughtful mental health policies in Congress—policies that would, for example, give parents the right to seek treatment for their adult children who are suffering from mental illness, to prevent crimes such as the Virginia Tech and Columbine slayings.

"During the fall semester I had the opportunity to work closely with two wonderful people: Betsy Amey and Alice Neily. I became familiar with some of the ins and outs of the MD-LCSWO, and attended Board meetings of both the Maryland and the Greater Washington clinical societies. I learned how a bill becomes a law, about the key committees that the clinical social workers are most concerned about, and about the positions on mental health issues held by my senator and my delegate. Alice introduced me to a number of state senators and delegates, as well as to key stakeholders of mental health issues.

"During the spring semester I will be researching bills of interest to clinical social workers—following up on relevant program evaluations, funding, statistics—and representing MD-LCSWO positions to state government agencies, legislators, and the health coalitions we work with."

Novlett will graduate on May 9.



Alice Neily Mutch with new MSW intern
Novlett Lewis

■ VIRGINIA

Christopher J. Spanos

The 2009 session of the General Assembly convened Wednesday, January 14, and is scheduled to Adjourn on Saturday, February 28.

Members of the General Assembly have been consumed with the task of matching dwindling state revenues to what is needed for state programs and services. Currently, the state has a \$77 billion budget. However, based on the updated state revenue forecast, a reduction plan in the area of \$3 billion needs to be put in place. State funding for mental health and substance abuse programs are bound to be affected.

We do not anticipate legislation this session to alter the current Virginia statutes on social work licensure. However, the state Board of Social Work has completed its two-year report on the social work profession in Virginia, as mandated by House Bill 1146; the Board will be presenting a copy to the bill's patron, Delegate Bobby Orrock, late this winter (*see below*). The Virginia and Greater Washington clinical societies will be working together, with other interested parties, to find an avenue for implementing the report's recommendations.

A complete report on the actions in the 2009 Session of the Virginia General Assembly that affect the practice of clinical social work will be in the next newsletter. ❖

Chris Spanos is Government and Public Affairs Counselor for the Virginia and Greater Washington Societies for Clinical Social Work.

Virginia Board of Social Work

Changes to Supervision Requirements

Effective November 26, 2008, certain changes in supervision requirements for Virginia social work licensure became effective. Following are excerpts from the Board's website, <http://www.dhp.state.va.us/SOCIAL> that are especially relevant to GWSCSW members:

All NEW registrations of supervision must be submitted by applicants to the Board of Social Work before applicants are permitted to begin supervision towards licensure REGARDLESS of the setting. (Previously, supervision in an EXEMPT setting did not have to be registered with the Board.)

For LCSW applicants, the supervisor must hold an active, unrestricted license as a LCSW in the jurisdiction in which the clinical services are being rendered and have at least 3 years of post licensure clinical social work experience. (Previously, the supervisor was required to hold an LCSW license and have no less than 5 years post-MSW clinical experience.)

For persons who have not served as supervisors for LCSW candidates prior to November 26, 2008, the supervisor will be required to have completed a three credit hour graduate course in supervision, or, receive at least 14 hours of continuing education in supervision by a board approved provider. (Previously, no supervision coursework was required.)

If a supervisor is currently supervising an applicant for licensure, the supervisor may continue with this trainee. Persons who have provided supervision prior to November 26, 2008 have until November 26, 2012 to complete the coursework or continuing education requirement to continue providing supervision.

Face-to-face supervision will mean the physical presence of the individuals involved in the supervisory relationship during either individual or group supervision. No more than 50 of the 100 hours of face-to-face supervision may be obtained in group supervision, nor may there be more than 6 persons being supervised in a group unless approved in advance by the Board. (Previously only individual, face-to-face supervision was allowed.) ❖

Report on the Practice of Social Work in Virginia

Two years ago, the Virginia Board of Social Work was charged by the legislature to study whether Virginia's standards for the education and training of social workers and the current exemptions from requirements of licensure are adequate to protect the public.

The Board has now produced a clear and concise report describing its rigorous process of dialogue with stakeholders over the past two years, reviewing the pros and cons of the various issues raised, and proposing regulatory changes to address areas found to be problematic. The Board's focus was on supervision requirements, the supervisory relationship, clinical coursework standards, and licensure exemptions.

Some of the recommended changes – e.g., supervision requirements and the supervisory relationship – have been implemented already.

GWSCSW, the Virginia SCSW, and NASW all support the Board's recommendations to establish clinical coursework standards and to end the licensure exemptions for public and non-profit agency clinical social workers. The next step will be review by the legislators.

Report of the Board of Social Work in response to HB 1146 can be downloaded as a Word document at the Board's website: www.dhp.state.va.us/SOCIAL/. It is an outstanding document, well worth reading. ❖

School Social Work Positions at Risk

By Fran Lewandoski

Close to a third of Fairfax County public school students in grade 8, 10, and 12 reported that they felt so sad or hopeless almost every day for weeks or more at a time during the past 12 months that they stopped doing some usual activities, according to the county's 2008 Youth Survey.

Most of the school social workers in Fairfax County are licensed to diagnose and treat mental disorders. Our role is to intervene with students and families before a crisis occurs, before special education is considered, before costly school and community-based services are required.

Diminishing the capacity of school social workers to support academic achievement is a mistake, especially during our current period of economic instability and uncertainty. Yet, that is precisely what has been proposed by the Fairfax superintendent of schools: some fifteen positions are to be cut, increasing the ratio of social workers to students from 1:2200 to 1:2500. Indeed, school social work positions are being threatened all across the state.

We acknowledge that the economy is in turmoil and we all must sacrifice. At the same time, the savings anticipated in this case will be more than overwhelmed by the costs of crisis services.

If you have an opportunity to speak up about this issue, please do so. And if you are willing to get involved, please contact me at frances.lewandoski@fcps.edu. ❖

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shelda@u.washington.edu

■ DISTRICT OF COLUMBIA

Margot Aronson

So much is going on in the District this winter:

Once again the Child and Family Services Administration (CFSA) is in the news, with DC Attorney General Nichols defying the court-mandated monitor and thus triggering a motion to hold the city in contempt of court. To be continued...!

Meanwhile, with their herculean efforts of the last half-year, CFSA social workers were able to reduce the backlog of cases from 1,750 to fewer than 100. Twenty-five percent of the workforce had left, and now the staff is back close to full measure. Of course issues remain: community advocates are arguing that far too many children are taken into custody, and that if the agency were more focused on "prevention," there would be less need for "protection." For the moment, though, let's celebrate our colleagues and the so-stressful but so-important work they do.

Progress on the CareFirst Bill

Councilwoman Mary Cheh held firm in the face of considerable opposition from the insurance folks, and her CareFirst bill (Bill 17-934, The Medical Insurance Empowerment Amendment Act of 2008) passed through the District Council and Mayor with its requirements for a well-advertised Open Enrollment program and no exclusions for pre-existing conditions or benefit caps intact. The challenge now is in Congress – you do remember that all legislation in DC is subject to a Congressional okay, don't you?

Congress has 30 days to stop the bill, and it is widely rumored that the insurance folks are hard at work lobbying the Maryland and Virginia Congressional delegations to do just that. Our hope, though, is that this step toward ensuring accessible, affordable quality healthcare for all our residents—and toward holding CareFirst to its mandated obligation to the District—will become law and go into effect in April.

Privatization of the Public Mental Health System

Late in December, some questions raised by MSW students at Catholic University about the potential impact of the privatization of mental health services in the District were forwarded to us. What exactly is the plan, and what will the change mean to the public,

to the mental health workers in the public system, and to community programs? What position is the union taking, and could this be seen as a "union-busting" effort by the mayor? And ultimately, why privatize and why now?

We had barely begun searching for answers when a follow-up question arrived: what was the possibility of our discussing these issues with the students themselves? Seeing this as impetus to learn more ourselves, we agreed.

Thus, on February 12, four Catholic University professors will combine their second-year MSW classes for the two-hour seminar. We're very pleased that among the panelists will be social worker Steve Baron, Director of the DC Mental Health Administration, who can most knowledgeably speak to the problems faced by the DC public mental health system, and the reasons for the planned changes. ❖

Margot Aronson, LICSW, a GWSCSW past president, is currently vice president for legislation and advocacy. She maintains a private practice in the District of Columbia.

DC Board of Social Work Update

Three new appointees to the Board of Social Work (BSW) were introduced this November. All three are LICSWs and have impressive social work credentials:

Sharon Cascone, an independent consultant with agencies like My Sister's Place DC and Break the Chain Campaign, has been adjunct faculty at the Catholic U and U Maryland schools of social work.

Eileen Dombo is on the faculty at Catholic University, with previous experience in the DC Office on Aging, Iona senior Services, DC Rape Crisis Center, as well as being a psychotherapist and consultant and a GWSCSW member.

Willa Day Morris is a clinical supervisor, consultant, and therapist at Youth Villages, Community of Hope Medical Clinic, and Calvary Women's Services. She's also a GWSCSW member.

Reportedly, a new board chair has also been selected; there is no word yet on when he will begin. In the meantime, Arlene Robinson, the one continuing Board member, chairs the meetings. A retired judge, Dr. Robinson is the consumer representative to the Board—and she's proved a real asset to the Board.

A Disappointing Process

The process by which the change took place was disappointing. Incumbent board members were not informed that they were being replaced; in some cases their terms had not even been completed. Neither did the Society, nor NASW, nor the board staff itself know that the change was in the works. This is not the kind of openness and transparency we expect from our DC government agencies—so one of our projects in the next year will be to advocate with the DC Office of Boards and Commissions to build “sunshine” into the process.

In the meantime, a hearty thank you to the outgoing Board members: Chair Mattie Giles, Robin Jenkins, and [GWSCSW member] Bonnie Gallagher. Their work on the Board was outstanding.

Actions of the Board

Resisting pressure to lower social work licensing standards to aid the effort of our DC child protection

agency, Child and Family Services Administration (CFSA), to fill vacancies, the outgoing Board agreed to provide qualified applicants with a one-year, non-renewable “Supervised Practice Letter” to get them on board quickly while giving them extra time to pass the licensing exam. They will be working under supervision, with accountability to the Board; they may serve only in Child & Family Services Administration (CFSA) and other specified child-protection-related agencies, and they must have passed the exam by the end of the year.

Further, the Board has assured us that the committee effort, spearheaded by Bonnie Gallagher to clarify what defines and distinguishes social work, especially with regard to case management activities, will continue.

Board meetings take place on the second Wednesday morning of each month; the open session begins at approximately 10:30 AM and usually runs for about an hour. The public is encouraged to attend and to bring relevant questions, ideas, and information to the Board. ❖

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Upcoming Advanced Clinical Training Offerings in Greater Washington

Looking to sign up for an advanced training this spring or fall? Below you will find a comprehensive list of area organizations and the opportunities that they offer. We hope that the condensed versions will help readers note what is available in our area. Entries are limited to programs that are ongoing and offer some type of expertise certification and/or certificate at the end of the program.

Baltimore Washington Institute for Psychoanalysis

14900 Sweitzer Lane, Suite 102
Laurel, MD 20707
Phone: 301-470-3635
Email: admin@bwanalysis.com
Web: www.bwanalysis.org

The programs focus on training the clinician to work psychodynamically with various populations. The student's own analysis, studying child development, learning psychoanalytic technique, and treating cases under supervision may be part of the requirements. Please see the website for more details.

Programs: Adult Psychoanalytic Training Program, Child and Adolescent Psychoanalytic Training Program, Two-year Adult Psychotherapy Training Program, Two-year Child Psychotherapy Training Program, Adult Fellowship Program, and Child Fellowship Program.

Registration deadline: Varies. Contact institute for specific dates.

Course starting and ending dates: September through May.

Form of completion/recognition: Certificate of graduation.

Examination: No

Part of a more extensive curriculum: No

Bowen Center for the Study of the Family/ Georgetown Family Center

4400 MacArthur Blvd. NW # 103
Washington, DC 20007
Phone: 202-965-4400
Email: vaharrison@sbcgobal.net
Web: www.thebowencenter.org
www.thebowencenter.org/pages/postgradprog.html

Postgraduate Program in Bowen Family Systems Theory and its applications. The Postgraduate Program is designed for individuals who want to establish a foundation in Bowen theory and learn to apply it in their personal lives and in their professions. The curriculum is designed to cover basic concepts in Bowen theory, knowledge from the sciences, and advances in research with examples from applications in families, organizations, and society. Each year is different. Learning occurs through application and practice as well as through knowledge of theory. The study of one's own family is a training ground for learning and using Bowen family systems theory in one's field of work.

Application deadline: August 1.

Program starting and ending dates: The program meets four times a year for three day sessions. It begins in September and ends in June of each year.

Form of completion/recognition: No

Examination: No

Part of a more extensive curriculum: No, but the Bowen Center offers many other opportunities for learning.

Center for Healing and Imagery (formerly The Imagery Training Institute)

8612 Tebbs Lane
McLean, VA 22102
Phone: 703-821-0761
Email: info@centerforhealingandimagery.com
Web: www.centerforhealingandimagery.com

The Center for Healing and Imagery (CHI) provides experiential trainings in integrative modalities including Somatic Imagery, Ego-State Psychotherapy, and Mindfulness. When talk therapy is not enough, these dynamic approaches, grounded in affect and body sensations, help uncover and transform unconscious

sources of even the most chronic psychological and physical problems.

Registration Deadline: Ongoing deadlines throughout the year.

Program Starting and Ending dates: Trainings offered from September through June.

Form of Completion/Recognition: Certificate of Attendance, CEU

Certificate, Certificate of Completion in Somatic Imagery and Ego State Psychotherapy.

Curriculum: Designed as a series of courses that build on each other and lead to more specialized advanced trainings.

Institute of Contemporary Psychotherapy and Psychoanalysis (ICP&P)

4601 Connecticut Avenue NW
Suite 8

Washington, D.C. 20008

Phone: 202-686-9300

Email: icpeastadmin@worldnet.att.net

Web: www.icpeast.org

ICP&P's three training programs, Couples, Psychoanalytic and Psychotherapy Training Programs, are for clinicians interested in advanced training that emphasizes self-psychological and contemporary trends. While historical theory and developments are studied, the emphasis is on cutting edge developments in such areas as attachment research, intersubjectivity, and relational approaches.

Registration Deadlines: Couple and Psychotherapy Programs: June 15; Psychoanalytic Program: June 1. Applications submitted after these dates will be considered on an individual basis.

Program Starting and Ending dates: All training programs start after Labor Day and end in mid May.

Form of Completion/Recognition: Certificate

Examination: No

Part of a More Extensive Curriculum: No, although additional requirements, such as supervision, may be required for some of the programs.

International Psychotherapy Institute and IPI Metro (The Metro Washington Center of IPI)

IPI:

6612 Kennedy Drive

Chevy Chase, MD 20815

Phone: 301-215-7377

theipi@mindspring.com

Website: www.theipi.org

IPI Metro:

6917 Arlington Rd., Suite 224

Bethesda, MD 20814

301-951-3776

info@ipimetro.org

Website: www.ipimetro.org

IPI: Two-year program and weekend conferences in Object Relations Theory and Practice; Master Speaker Videoconference Series; Infant Observation Seminar; International Institute for Psychoanalytic Training.

IPI Metro: Year-long courses include Introduction to Psychodynamic Psychotherapy, Child and Adolescent Psychotherapy, Object Relations Seminar, Sexuality Seminar and Clinical Supervision Seminar. Reduced-fee supervision is also offered.

National and local in-depth certificate training programs (beginner and intermediate offered locally, and advanced nationally) and shorter conferences/seminars with international speakers in object relations individual, couple and family therapy, sexuality, infant observation, and psychoanalytic training, all tailored to commuting students, in person and by video-link. Certificate clinical supervision program. CEUs.

Registration Deadline: Varies, contact IPI.

Course starting and ending dates: IPI courses vary (see individual courses). IPI

Metro courses begin in September and end in May.

Form of completion/recognition: Certificate of completion

Examination: No

Part of more extensive curriculum: Programs can be taken alone or some can be combined for advanced certificate.

National Institute of Relationship Enhancement®

4400 East-West Highway, Suite 28
Bethesda, MD 20814
Phone: 301-986-1479
Email: niremd@nire.org
Web: www.nire.org

Certification Programs in Relationship Enhancement Therapy for Couples and Families, Child-Centered Play Therapy, and Filial Family Therapy. Each program combines a 2-day or 3-day professional training workshop with 26-hours of supervision built around the therapist's videotaped (or live) therapy sessions in order to enhance therapist skills in conducting the chosen therapeutic modality. An extensive body of empirical research validating its therapeutic effectiveness supports each modality.

Registration Deadline: Open-ended, but participation commences with attending an initial 2-day or 3-day professional training workshop.

Workshop dates are listed on our website above.

Program Starting and Ending dates: Follow-up supervision is individually tailored.

Form of Completion/Recognition: Successful completion of the workshop and supervision hours, leading to formal certification and receipt of a frameable certificate.

Examination: No

Part of a More Extensive Curriculum: Additional levels of certification are available to become a Certified Supervisor and/or a Certified Instructor/Trainer in each of the three therapeutic modalities.

**The New York Freudian Society,
Washington DC Program
The NYFS Psychoanalytic Institute**

Phone: 301-332-2372
Email: laurahickok@verizon.net
Web: www.nyfreudian.org

The New York Freudian Society, Washington DC Institute: The Adult Psychoanalysis Program combines four years of coursework in psychological development, classical and contemporary psychoanalytic theory, and psychoanalytic listening with supervised practice

in psychoanalysis, and candidates' personal analysis. The Fellowship Program is an 8-10 session psychodynamic seminar.

Registration Deadline: Open-ended, Please contact the Institute Director or the website for further information.

Program Starting and Ending dates: September-May.

Form of Completion/Recognition: Certificate of Completion.

Examination: No

Part of a More Extensive Curriculum: No.

University of Maryland School of Social Work

525 W. Redwood Street
Baltimore, MD 21201
Phone: 410-706-5004
Web: www.ssw.umaryland.edu/cpe

Certificate Program in Trauma Treatment: The Certificate Program in Trauma Treatment incorporates a strengths perspective for working with adult survivors of abuse and traumatic stress. Certificate Program in psychotherapy offers training to those who seek a strong and competent identification as psychotherapists.

Registration Deadline: March 2009

Course Starting and Ending dates: Spring 2008 through Winter 2009

Form of Completion/Recognition: Certificate of Completion.

Examination: No

Part of a More Extensive Curriculum: Yes

Washington Center for Psychoanalysis

4545 42nd St., NW, #309
Washington, DC 20016
Phone: 202-237-1854
Email: center@washpsa.org
Web: www.washpsa.org

WCP offers a psychoanalytic training program, and two three-year programs: Modern Perspectives on Psychotherapy focuses on the theoretical and clinical applica-

tion of the Modern Relational, Modern Freudian and Modern Kleinian perspectives, and New Directions in Psychoanalytic Thinking consists of three weekend writing conferences and an optional summer retreat per year.

Registration Deadline: Variable

Course Starting and Ending Dates: September through June.

Form of Completion/Recognition: Certificate

Examination: No

Part of a More Extensive Curriculum: No, self-contained.

Washington School of Psychiatry

5028 Wisconsin Ave., NW, Suite 400
Washington DC 20016
Phone: 202-237-2700
Email: Info@wspdc.org
Web: www.wspdc.org

The WSP offers courses from one to three years in length in a variety of psychotherapy disciplines. These include Advanced Psychotherapy Training, Central Concepts in Psychodynamic Therapy, Child and Adolescent Psychotherapy, Clinical Program on Psychotherapy Practice, Intensive Short Term Dynamic Psychotherapy, and Observational Studies with Parents and Babies/Young Children.

Registration deadline: Summer

Course starting and ending dates: September through May.

Form of completion/recognition: Certificate of Completion

Examination: No

Part of a more extensive curriculum: Yes, various Study Groups, the

National Group Psychotherapy Institute and the Attachment and Human Development Center are part of WSP's activities.



Ruth Neubauer, MSW
is now taking referrals in Denver, Colorado
(240) 432-4080

CLINICAL SOCIAL WORK INSTITUTE
announces
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Tybe Diamond, MSW at 202.966.1381
Kathryn Chefetz, MSW at 202.962.4938

VOLUNTEERS!
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you have, we can use you!

Please call GWSCSW at
202-537-0007

VISIT OUR WEB SITE: www.gwscsw.org

The Clinical Social Work Institute Needs Your Help

By now most of you will have received a letter from the Clinical Social Work Institute announcing its decision to close in August, 2009. The letter explains CSWI's urgent need to retire its debt, and asks you for a monetary contribution which would support CSWI's primary goal of assisting its current students to complete their doctoral studies. Accompanying this letter from CSWI is a personal letter from GWSCSW President Susan Post. Susan, in collaboration with the Board of GWSCSW, emphasizes the close ties between the Clinical Society and CSWI, which date back many years. Susan writes, "If we can show that the clinical social work community is doing all it can to help—which we can show by contributing in large numbers even if individual contributions are not huge—then the Institute will have an easier time obtaining the remainder of funds it needs [in approaching additional donors for matching grants.]

The Board, administration, and faculty of CSWI are deeply grateful to President Susan Post and enormously appreciative of the support of the Board of GWSCSW in assisting CSWI in its fundraising efforts. The Institute originally grew out of the Clinical Society, and many of the Institute's founders, Board members have remained active in and served as leaders of the Clinical Society. CSWI and its academic program have received accolades each time it has been reviewed for re-licensure. We are proud of our graduates and current Ph.D. students whose dissertations and research have already made important contributions to advanced clinical social work theory and practice.

I have included a copy of a Pledge Sheet. As Susan eloquently voiced, a strong participation from you and other members of the GWSCSW will enable CSWI to make a strong case for corporate and foundation support. Our remaining doctoral candidates need our support, and every contribution will make a difference.

Please send in a check for \$25 today to become a Friend of the Social Work Institute. If you can afford to give more, we urge you to do so. Please note that one of the ways you can help is by participating in our reduced-fee supervision project. You can participate by offering one reduced-fee supervision and contributing the proceeds to CSWI or you can sign up for a reduced-fee supervision. Note your interest on the pledge form, and someone will be in touch with you.

On behalf of the Clinical Social Work Institute's Board of Trustees, the faculty and administration, I thank you for your generosity.

Sincerely,

Kathryn Chefetz, LCSW
Chair, CSWI Fundraising Network

CSWI PLEDGE SHEET

"Each and every contribution,
large and small, will make a difference."

I Will:

- "Open doors" and provide names and contact numbers of potential donors (colleagues, family, friends, family foundations, etc.)
- Make a donation and contribute \$ _____ now.
- Make a pledge and contribute \$ _____ by ____/____/2009
- Contribute \$ _____ per month for 6 months or for ____ months
- Offer a challenge grant
- Volunteer to raise funds; contribute fund raising ideas
- Offer supervision/ consultation to a clinician at \$75/session for ____ weeks and donate the fee for your time to CSWI .
- Am interested in obtaining reduced-fee supervision
- Plan or host an event

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Thanks you for your support. CSWI is a 501(c)(3) non-profit organization and therefore your contribution to the Clinical Social Work Institute is tax deductible.

All checks should be made to:
The Clinical Social Work Institute
and sent to:
1634 Eye Street NW, Suite 700, Washington, DC 20006



GWSCSW Dinner Meeting with Laurie Leitch, MSW, PhD Friday, March 27

Alfio's at 4515 Willard Avenue, Chevy Chase
In the Willoughby Apartments
Free Valet Parking Available • One block to Friendship Heights Metro
Guests and Colleagues Welcome • 1 CEU
Cash Bar at 6:30 PM • Dinner at 7:00 PM • Lecture at 8:00 Pm

“Treating Trauma in the Developing World: A Personal Account”

Laurie Leitch, MSW, PhD is the co-founder and director of the Trauma Resource Institute (TRI), a non-profit trauma training center which provides training in Trauma Resiliency Model (TRM), a treatment model appropriate for use with adults and children suffering from both long-term and acute trauma. Her experience with complex trauma includes providing treatment following 9/11, treatment and clinical training in southern Thailand after the tsunami, in Louisiana following Hurricanes Katrina and Rita, in China following the 2008 earthquake and in Rwanda with genocide survivors.

Dr. Leitch's research has included social program and clinical evaluations for national foundations, the federal government, and non-profit organizations. Her presentation at this meeting will focus on the personal dimension of doing trauma work in developing nations experiencing natural disasters and civil war.

For more information, contact GWSCSW 202-537-0007 | email: gwscsw@gmail.com

Laurie Leitch, MSW, PhD • March 27, 2009

Qty		Postmarked by 3/20/09	Postmarked after 3/20/09	Payment Enclosed
1	GWSCSW Members	\$30	\$40	\$
1	Non-Members	\$40	\$50	\$
1	MSW Students	\$30	\$40	\$

TOTAL \$ _____

► Indicate your menu preference(s):

Eggplant Parmagiana
 Veal Parmagiana
 Veal Picata
 Chicken Francese
 Broiled Flounder

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

Questions? 202-537-0007

Mail this registration form with check made payable to GWSCSW to:
GWSCSW, PO Box 3235, Oakton VA 22124
If paying by credit card, you may fax to: 703-938-8389

I am a: Current (2009) GWSCSW Member
 Non-Member: Please send me info about membership in GWSCSW. . .

Name _____

Street _____

City _____ State _____ Zip _____

Phone (_____) _____

Email _____

Guest(s) _____

Check (payable to GWSCSW) enclosed \$ _____

Credit Card (*VISA or MasterCard only*) \$ _____

Billing Address (Same as above)

_____ Zip _____

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Exp ____ / ____ Signature _____

Early Registration = Must be faxed or postmarked by March 20, 2009

We've Come a Long Way Baby: Adapting to the Instant Communication Age

By Marie Choppin

Recently, I flew down to visit my eighteen year-old daughter, who was living in Guanajuato, Mexico for six months. As I traveled to visit her, I texted her upon my arrival at each airport, used my computer to do some work during layovers, and surfed the Web, wirelessly, while checking e-mails on my Blackberry. While doing all of this, I realized how different my experience was now compared to what it would have been twenty years ago. During her time in Mexico, my daughter was able to communicate with family and friends instantly through Facebook; we saw her pictures and videos on Shutterfly and YouTube; and we felt connected to her in ways we couldn't have if she had gone abroad two decades earlier. Knowing that all of these options were available also made her leaving so much easier for our family.

My daughter being eighteen also reminds me of how much time has passed since I entered the field of social work in 1992, when she was two years old. So much has changed since then, both in society and in the field of psychotherapy. Life moves so much faster. In addition to technological changes, there are many new and alternative therapies available to healing professionals (herbal medicine, acupuncture, yoga, EMDR, hypnosis, Emotionally Focused Couples Therapy, and Imago therapy, to name a few). Those of us over thirty-five have had to adapt, understand, learn and use these techniques and technologies to stay abreast of what our clients experience, and to allow our practices to grow.

Blogging. Texting. Facebook. My Space. IM. Chat rooms. YouTube. E-mail. Cell phone. Blackberry. Iphone. Ipod. While all of these terms have become commonplace in the English language, none of them existed twenty years ago. How has this technology affected therapists and clients? I believe that in many ways, it has empowered us. We are now able to obtain information on the Internet, advertise ourselves in colorful, dynamic ways through websites, use blogs to share opinions and dialogue with colleagues, and communicate with our children through Facebook, cell phones and texting. These new technologies have brought many people closer than ever before. At the same

time, they have changed the ways in which people understand and experience relationships and communication, and set boundaries (or not).

A few months ago, our colleague, Jen Kogan, LICSW, started a Yahoo group for therapist mothers in the DC area. I quickly joined in order to feel connected to other therapists who are mothers, share my current struggles, and empathize and support them. The instant connection and understanding that transpired within the first twenty-four hours was rewarding and inspiring. I did not have this experience when my practice and children were young, because the technology wasn't available. I remember how hard it was to be in private practice then; I felt isolated, and I was struggling with wanting to be an excellent therapist and a "good enough" mother. Our profession requires us to use empathy and compassion in the office—the very same qualities needed at home.

Today, the DC Mothers listserv is an example of how society has used technology to connect and support people as never before.

On the other hand, the Internet has also contributed to an increase in online pornography, online gambling, and video game addictions. It has allowed some people to "hide" behind the screen and not meet face-to-face with others. For some, the depth of communication is very limited (texting in very short "sentences"); it has allowed others to express themselves more freely. These changes are only going to continue, and will create an increased need for us, as psychotherapists, to adapt and develop new ways of working with our clients; for example, using e-mail to communicate with two parents regarding scheduling changes is much simpler than making two phone calls. Using text messaging as a way for a client to connect with a therapist (within agreed upon, clear boundaries) is also helpful, as is having a Facebook or Linked-In account as a way to connect with colleagues.

It is imperative that we, as therapists, understand the world as our clients see it, and ask questions about their relationships, Internet use, and online addictions. I'm reminded of a young client saying that she'd

been in contact with a former boyfriend. I asked right away whether the communication had been on Facebook or face-to-face. She replied that it had taken place through Facebook, which meant a whole different type of communication (no body language, tone of voice) and different implications for the client in understanding what the ex-boyfriend meant by the things he "said." If I hadn't probed about the type of interaction, I might have missed an important opportunity to help her understand the communication and her own feelings. I might have also missed an opportunity to help her develop a new way to approach this situation in the future. Her lifestyle, like most of her generation, is one of communication through the Internet, and if she can better understand its uses and drawbacks now, she will be better prepared as she progresses into adulthood. Online interactions require new skills on the part of the therapist in order to adequately understand, interpret and help our clients.

The changes that young people have experienced in their lifetime in relation to technology and communication have been significant and will continue to challenge them and us, as parents and psychothera-

pists. And yet, the excitement that these possibilities bring can be energizing for us all. If we approach the future of technology without fear, and with an openness of thought as to how we can mobilize our practices for the future, as colleagues, we will be better able to serve our clients by sharing insights, techniques, thoughts and information, while together exploring new ways to enhance our psychotherapy practices. ❖

Marie C. Choppin, LCSW-C is the owner of Counseling for Contentment, LLC (www.counselingforcontentment.com) in Silver Spring, MD where she sees children, adolescents, families, and adults.

OUR ONLINE SOCIETY

Topic: If you have a website, who designed it?

... Niki Van at Van Studios is wonderful to work with – very responsive and good pricing. See her website www.van-studios.com to view her portfolio.

... I used Network Solutions (www.networksolutions.com) and, by and large, am happy with it—the price, etc.

... I do want to recommend someone I just started working with on Google Adwords. Very easy to work with and knowledgeable + a background in psychology and social work. His name is Terrence Bennett and here is a link to his profile on Elance : <http://tapman1000.elance.com>

... Alexander Vasiljev is a professional photographer who does head shots and has worked with many local therapists. His website is: www.capturemode.com.

... I have had a website since July 2007. I paid a design group in Portland, Unifusion, that I found searching the web. I supplied text and photos of me; they did layout, stock photo, and html. I pay for the site hosting with GoDaddy. I advertise on GoogleAdwords; Peter Hannah, yourgoogleguy.com, set up the account for me. I highly recommend all of these services to others!

... Advertised a lot in *Psychotherapy Networker* magazine: www.uncommon-practices.com.

... A few other online sites are www.onlinetherapysites.com and www.therapysites.com. ❖

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GWSCSW BOOK CORNER

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

By Erin Gilbert

Windows into Today's Group Therapy: National Group Psychotherapy Institute of the Washington School of Psychiatry

Eds. George Saiger, Sy Rubinfeld, and Mary Dluhy

The National Group Psychotherapy Institute of the Washington School of Psychiatry has done more than train clinicians for over 40 years. In 2008, a book was published featuring material presented during its training program. Edited by George Saiger, Sy Rubinfeld and GWSCSW member Mary Dluhy, *Windows into Today's Group Therapy: National Group Psychotherapy Institute of the Washington School of Psychiatry* contains writings from an array of accomplished clinicians such as Malcolm Pines, Melyn Leszcz, and GWSCSW members Mary Dluhy and Maryetta Andrews-Sachs.

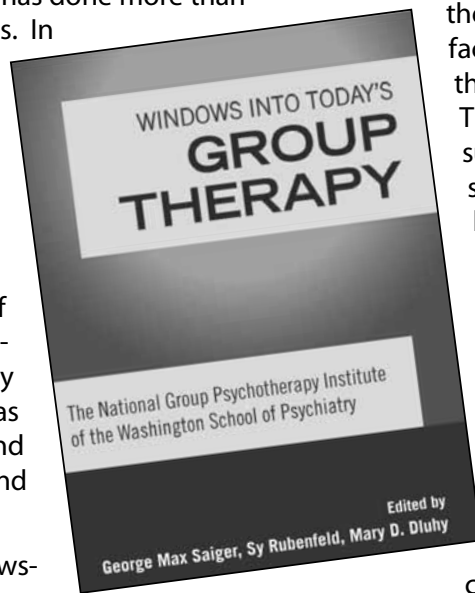
According to Dluhy and Andrews-Sachs, *Windows into Today's Group Therapy* evolved over the course of many years. Its conception could be traced to the early 1990s when the National Group Psychotherapy Institute (NGPI) changed the format of its training program to its current state. The new weekend meetings included presentations by experts about groups as viewed through various theoretical lenses, and also discussion and pro-

cess groups of various sizes designed to allow participants to wrestle with the information.

Dluhy explained that after a number of years had passed, one of the NGPI faculty members declared that information shared during the weekends should be documented. Saiger, Rubinfeld and Dluhy embraced the task. They mailed notices to NGPI faculty and to past presenters, alerting them of their intention to publish a book. They requested that these individuals submit papers to be evaluated for inclusion. Dluhy stated that the process was lengthy, but eventually the editorial trio had material and were able to procure a publisher. As the book was taking shape, the editors met for meals at Clyde's each month, and Dluhy observed that they created their own unique group experience as they discussed their upcoming book about groups.

Dluhy described the selection process as arduous, and noted that the editors received many more papers than they could fit in the book. After some negotiation, *Windows into Today's Group Therapy* contains select material culled from many weekend institutes held between 1992 and 2000. Andrews-Sachs confirmed that all chapters are related to group therapy, and that each chapter views the group experience through a specific theoretical perspective, including systems-centered, object relations, interpersonal, existential, psychoanalytic and self-psychology.

The editors are pursuing other goals, but Dluhy added that they remain NGPI faculty and the weekend institutes continue to this day. With Andrews-Sachs now the Chair of NGPI, perhaps another book representing knowledge from 2000 onwards can be expected in the future.



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A purchase from Amazon.com made through the GWSCSW web site results in a contribution to your Society!

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GWSCSW member Erin Gilbert is a social worker in private practice. You can contact her at erin@egtherapy.com.



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Beatrice Beebe, PhD

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in subject line to: **gwscsw@gmail.com**

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made payable to GWSCSW (write BB [date of workshop] on memo line) and mail to:
GWSCSW, PO Box 3235, Oakton VA 22124

Deepening the Connection Between Couples

Presenter: Gail Guttman, MSW, LCSW-C

Friday, April 17, 2009

Noon – 1:30 PM

Davis Library

6300 Democracy Blvd, Bethesda, Maryland

Most couples show up in our offices because they used to feel connected and there has now been a rupture in their connection. However, for many, their secret desire is to restore and deepen the connection. This workshop will focus is on a relational paradigm, i.e., strengthening the bond between couples; teaching couples to become aware of their power to impact the relationship for the better; and using the relationship as a forum for healing and growth. (1.5 CEUs)

An Introduction to Emotionally-Focused Couples Therapy

Presenter: Beth Levine, MSW, LCSW-C

Tuesday, March 31, 2009

Noon – 1:30 PM

VCU School of Social Work

6295 Edsall Road, Alexandria, Virginia

Come hear an exciting presentation on Emotionally Focused Couple Therapy (EFT), a wonderfully effective way of working with couples. We will briefly discuss its three components: Attachment Theory, Systems Theory and Rogerian techniques and watch a segment of Sue Johnson, the founder of EFT, working with a couple. (1.5 CEUs)

Dear Colleague,

Do you maintain a professional affiliation? Is your affiliation with your state clinical society, AAMFT, or some other organization? Who speaks for you on national legislation, helps with practice issues that affect your clinical work, and keeps you current on relevant clinical trends? The Clinical Social Work Association would like to help. In the last year:



- CSWA's newsletter, *Access*, published legislative and policy articles on HIPAA after five years, mental health parity, the Social Work Revitalization Act, and Medicare
- *Access* also published excellent clinical articles including personal crisis in the therapist's life, treating domestic violence, professional wills, and attachment
- CSWA provided an 800 Hotline through which members could access legal and practice consultation
- CSWA created Job Board on our website, listing clinical social work jobs all over the country, as well as posting resumes for employers
- CSWA provided the *Clinical Social Work Journal* to members at a reduced rate
- CSWA had an active role in passing the Medicare Improvements for Patients and Providers Act of 2008 which included a 5% increase in reimbursement rates for LCSWs, phased-in Medicare mental health parity co-pays, and prevented 10% cut in reimbursement and in passing Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, guaranteeing a form of Federal mental health parity

The Clinical Social Work Association, a national membership organization, helps you stay informed on issues critical to your practice. We want our members to be passionate and involved with their profession.

Please join CSWA – be informed, be aware, be involved!

Building on 30 years as the Voice of Clinical Social Work

For an online application, go to

<http://www.clinicalsocialworkassociation.org/content/membership-dues>

Lisa Maestri Snipper, LCSW-C, LCSW

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New Egroup

Clinicians Interested in Systemic Approaches to Treatment

A new Egroup is forming for those interested in systemic approaches to treatment. We have been in existence just two months and already have 36 members! This is a great resource for ideas, support, and referrals. The following is the group description:

This group is for therapists of any discipline (i.e., social work, marriage and family therapy, psychiatry, psychology, etc.) who approach their practice systemically and who practice in the Greater Washington DC area. We welcome those who utilize any systemic theoretical orientation (i.e., Bowenian, narrative, structural, strategic, etc.), as well as those whose focus includes any population (such as children, the elderly, or Latinos), and whose practice includes any problem areas (i.e., divorce, eating disorders, etc.) This group is intended as a support for therapists who view their clients through the lens of social context, and who wish to develop themselves as clinicians, professionals, and human beings.

To join, please go to: <http://health.groups.yahoo.com/group/Familytherapistdc/>

Or you may send an email to the moderator, Jonah Green, at jgreen1769@aol.com

Welcome New Members!

Full Members

Susan D. Berlin
Michael Giordano
Lee Gravatte
Lisa Himmelfarb
Elizabeth C. Mohler
Christine Naul
Ellen Pizer
Carrie Potoff
Sheila Ramsey
Lisa Snipper

Graduate Members

Julyette E. Clifton
Terrance Flynn
Mary Hewes

Affiliate Member

David Wyner

Student Members

Kelly A. Haines
Anne Selee
Randolph Smith

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**

GWSCSW 2009 CONTINUING EDUCATION COURSES

■ The Role of Social Workers in Stroke Recovery

This course is for anyone working or aspiring to work with clients affected by Stroke: Stroke Survivors, Caregivers and Family. The central theme of this course is the role of Social Workers in Stroke Recovery with an emphasis on psychotherapy and counseling focused on rebuilding a life despite lasting impairments. Case material and video clips will be presented.

The course will include an overview of stroke, the many different ways stroke affects the brain and implications for stroke recovery. We will also look at the roles of Occupational and Physical Therapy and Speech and Language pathology in stroke recovery. Come and learn how you can help this underserved population.

Instructors: Flora Ingenhouz & Melinda Salzman

Location: 11500 Nairn Farmhouse Ct., Wheaton, MD

Info: 301-649-5525

Date: March 6, 2009

Time: 9:45 am – 1:00 pm

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

CEUs: 3 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, and autonomic nervous system 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.

Instructor: Mary Lee Esty, PhD

Location: 7920 Norfolk Avenue #200, Bethesda MD

Info: 301-652-7175

Date: March 8, 2009

Time: 9:00 am – 1:00 pm

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

CEUs: 4 Hours

GWSCSW COURSES REGISTRATION FORM

Name _____

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E-Mail _____

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_____	_____	\$ _____	\$ _____

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■ 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 Ave. NW #203, Washington, DC

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: The Brain and the Inner World

We will discuss *The Brain and the Inner World: An Introduction to the Neuroscience of Subjective Experience* by Mark Solms and Oliver Turnbull. 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

Info: 703-734-1103

Date: May 22, 2009

Time: 1:00 pm – 3:00 pm

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

CEUs: 2 Hours

Class sizes are limited! Please register early so you won't be disappointed.

We are accepting course proposals NOW for 2009-10 Continuing Education courses. Contact Ted Billings at ted.billings@gmail.com

■ 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.

Instructor: Carolyn Gruber, PhD, LICSW

Location: 6129 31st Street NW, Washington DC 20015

Info: 202-686-2139

Date: May 13, 2009

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.

Instructor: Carolyn Gruber, PhD, LICSW

Location: 6129 31st Street NW, Washington DC 20015

Info: 202-686-2139

Date: May 27, 2009

Time: 12:00 noon – 3:00 pm

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

CEUs: 3 hours

CEUs For Your Study Group

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.

For information, contact Ted Billings, Continuing Education Chair, 202-232-2001

COMMITTEE REPORTS

Continuing Education

Ted Billings, Chairperson
ted.billings@gmail.com

We've had an excellent start to our continuing education program this year. There has been great turnout and some of our classes have been filled to capacity! Carolyn Gruber continues to teach ethics and Tamara Kaiser came to town to once again teach the supervision course. Eileen Stanzione is teaching once again for us. We have had four members present for us for the first time: Britt Rathbone, Beth Levine, Mary Lee Esty, and Flora Ingenhouz. Returning faculty include Jonah Green, Connie Ridgeway, Melinda Salzman and Diane Rainey. Thanks to all of them for all the hours they put into preparing and presenting this year.

The Continuing Education committee will soon begin work to prepare the program for next year. Please contact me if you are interested in teaching or have suggestions for course topics.

Ethics

Judy Gallant, Chairperson
jg708@columbia.edu

It's probably too late to think about New Year's resolutions, so this is something you might put on your to-do list, if you have not already made arrangements. According to the Clinical Social Work Association's Code of Ethics, we have the responsibility to "give careful consideration to all factors involved in termination," [Section II, paragraph 2 (a)] which suggests having

a plan in place to ensure continuity in treatment for ongoing clients when termination is unplanned (such as in the case of an accident or sudden illness or the untimely death of the therapist). We are not referring to temporary interruptions in services, but situations in which services can no longer be offered.

A few of the salient issues include the following:

- Who will inform clients about the therapist's inability to continue treatment?
- What are clients' options for finding a new therapist?
- How will their records be handled?
- Should clients have some say in whether someone contacts them and should that person have access to records?
- Will a designated clinician or other representative have access to records; which ones?
- Who will manage billings, both from insurance companies and current clients?
- How will the proceeds be handled?

We are hoping members who have put plans in place that take untimely termination into account will share their ideas with the rest of the membership. We also suggest that clinicians consult with their attorneys before finalizing a plan. Look for a workshop by our own Melinda Salzman on this topic sometime next year.

Legislative & Advocacy

Margot Aronson
malevin@erols.com

Special thanks to GWSCSW President Susan Post for making a wintry trip to Baltimore to speak at the Maryland Board of Social Work Examiners (BSWE) January meeting.

On finding out about and then reviewing the BSWE draft proposal for changes in Maryland's CEU regulations, our committee alerted the Maryland Society, and together we petitioned the BSWE for discussion time. The BSWE agreed to carve out time for Susan and her Maryland Society counterpart Martha Miller to share our concerns; we were then also able to involve NASW-MD executive director Daphne McClellan. We will let you know, via our listserv, when the finished proposal becomes available for public comment in March.

Although some of us participate in various meetings, hearings, and conference calls, there are other ways to be a valued member of the Legislation & Advocacy committee. Committee work doesn't have to eat up all your spare time, and we need you!

One way is to focus on a single issue for us. A good example is of this is Fran Lewandowski. Fran keeps an eye on issues confronting school social workers in Virginia. Because she follows this issue, we are able to throw the support of our 650-member Society behind the efforts of the VA Association of

Visiting Teachers and School Social Workers to prevent layoffs.

Another example is Lisa Wilson, who has a special interest in children's access to mental health treatments, can't get to daytime meetings or conference calls. But Mary Lee Stein, who has been our representative on CareFirst and other health insurance issues in DC, keeps Lisa up to date so that Lisa can be an active participant when we have our dinner meeting with Councilwoman Mary Cheh this winter.

The committee needs you, and your commitment can be manageable! Please call me to get involved at 202/966-7749.

Membership

Melinda Salzman, Chairperson
salzmanmsw@starpower.net

Spring came early for the Membership Committee as we met in January to plan the Society's annual Membership Tea, to be held at the home of Flora Ingenhousz on March 8. We approached the planning energized and inspired by the turnout at the Fall Gathering for new members, held at the home of Mary Lee Stein, in October.

The Committee is looking for new members! In addition to planning the Spring and Fall events, the Membership Committee is active in connecting with and recruiting students graduating from local schools of social work, welcoming new members, finding creative ways to showcase the benefits of Society membership and encouraging members to meet and network at Society events. The strength of the Society is its membership, and belonging to Mem-

bership Committee supports and nurtures that strength.

You might want to get more involved in the Society but feel you cannot commit to ongoing committee work. In that case, we have smaller projects and would welcome you to join us on a short-term basis, as well.

If you'd like to get a feel for the Committee's work, consider joining us in our efforts to recruit students graduating from area social work schools. This year we are launching a pilot effort which will send teams to connect with clinical faculty at Catholic, Howard and Virginia Commonwealth University, to ask their help in encouraging students to join the Society. In appreciation of their efforts, clinical faculty will receive GWSCW tote bags. If you'd like to help, please contact Melinda Salzman at (301) 585-7352 or *salzmanmsw@starpower.net*

Mentor

Sheila K. Rowny, Chairperson
sheila@rowny.com

In December, the Mentor Committee launched a support group for members who are beginning a private practice. This group has met twice at the Falls Church home of Susan Marks, who is the organizer and group leader. So far, meetings are scheduled once per month and discussions have been wide-ranging. Discussion topics have included paperwork, office space, ethics, referrals, marketing, and finances. Future plans include guest speakers who will talk about their own experiences in private practice and answer questions. Anyone interested in participating

can contact Susan Marks at 703-533-9337 or *surobbin@comcast.net*. The group is open to newcomers at any point and the location of meetings will vary. "Senior" members who would like to share your wisdom as a guest speaker, or offer a meeting space, can also contact Susan.

We are always in need of experienced GWSCSW members who would like to volunteer a few hours as individual Mentors to newer social workers who may be grappling with issues around career change, professional identity, licensure preparation, beginning a private practice, or other concerns. Mentoring is not therapy or supervision. The time commitment is determined by the Mentor, depending on the Mentee's needs and your own availability. Please consider offering a bit of your hard-earned expertise to those who are just starting out, who may have relocated to DC area, or who are changing careers.

Anyone who would like to be assigned to a Mentor is welcome to request one. The Mentor page on the GWSCSW website has applications for both Mentor and Mentee. These can be downloaded and sent to Sheila Rowny, who will match people by geographic location as well as interests and experience. Note that Mentoring resources are benefits available only to members of GWSCSW. We have received requests for group or individual Mentoring from some non-members, who are encouraged to join GWSCSW in order to participate in this as well as other programs. Please contact Sheila at 301-365-5823 if you have any questions, or other interest in the Mentor Committee.

continued on page 30

Newsletter

Jen Kogan, Co-Editor
Maya Godofsky, Co-Editor

We are pleased to welcome Molly McKenna to the Newsletter Committee. She will be coordinating classified and display advertising. Molly is on staff at the Clinical Center's social work department at the National Institutes of Health. Welcome aboard, Molly!

Many thanks to contributing writers, Marie Choppin and Jonah Green. Their articles were fascinating additions to the issue. We are always on the lookout for articles based on practice areas or other areas of interest. Please don't hesitate to float an idea our way via email (jenko108@gmail.com) or phone (202-215-2790).

GWSCSW Programs

*Joel Kanter, Chairperson and
VP for Education*
joel.kanter@gmail.com

The Program Committee continues to plan an assortment of educational and social activities for the GWSCSW. The Brown Bag Lunch Series continues in both Maryland and Virginia, coordinated by Adele Redisch and Barbara Tahler in Maryland and by Tish Reilly in Virginia. The last two workshops are:

An Introduction to Emotionally-Focused Couples Therapy presented by Beth Levine, MSW, LCSW-C on Tuesday, March 31 at the VCU School of Social Work in Alexandria

Deepening the Connection Between Couples presented by Gail Guttman, MSW, LCSW-C on Friday, April 17 at the Davis Library in Bethesda.

Both workshops run from 12 NOON to 1:30 PM.

Cost is free for members and CEUs are available for all participants.

On Friday evening, March 27, we are delighted to present a stimulating dinner meeting (at Alfio's in Chevy Chase) with Laurie Leitch, MSW, PhD, on the topic of Treating Trauma in the Developing World: A Personal Account." Dr. Leitch, a clinical social worker who practiced in the DC area for many years and now lives in New Mexico, has been doing trauma work in post-war Rwanda and in post-disaster Thailand and China. She recently wrote about these experiences in the January 2009 issue of the Psychotherapy Networker. For anyone interested in work with victims of extreme trauma and in cross-cultural clinical social work, her talk should be an eye-opener.

On Sunday, May 3, the GWSCSW will be hosting another theatre party, this time to see the matinee performance of Tom Stoppard's acclaimed play "Rock 'n Roll" at the Studio Theatre on 14th Street in DC. Taking place in Cambridge, England and in Prague, the play contrasts the attitudes of a young Czech Ph.D student and rock music fan who becomes appalled by the repressive regime in his home country with those of his British Marxist professor who unrepentantly continues to believe in the Soviet ideal. Following the play, all interested can discuss the play at a post-theatre supper at a nearby restaurant. Friends and partners are welcome to join us for this event.

Finally, the Program Committee is looking for a couple of new members from Northern Virginia. We

lost our one member from NoVa and a local representative is very important for programming in NoVa. Our meetings are held on Wednesdays (6-8 times/year) for lunch at a restaurant right off the Beltway in Silver Spring (just 15-20 minutes from Tysons or McLean). Email me at joel.kanter@gmail.com if interested.

Referral Panel

Beth Altman
blaltman@juno.com

By the time you get this newsletter, the 2009 Referral Panel listings should be up and running. We have worked to increase visibility on the web, and it is our hope that this will result in an increase in referrals for participating members of GWSCSW.

The committee would like to thank Flora Ingenhouz who is marketing the referral panel to several hospitals in the area. Joyce Smith and Wendy Zack have also introduced us to hospital personnel who are responsible for assisting patients with referrals. Their efforts are appreciated. If others are interested in joining the committee or talking to people at agencies about the referral panel, please contact Beth Altman at 202-775-0041. ❖



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.

Classified Ads: 75¢ per word Minimum price \$15 (20 words)	Display Ads: 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

DUPONT – Office in 2-office suite. 9'x15' with north facing window, fireplace, waiting room, restroom, and workroom. Short walk to metro. Call Rob at 202-330-5390 or email rob.williams.msw@gmail.com.

FAIRFAX – Fulltime and part-time office space at Counseling Center of Fairfax, community of independent mental health professionals. Includes phone, fax, utilities, cleaning, computer access, wifi, and great camaraderie. Contact: Carol Hawker 703-385-7575 x20.

FALLS CHURCH – Part-time, may extend to full-time. Great location near Tyson's Corner and Metro. Windowed office in suite with multidisciplinary clinicians. Free parking. Available March 1. Contact Sherry Sutherland, LCSW at 703-533-8007.

NOVA/TYSON'S AREA – Large, windowed office overlooking treed courtyard. Especially designed for psychotherapy practice. Perfect NOVA location on Rt. 7 between 495 and 66. Plenty of free parking. Reasonable, all inclusive rent. 703-790-0786.

MCLEAN – Lovely office space available to be rented by the hour. 703-734-9287.

TYSON'S CORNER/VIENNA – Spacious, attractive window office to sublet in suite with five other mental health professionals. Newly remodeled waiting room with two bathrooms. Call Kelley 703-434-0825.

WASHINGTON CIRCLE – Spacious downtown office available at 3 Washington Circle (Medical Building). Share suite with five other mental health professionals (MD, PhD, MSW). Full or part time. 202-833-1682.

GROUPS

ADOLESCENT THERAPY & DBT GROUPS – Bethesda and Rockville. Rathbone & Associates, Adolescent Experts. 301-230-9490. 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.

TRAINING

ETHICS SEMINAR – Using the Voice Dialogue Process to make good ethical decisions. Experiential. May 8, June 13 (10 to 5:00). Presenter: Ann Dobbertin. Hyattsville, MD. \$185. 6 CEU's. 301-422-0101. www.anndobbertin.com.

FIFTH ANNUAL PAUL GRAY VISITING SCHOLAR PROGRAM – April 18, 5:00-6:30 p.m. at the Center, "Technique and Freedom in Psychoanalysis" Jonathan Lear, Ph.D., author and Professor of Philosophy at the University of Chicago, presenter. The Baltimore Washington Center for Psychoanalysis (ten minutes from the Capital Beltway) 14900 Sweitzer Lane, Suite 102, Laurel, MD 20707. For more information www.bwanalysis.org or 301-470-3635.

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.

■ 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

UPCOMING GWSCSW EVENTS

**March 6 Continuing Education:
The Role of Social Workers in Stroke Recovery***

Presenter: Flora Ingenhousz & Melinda Salzman
Time: 9:45 AM – 1:00 PM
Location: Wheaton, Maryland

**March 8 Continuing Education:
An Overview of Neurofeedback for Clinical Social
Workers***

Presenter: Mary Lee Esty, PhD
Time: 9:00 AM – 1:00 PM
Location: Bethesda, Maryland

March 8 GWSCSW New Member Tea

Time: 2:00 PM – 4:00 PM
Where: Silver Spring, Maryland
RSVP: Sue Stevens (301) 984-3720 or snevetss@comcast.net

**March 27 GWSCSW Dinner Meeting
Treating Trauma in the Developing World:
A Personal Account**

Speaker: Laurie Leitch, MSW, Ph.D
Time: 6:30 PM – 9:00 PM
Details: Alfio's Restaurant, Chevy Chase Maryland
Info: Page 19

**March 31 Brown Bag Lunch Meeting:
An Introduction to Emotionally-Focused
Couples Therapy**

Presenter: Beth Levine, MSW, LCSW-C
Time: Noon – 1:30 PM
Location: VCU School of Social Work, Alexandria VA
No Charge for members; \$20 for non-members
Info: Page 23

**April 1 Continuing Education:
Freeing Your Inner Voice: Self-Care for the Therapist***

Presenter: Connie Ridgeway, MSW
Time: 9:30 AM – 12:30 PM
Location: Washington, DC

**April 19 Brown Bag Lunch Meeting:
Deepening the Connection Between Couples**

Presenter: Gail Guttman, MSW, LCSW-C
Time: Noon – 1:30 PM
Location: Davis Library, 6400 Democracy Blvd. Bethesda
No Charge for members; \$20 for non-members.

May 3 Theatre Party at the Studio Theatre

Tom Stoppard's "Rock 'n' Roll" followed by a light dinner.
Save the date! More details to follow.

**May 13 Continuing Education:
Ethics: Boundary Violations***

Presenter: Carolyn Gruber, PhD, LICSW
Time: 12:00 – 3:00 PM
Location: Washington DC

**May 27 Continuing Education:
Ethics: Termination***

Presenter: Carolyn Gruber, PhD, LICSW
Time: 12:00 – 3:00 PM
Location: Washington DC

**May 22 Continuing Education:
Book: The Brain and the Inner World***

Presenter: Diane Rainey, PhD
Time: 1:00 – 3:00 PM
Location: Falls Church, VA