Greater Washington Society for Clinical Social Work

Education ♦ Advocacy ♦ Community

September 2009

news&views

GWSCSW Dinner Meeting

Friday, September 25

Location TBD

6:30 PM … Cash Bar
7:00 PM … Dinner
8:00 PM … Speaker

Carol Tosone, MSW

Clinical Issues in Treatment of Professional Women

Watch for more information and registration on the listserv!

www.gwscsw.org
or call GWSCSW at 202-537-0007

Are We Not Social Workers?

Britt Rathbone

There's a cloud hanging over social work. The way we are perceived by the public and the way we perceive ourselves impact our professional identity. Social workers are often viewed as government officials who manage food stamps or other entitlement programs or overworked bureaucrats who take children away from their parents. Or the average person may just be confused by what it is we do. No wonder many of us refer to ourselves as psychotherapists rather than clinical social workers.

In graduate school the message was "be proud of your identity as a social worker." We were told about the significant contribution social workers make to outpatient mental health care in this country. We were instructed not to feel inferior to psychologists and psychiatrists and to advocate for our unique ability to integrate biological, psychological, and environmental variables when providing treatment. We have a unique perspective and a strong emphasis on clinical training in graduate school. We are social workers.

Now I agree that the name "social worker" is not particularly descriptive. The profession has changed significantly since the first social work school was established in 1898. The New York School for Philanthropy, later the Columbia University School of Social Work, initially trained volunteers and "friendly visitors" to serve the poor. What a long way we have come. Now we are an indisputable profession and provide valuable and skilled services to all socioeconomic levels, including the poorest of the poor and the richest of the rich. The profession is no longer a volunteer activity and is not dominated by the wealthy spouses of industry leaders. It is populated by educated and skilled men and women who hope to earn respectable incomes to support themselves and their families. Social workers are bright and competent professionals.

And what a job! Social work is a profession that allows for careers in administration, community organization, clinical work, supervision, teaching, and advocacy. Clinical social workers have the opportunity to work in a variety of settings depending on their tolerance for risk and predictability (agencies, government, schools, hospitals, clinics, private practice, etc.).

Clinical social workers provide a large share of outpatient mental health care in this country and the field is growing, with the need for social workers expected to increase by 22% over the next 8 years, far surpassing the average for all occupations (Bureau of Labor Statistics, Occupational Outlook Handbook, 2008-2009 Edition).

Yet we have an identity problem. Many of us shy away from the term "social worker" and distance ourselves publicly from the social work profession. Too

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Greater Washington Society for Clinical Social Work, Inc.
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News & Views is published four times a year: March, June, September and December. The deadline to submit articles and advertising is the 20th two months prior to publication.

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

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

For advertising rates see page 35
Email ads to gwscsw@gmail.com

The next issue will be published December 2009 and the deadline is October 20.

Email articles to koganblackwell@verizon.net

President's Message

Susan Post

I remember sitting at my computer writing this column in late July a year ago, thinking ahead to autumn—a time of new beginnings, new routines, holidays, and cooler weather. Last summer we missed our usual August vacation because our second grandchild was born, and we went to San Francisco to help for three weeks just as we had after the first one's August birth. This summer we may miss vacation again, as I'm coping with my mother's recent diagnosis of metastatic ovarian cancer and the start of chemotherapy. (Definitely the sandwich generation.) Still, I look with awe at the photos of her recent 90th birthday party here, attended by her three children, five of her six grandchildren, and all five of her great grand children. She has lived a valuable and valued life as a nurse, doctor's wife, mother and grandmother. Among her offspring and their offspring and spouses are a social worker, two psychologists, a research psychiatrist, five teacher/educators, a special needs community organizer, a documentary producer, and a White House reporter. I remember her dedication when I was a child as president of various civic organizations; later, she was the nurse for a city-wide day care program, retiring at the age of 75. Clearly, her family learned the value of service to others and to community.

Pardon the digression into family history—I guess I'm thinking about the values of social workers and people in other helping professions, and about how these values are often embedded in where we come from. And thinking also about community. We in the GWSCSW form a special community of diverse individuals with certain common goals and values, and I've been very aware of these lately. I've been struck by the strong response among our members in protesting the recent effort to dilute continuing education requirements in Maryland. Many of you took the time to write letters to the BSWE and share your thoughts on the listserv, showing a strong commitment to the profession and to the quality of care we offer clients. I think we had a record number of members voting in the spring election, and we are fortunate to have two outstanding new officers: Eileen Stanzione will serve as vice president for education and Mary Lee Stein is our new secretary. Both bring great skill, sensitivity and enthusiasm to their roles. I was struck, too, by the huge turnout at the society's annual dinner in June, where it was clear that members value our own community and the connections we make with each other.

At a more personal level, members of the executive committee are making a special effort to ease some of my responsibilities within the Society, and their support allows me to focus on what needs to be my top priority at the moment. I know I'm not alone in facing difficulties and crises, medical or otherwise—we all do from time to time. What is striking is how readily our fellow social workers come to our aid with understanding, help, and friendship.

So we embark on what should be another great year for GWSCSW. Our membership is now over 600 strong, our finances are healthy (no Madoff investments), our programs are growing, and we are playing a major role on several advocacy fronts. I am so grateful for the privilege of working with such an extraordinary group. ❖

It's Time to Renew
Your GWSCSW Membership!

GWSCSW Membership Renewal forms will be mailed the first of September

On this year's form you can:

- Renew your GWSCSW membership
- Subscribe to the Prepaid Legal Plan
- Make any changes to your membership directory entry
- Join the popular GWSCSW Listserv
- Join a GWSCSW committee

You can pay by check or credit card.

Renewals are due by October 1, 2009. The information you provide is needed in order for us to publish the new membership directory, so please send in your renewal form promptly. We'd like to send out the directory in December. That means we will need your information by the end of October. If you are late renewing, you will miss out on appearing in the directory.

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

Renew by October 1, 2009

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

If you have any questions about your membership renewal, please call the office at

202-537-0007

2010 Referral Panel

Both renewals and first-time applications will be handled later this fall. Watch for more information in the December News & Views

Prepaid Legal Plan

Our new Prepaid Legal Plan has been put in place, and subscription will begin with membership renewals, on October 1.

The plan will be in effect from October 1, 2009 to September 30, 2010.

Subscription to the 2010 Prepaid Legal Plan closes October 31, 2009. Be sure to renew your no later than October 31 to be eligible to subscribe to the PPLP. There are no prorations.

The cost for subscribing will be $125 for the year (October 1 to September 30). This will cover two hours of legal services. Any further consultation will be at the attorney's usual fee, and will be negotiated between the subscriber and the attorney.

GWSCSW PPLP

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***Are We Not Social Workers**, continued from page 1*

many of us use terms and phrases like, therapist, psychotherapist, and, "I work in mental health." The solution to this identity problem is to proudly and confidently announce that we are social workers. Then help others understand what we really do—educate when necessary, so that the public begins to understand. Let's be proud of who we are and what we have to offer. "I'm a clinical social worker!" And leave it at that. No qualifier, no spontaneous further explanation. If asked for more explanation, respond. But let's allow professional success and expertise to speak for itself.

When we are interviewed by the media, insist that we are called a clinical social worker, not a psychotherapist. Anyone can call themselves a psychotherapist—it is not a term that is regulated. Not everyone can call themselves a clinical social worker. And we have the numbers behind us. We are the single largest provider of mental health care in this country. So why do we, the largest provider group, still feel wary of our profession and secondary to many other mental health care providers?

Let's be proud of our degrees and the work we do, the services we provide and the many facets of our profession. We don't need to be doctors to get credibility. What other profession focuses so heavily on direct clinical experience and ongoing supervision? So why do we accept lower reimbursement rates from insurance companies? Why do we allow ourselves to be undervalued in the marketplace? Are we buying into a paradigm the insurance companies invented – that we have less value? Or are we really the ones who invented the paradigm? Are we allowing the insurance companies to exploit our identity problem?

Do psychologists say they are psychotherapists when asked what they do? Do other professions over explain? Do attorneys say "I'm a lawyer . . . I litigate"? Would psychiatrists with less therapy experience accept a lower reimbursement rate than social workers? Probably not. They are secure in the identity of their professions. So let's act as though we are secure in our identity. The public will get on board when we get on board. Respect will come with self-respect.

We are social workers. We are proud! ❖

Britt Rathbone, LCSW-C is the director of Rathbone & Associates, specializing in adolescent mental health. In addition to his clinical social work practice he teaches advanced level social work students at the National Catholic School of Social Service at Catholic University.

Getting Teens to Treatment

Jonah Green

Many of us who work with adolescents know that teenagers are often reluctant to attend therapy. The reasons are myriad. Some young people feel threatened by the prospect of sharing their feelings or changing their behavior; others feel embarrassed or put down by the suggestion that they need help. A lot of skillful clinicians, such as Ron Taffel and Janet Sasson Edgette, have excellent advice on how to engage with and make progress with reluctant teens once they come to therapy. But how do we help them get to our offices in the first place? Consulting with parents can help teens in certain instances, but sometimes there is no good substitute for a teen actually attending therapy.

In the vast majority of instances, it is parents who first contact us about getting therapy for their teen. We can help teens get the assistance they need by offering guidelines to parents so that they can persuade their teenager to give treatment a try:

- Advise parents to inquire about their teen's specific concerns about attending treatment. Inform them that teens are usually much more amenable to accepting parental guidance when they feel understood.
- Tell parents to use non-threatening language in describing therapy to their kids. Many teens experience terms like "mental," "treatment" and even "therapy" as pejorative and blaming. Words such as "counseling" and "guidance" usually feel more palatable to them.
- Counsel parents to avoid framing therapy as a way of "fixing" their teen. Tell them to describe it as a method people use to improve their lives, and advise them to assure teens that they will work with them to find counseling that will help their own personal goals.
- Make sure parents assure their child that counseling is meant to improve their lives, and that if they are not making progress in therapy, they will look with them for alternatives to counseling to address any remaining issues.
- Instruct parents to inform teens that, while they hope that counseling can offer a safe space for them to express themselves, therapy is not a place where they will be "forced to talk."
- Advise parents to consider the full range of therapeutic modalities to help their teen. Adolescents that are wary of being labeled as "the problem" might be more accessible to a family therapy approach that views issues in terms of family structure and communication. Teens who are particularly concerned about confidentiality and/or threatened by the prospect of communicating with their family might feel more comfortable with an individual therapist. Other teens may feel more comfortable in group therapy.
- Recommend to parents that they involve their teen in the search for a counselor. Advise them to tell their child that it is important that he or she feel comfortable with whoever works with them.

These steps that parents take not only help teens get into the therapy office; they also make effective treatment much more likely. When teens feel that they have been part of the decision to enter therapy, and view treatment as an effective way of addressing their needs, they are often open to using it to address serious matters of concern, and are usually much better positioned to benefit from the work. ❖

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

SIGN UP FOR THE GWSCSW LISTSERV

EMAIL YOUR REQUEST TO:

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OUT & ABOUT

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.

Margot Aronson was among the presenters at a June 2 Congressional briefing on health care reform sponsored by a coalition of seventeen national health care organizations brought together by the National Academies of Practice. Ms. Aronson, representing the Clinical Social Work Association, spoke on the importance of interdisciplinary delivery systems, accountability, and the public insurance option.

Livia Bardin's article, "Recognizing and working with an underserved culture: Child protection and cults," was published in the *Journal of Public Child Welfare,* Volume 3, No.2 (April-June, 2009). The article explores the vulnerability of children growing up in isolated authoritarian groups, often called "cults," and the extraordinary difficulty of protecting children maltreated in such groups.

Katrina Boverman received her second Master's degree recently. She earned a Master's of Arts in Applied Healing Arts from Tai Sophia School of the Healing Arts in Laurel, Maryland. Her Project of Excellence was *Designing a Wellness Program for Seniors* which included creating six lesson plans that incorporated holistic (body, mind, spirit) concepts.

Patricia Gibberman led a two-day Gottman Art and Science of Love Couples Weekend Workshop in Laurel, Md. on August 1 and 2. Patricia is a Certified Gottman Method Couples Therapist who has also completed an Externship in Emotionally Focused Couples Therapy.

Marilyn Lammert, her husband, son, and daughter presented a workshop in Denver last month called *Differences and Differentness: Individual and Family Identity.* The workshop was offered as part of the Korean American Adoption Network. Marilyn also recently led a 3-hour Relational Gestalt Therapy workshop.

Beth Levine, EFT Supervisor-in-Training, joined Rebecca Jorgensen, Certified Emotionally Focused Therapy (EFT) Trainer and Supervisor, in New Zealand to assist with the 4-Day EFT Externship in July. Beth had the honor of being the therapist for one of the live sessions.

Barbara Shaffer will be leading a new program this fall at the Wellness Community-Greater Washington, DC on Monday evenings: October 26, November 2, 9, and 16 entitled *Frankly Speaking: When Someone You Care About Has Breast Cancer.* This four session education program will focus on training women with breast cancer and their designated caregiver the COPE model to improve communication and problem-solving skills.

Rob Scuka presented a workshop in June on *Infidelity and Affairs: Helping Couples Heal their Broken Hearts* for both the University of Maryland and Rutgers University Schools of Social Work. Rob is also now a Clinical Supervisor registered with the State of Maryland. ❖

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

We Always Knew We Were Among the Best

Our hats are off to members of our Society who were listed in the July issue of *Washingtonian's* "Best of Issue." Following a general interest story describing some mental illnesses and the process of getting treatment, the magazine listed professionals with various specialties who were recommended by other mental health professionals.

According to the article, some 800 psychiatrists, psychologists, clinical social workers, therapists and counselors responded to Washingtonian's survey, naming the one or two specialists to whom they would send a family member for care. As the introduction explains, these professionals "are not necessarily the area's 'best,' and they certainly aren't the only good ones. Because a survey like this can never be exhaustive or perfect, many excellent practitioners are not on the list." While all the therapists listed can feel honored, we as a Society feel proud of all of our members and the quality of their expertise.

Congratulations to the following clinicians:

- **Terri R. Adams** – Postpartum Depression
- **Carolyn Angelo** – Attention Deficit Hyperactivity Disorder
- **Deborah Blessing** – Eating Disorders
- **Emily M. Brown** – Separation and Divorce
- **Larry Cohen** – Obsessive-Compulsive Disorder, Cognitive Behaviorial Therapy
- **Mary Dluhy** – Group Therapy
- **Eileen Dombo** – Domestic Violence and Abuse
- **Jon Frederickson** – Initial Consultation/Evaluation, Major Depression
- **Karen Freed** – Separation and Divorce
- **Linda Perlman** – Gordon Separation and Divorce
- **Cathleen Gray** – Marriage and Family Counseling, Separation and Divorce
- **Jonah Green** – Autism
- **Gail Guttman** – Marriage and Family Counseling, Sexual Issues
- **Phyllis Kramer Hirschkop** – Sexual Issues
- **Paulette Hurwitz** – Marriage and Family Counseling
- **Joel Kanter** – Schizophrenia
- **Linda Levine** – Sexual Issues
- **Beatrice Liebenberg** – Group Therapy
- **Hani Miletski** – Sexual Issues
- **Elisa E. Nebolsine** – Obsessive-Compulsive Disorder, Troubled Child, Troubled Adolescent, Generalized Anxiety Disorders
- **Gwen Enfield Pearl** – Sexual Issues
- **Britt Rathbone** – Group Therapy, Generalized Anxiety Disorders
- **Grace C. Riddell** – Geriatric Depression
- **Melinda Salzman** – Grief Counseling
- **Barbara Shapard** – Marriage and Family Counseling
- **Adina Shapiro** – Eating Disorders
- **Jennifer Weaver** – Troubled Child
- **Daniel Wilson** – Grief Counseling

ADVOCACY & LEGISLATION

■ FEDERAL

Laura Groshong

Health Care Reform and LCSWs: A Good Fit?

In the barrage of information about health care reform, there has been little focused on the way that LCSWs could be impacted by the many changes being considered. The Clinical Social Work Association believes that, as responsible professionals, we LCSWs need to educate ourselves on the ways that health care reform could benefit or harm our patients and ourselves.

Health care reform changes may affect the ways we are paid, the ways we bill, how we prepare our notes, even where we have our offices. Changes in access to insurance coverage for small businesses may affect some of us at the personal level.

The health care reform issues that I will address here are health homes, expansion of access to coverage, electronic health records, mental health parity, and the individual insurance market.

A New Delivery Model: "Health Homes"

'Health homes', also called 'medical homes', could significantly change the professional lives of sole practitioners. With this model of health care delivery, all providers who seek third-party reimbursement for a given patient would be required to demonstrate ongoing communication with one another.

One approach to the Health Home concept is to have all staff on salary - the models most often cited are the Mayo Clinic in Minnesota and the Cleveland Clinic in Ohio. These clinics have the capacity to provide in-house consultation for any medical or mental health condition. Of concern to LCSWs is that most clinics currently limit social workers to the role of discharge planning. The Association has been outspoken at national-level briefings and discussions, reminding legislators, administrators, and other providers of clinical social workers expertise as mental health providers.

Central to the health home concept is the 'care coordinator' who would determine what services are included for each patient. Some clinical social workers might have an interest in pursuing this role.

Another approach to the health home model would be a 'virtual' clinic, where communication with other health care providers is done by electronic or phone communication. This would provide a way for LCSWs to continue to provide mental health treatment, but with closer communication with other medical/mental professionals than most LCSWs have today.

In short, widespread implementation of health homes could change and perhaps limit the ways LCSWs currently provide treatment.

Expansion of Access to Coverage

Medicare and/or Medicaid expansion could significantly increase the pool of potential clients for LCSWs. In some proposals, expansion of Medicare coverage has gone as low as 45 years of age. Medicaid coverage expansion has many supporters, and plans range from increasing coverage (currently 100% of the poverty level) to those earning from 133-400% above the poverty level.

Another approach to expanding access to health care would be the 'connector' model, like the one in Massachusetts. This allows people who do not have access to health care through their employers to obtain it through a new 'public option'. This approach could also provide increased access to LCSW services, if we are included as providers. In general, expanded coverage would probably be beneficial for patients and LCSWs.

Electronic Health Records

The most likely change which will impact LCSW practice is the implementation of *electronic health records*, commonly called health information technology (HIT). This will be an important component of the 'health homes' where HIT records would be available to all providers for a given patient electronically.

The option of keeping paper records will very likely no longer be in effect for third party reimbursement within the next five years. Those of us who still use paper records will either have to stay 'off the grid' - i.e.,

keep all services private pay - or switch to electronic record-keeping.

In any case, it is likely that record keeping will be much more important, and the dual record-keeping described in HIPAA Rules, i.e., separate Medical Record and Psychotherapy Notes, will probably become more common to protect sensitive information. If the privacy requirements enacted in the ARRA/HITECH bill are implemented (i.e., encryption, audit trails, minimum necessary transmission of information, notification of breaches, etc.), electronic health records may not be a serious problem for LCSWs.

Mental Health Parity

Mental health parity was enacted as an option at the Federal level in the past year, in addition to a phased-in equal co-pay for Medicare patients which would reach parity with medical co-pays in 2014. Most proposed bills on health care reform would strengthen these first steps to implement mandated parity and equal co-pays sooner—possibly by 2011—which would benefit the patients seen by LCSWs, as well as by other mental health providers.

Individual Insurance Plans

Access to individual insurance plans may not be an issue if sole practitioners are required to join health homes, which would likely provide some form of health insurance. The options for access to the individual market, if that is where LCSWs get their insurance, are very likely to expand, as most of the bills on the table this summer are requiring equal access to insurance markets for small businesses and individuals. The currently high premiums for individual health insurance are very likely to fall to the range of small business insurance premiums.

We Can Count on Change

There are other proposed changes which could affect LCSW practice, including revising self-insured (ERISA) plans, some of which currently exclude LCSWs as providers, and preventive services, which currently are not covered for most providers, including LCSWs.

In short, there will be changes for LCSWs if health care reform takes place. The most helpful changes could be the expansion of Medicare/Medicaid and the imple-

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Continuing Education Certificate Program

Spirituality in Clinical Practice

November 2009 to April 2010

This new program, offered by The Center for Spirituality and Social Work at the National Catholic School of Social Service at The Catholic University of America, will offer 30 CE credits for social workers. This will allow clinicians to complete the majority of needed CEUs in a concentrated area of expertise.

The certificate program consists of
three 6-credit Saturday workshops and
six 2-credit Friday afternoon clinical seminars.

The Saturday sessions only are also open to individuals who are not pursuing the certificate but are applying for CE credits.

The Saturday sessions, all from 9AM to 4PM, are:

November 7	Kenneth Pargament, PhD: *Spirituality in Clinical Practice: Why it is Important and How to Bring it Into the Room*
January 29 7:30–9PM & January 30 10AM–4PM	Sharon Salzberg and Mark Epstein, M.D., will present an evening informal discussion and full day Saturday workshop: *Practicing Transformation: Insights from Meditation and Psychotherapy*
April 17	Spirituality and Ethics workshop with Michael Sheridan, PhD and Cathie Gray, PhD

The 2-hour clinical seminars focused on application of spirituality in clinical practice will be held on Friday afternoons and will be facilitated by Kathie Hart, LCSW-C.

The Friday sessions, all from 3:30 to 5:30 PM, will be held:
November 13 and December 4, 2009 and
January 8, February 5, March 5, and April 23, 2010

For further information and to register
see the link on the NCSSS website,
http://ncsss.cua.edu/
or contact
Cathie Gray, Director of the
Center for Spirituality and Social Work at
GRAY@cua.edu or (202) 319-5458.

***Legislation–Federal**, continued from page 9*

mentation of true mental health parity and co-pays, as well as more reasonable health care premiums for sole practitioners. The greatest cause for concern at this time is the implementation of medical homes, which could exclude LCSWs as mental health clinicians. The Clinical Social Work Association, an independent membership organization, is working hard at the national level to make sure that LCSWs are included in all health delivery systems and have access to their own good health insurance. ❖

Laura Groshong, LCSW, is the Director of Government Relations for the Clinical Social Work Association. To join CSWA, please download the application which can be found at www.clinicalsocialworkassociation.org .

■ DISTRICT OF COLUMBIA

By Mary Lee Stein

DC Health Insurance

Even as the U.S. Congress is trying to hash out healthcare policy for the country, the DC City Council is considering a bill which would both amend Healthy DC and replace the conditions set for the CareFirst Open Enrollment Program in the Medical Insurance Empowerment Act. Unfortunately, the Bill appears to weaken some of the gains of last year: it does not require the elimination of the $1500 drug cap, nor a minimum of 2500 enrollees. It would allow a new HMO product to be sold to people who are eligible for the Open Enrollment product. It is not clear what CareFirst is envisioning, i.e., how many people they think would be served by an Open Enrollment program under this bill or what the benefits package would look like.

Meanwhile, Insurance Commissioner Hampton is finishing up a bill to create a High Risk Pool to cover the uninsurable people of DC. The City Council will hold hearings on both bills in September. It is our intention that in the coming weeks we will be involved in meetings with CareFirst and the Council in order to be well informed and able to weigh in, for the Society, on these important issues. ❖

Mary Lee Stein, LICSW, represents GWSCSW in discussions of CareFirst, Healthy DC, and related health care and insurance coverage issues. She is in private practice in the District.

A New Confidentiality Challenge: The Proposed National Electronic Medical Record System

By Danille Drake, PhD

We've all heard the drumbeat of proposed legislation that eventually will require us to use a national electronic medical records system for our psychotherapy notes. The DC Task Force on Confidentiality has reconvened as a coalition under a new mandate - to join with other mental health organizations to protect the confidentiality of these proposed electronic records.

What will a national electronic medical records system mean to the practice of psychotherapy? Initial efforts by some mental health organizations, such as the American Psychoanalytic Association, seem to have been successful in obtaining a possible "opt-out" option regarding electronic record-keeping. It is not yet clear whether this would be sufficient, however, in protecting the confidentiality of psychotherapy and the right to practice psychotherapy legally without participating in the national system of electronic records.

The original DC Task Force, comprised of representatives from each of the major mental health disciplines, successfully enlisted the support of the District of Columbia Insurance Commissioner to require that third party payors comply with the District's Mental Health Act of 1978. That legislation limits the amount and type of information we are allowed to provide to insurance companies. Insurers had been ignoring this legislation by requiring the release of confidential client/patient medical records.

With Congress now poised to consider implementation of an electronic medical records system, it is again necessary for mental health professionals to organize to protect and maintain the practice of psychotherapy within a confidential environment. The Greater Washington Society for Clinical Social Work is represented on this Coalition to protect the confidentiality of an electronic medical records system.

Following are proposed goals of the Coalition on Confidentiality:

- It must be possible for mental health treatments to be conducted outside the electronic health record system; that is, there must be a mechanism for a client/patient and a therapist to "opt out" of the system. There will inevitably be clients/patients who will not seek treatment if a record of that treatment is to be entered into an electronic record system, no matter how limited the information and how well protected the electronic system.
- For clients/patients and their therapists who prefer that the treatment be recorded in the electronic record system, and believe that the treatment can be conducted under those circumstances, then only the minimum necessary information should be recorded in that record. A model for that minimum necessary information could be the DC Confidentiality Law (Mental Health Information Act of DC, 1978).

Bringing together a national coalition follows the successful efforts that led to the decision in the *Jaffee v. Redmond* case, establishing privacy protection for the client-social worker relationship. What we face now is a vital matter: if we as mental health professionals are unable to keep records of mental health treatments out of the electronic system for those clients/patients whose treatment requires that level of confidentiality, the field of mental health treatments will be in serious jeopardy.

Along with advocacy in Congress, we are also asking our national professional organizations to write their own policy to provide their members with minimum necessary guidelines for record keeping. Other mental health professional organizations have published such guidelines for their members. Some uniformity among our disciplines would strengthen the protection of confidentiality of psychotherapy.

Please consider adding your name to the list of members willing to take their concerns about the confidentiality of electronic medical records to the Hill, and write or call to urge NASW and the CSWA to create guidelines for appropriate and minimum necessary record-keeping. Your help is needed.

Danille Drake, PhD, represents the Greater Washington Society for Clinical Social Work on the coalition to protect the confidentiality of an electronic medical records system. For more information and to get involved, call Danille at 301-320-5659 or email ddrakephd@verizon.net. "Your help is needed!"

National Catholic School of Social Service &
Greater Washington Society for Clinical Social Work

present

Attachment & Vicarious Trauma in Clinical Social Work

Saturday, September 26, 2009

Carol Tosone, PhD (New York University)
Eileen Dombo, PhD (NCSSS)
Susanne Bennett, PhD (NCSSS)

This workshop examines how attachment processes interface with countertransference & vicarious trauma in clinical social work when the clinician is working with traumatized clients or has been directly involved in a trauma. The guest speaker is Dr. Carol Tosone, Associate Professor at NYU's school of social work & Editor-in-chief of *Clinical Social Work Journal*.

Dr. Tosone has completed a large mixed method study interviewing NYC clinicians in the aftermath of their exposure to 911. She will be presenting her study's findings, as well as an overview of the clinical & theoretical issues pertaining to vicarious trauma.

Workshop Goals

- Understand the neurobiological & attachment underpinning of vicarious trauma
- Improve clinical attunement & skills for working with traumatized populations
- Increase clinician capacity for self-care when working with traumatized clients
- Recognize the agency context & organizational environment as influences on vicarious trauma

Outline of the Day

9:00-10:15	Introduction to vicarious trauma: attachment styles, trauma & attachment disorganization, parallel process
10:30-12:00	Experiences of vicarious trauma by clinicians in NYC following 9/11
12:00-1:00	**Lunch Provided**
1:00-2:30	Vignettes illustrating concepts; small & large group discussion
2:45-3:45	Agency context and addressing the environment; creation of care plan
3:45-4:30	Questions, discussion, and evaluation

6 CEUs

$125 ($75 for GWSCSW members & NCSSS field instructors)

The Catholic University of America
620 Michigan Ave., NE, Washington, DC 20064
202-319-5458
For information, please contact Ms. Terri Miller: millert@cua.edu

■ VIRGINIA

Christopher J. Spanos

The Virginia General Assembly 2010 will be dominated by the state's fiscal condition. Governor Kaine has made an amendment to the current state budget to reduce funding for state agencies and state supported programs and services. It is becoming more and more apparent that the General Assembly will have to confirm those reductions in funding, and make additional reductions in state agency budget for programs and services. In addition, the Commonwealth's transportation system funding—roads, mass transit and rail—will be revisited.

Practice of Clinical Social Work

The Virginia House of Delegates is on a two year cycle; the state Senate is on a four year cycle, so not up for election. A close look at the elections for the Virginia House of Delegates leads us to see no change in the House leadership nor any change in the key committees that might prompt any legislation that would affect the practice of clinical social work, or social work in general. ❖

Christopher J. Spanos is the Government and Public Affairs Counselor for the coalition of Virginia and Greater Washington clinical social work societies. Chris can be reached at (804) 282-0278 or, by email ChrisSpanos@SpanosConsulting.com

Virginia Board of Social Work

By Mark O'Shea

The Executive Summary of the Virginia Board of Social Work two-year study on the practice of social work in Virginia can be found on the Board's website, www.dhp.state.va.us/SOCIAL/. Undertaken in response to the requirements of House Bill 1146, the final report recommends a variety of regulatory changes in education and training requirements for social work licensees, to assure the public of professional competency.

Public comments on the study—including those of the clinical societies—have been reviewed, and the Board has already announced the adoption of certain of its recommendations. These include the definition of a clinical course of study for clinical licensure, as well as the clarification of supervision requirements for advanced licensure candidates (and for their supervisors!).

As of this writing, however, there are still some unresolved issues such as the study's definition of social work and the very controversial recommendation to eliminate exemptions to licensing. These issues will be reviewed at the October meeting, and there remains a chance that the study will be reopened for public comment, if the Board decides to make any substantial changes. ❖

Mark O'Shea, LCSW, is Legislation Vice President for the Virginia Society for Clinical Social Work.

School Social Work in Fairfax

By Fran Lewandowski

After stimulus funds helped avert a major layoff of Fairfax County Public Schools (FCPS) school social workers, the assistant superintendent for special services asked the social work staff to re-think its practice in schools with an eye toward increasing efficiency and making the most of the 128 school social work positions.

The social work department held a strategic planning retreat in late June to begin the streamlining process. Work will continue throughout the summer and into the new school year. After seeking input from all FCPS social workers, the leadership is forming working groups to set the priorities for change.

FY 2010 promises to be another difficult budget year in Fairfax County. Thank you to members of the Clinical Society for your advocacy work on our behalf.

Fran Lewandowski, LCSW, a new GWSCSW member this year, has become active on the legislative committee advocating on school social work issues in Virginia.

■ MARYLAND

Alice Neily Mutch

The 2009 session ended on the thirteenth of April. Budgetary relief from federal stimulus monies prevented massive cuts in Maryland's mental health service. However, by July, with revenue estimates still predicting budgetary gloom, the Executive Branch made $218 million in cuts, with more expected in September.

Thus far, Mental Hygiene Administration has seen the elimination of the .9% cost-of-living adjustment (COLA) for community mental health, developmental disabilities and other providers, plus some cuts impacting hospitals and ERs.

To try to fend off further hits to mental health in the next round - which could come as early as Labor Day – the Mental Health Coalition in which we participate is encouraging providers to identify and document the effects of the cuts, and to notify legislators.

Ongoing Concerns for Private Practice

For the approximately 7000 Licensed Clinical Social Workers (LCSW-Cs), providers of the bulk of psychotherapy services in the state, serious concerns remain about the difficulties clients face in accessing affordable, quality care. The financial and administrative difficulties faced by clinicians practicing under the conditions imposed by private insurers, too, remain an issue.

As we prepare for the 2010 session, our Maryland Legislative Council (the coalition of the Maryland and Greater Washington clinical societies) supports the following agenda:

- Promote the true parity legislature introduced by Delegate Morhaim in the 2007 legislative session removing the limitation of 20% co pay to the first five treatment sessions;
- Create incentives for hospitals to treat persons with mental illness in their community hospital settings;
- Refine the legislation to require insurance plans and managed care organizations to promulgate accurately the availability of professional providers on their panels, incorporating the most recent history of accepting or declining new patients;
- Increase reimbursement rates for clinical social workers for Medicaid and other provider reim-

bursement plans so that experienced and skilled clinical social workers are incentivized to work with this population;

- Alter state laws to protect solo practitioners as well as those in networks;
- Enforce and refine the current law enabling a credentials process which provides incentives for clinical social workers to accept and treat new patients.

The best way to be effective advocates during the next session is to contact legislators now and help them better understand the issues laid out above.

Practice Law and Regulations

Could newly-proposed changes to the Continuing Education Regulation (per Title 19 COMAR 10.42.06) potentially be a disservice to the professional development of members of your profession and/or to the clients with whom you work? Both clinical societies encouraged members to speak up about the CEU regulations proposed by the Maryland Board of Social Work Examiners, and each society sent a letter to the Board outlining various concerns.

The Legislative Council also concerns expressed to the legislature. (See the article on the next page.)

End of Life Choices for Care

During the 2009 session, the legislature directed the Attorney General to convene a task force to address the following four questions regarding the status of the use of hospice and palliative care options in Maryland:

- The types of options available in the state for individuals at the end of life for palliative care and hospice care;
- The degree to which these options are utilized within a home setting, long-term care setting, hospital setting, and hospice setting;
- The average length of time spent in the various types of palliative and hospice care settings; and
- The types and degrees of barriers that exist regarding awareness of and access to hospice and palliative care programs.

A draft of proposed legislation will result from this task force and the role of the social worker will be relevant. Nancy Wilson is the Greater Washington Society's Legislative Council liaison to this group and either she or I can be contacted with your interest, thoughts, or recommendations. The report is due in time for legislation to be drafted for the 2010 legislative session. ❖

Alice Neily Mutch 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

Cherie Cannon, LCSW-C

The Continuing Education Regulation

The Continuing Education Regulation proposed by Maryland's BSWE was published in the Maryland Register in July and posted on the Board's website for public comment. All comments received will be reviewed and given serious consideration. At the next meeting, September 11, 2009, the Board will discuss all comments and determine whether or not to incorporate any changes to the proposed regulation. (Check the Board's website - www.dhmh.state.md.us/bswe - for the meeting time and location.)

If accepted, the new Continuing Education Regulation will become effective on November 1, 2009. If the Board determines that modifications should be made, any such changes will be published in the Maryland Register for public review and comment.

As a continued courtesy to Maryland licensees, the Board will notify all licensees by e-mail of the regulations' publication date. In addition, the proposed text will appear on the Board's website.

License Renewal

It is that time of year for more than 6,000 social workers to renew their license. Many issues related to renewal can be avoided if social workers READ the regulations governing renewal of license and the continuing education requirements. These regulations are readily accessible at the Board's website: www.dhmh.state.md.us/bswe.

Reminder: It is a violation to practice social work on a lapsed license. Violators are subject to disciplinary actions by the Board. ❖

Cherie Cannon, LCSW-C, is chair of the Maryland Board of Social Work Examiners; she will serve through June, 2010.

Relaxing CEU Requirements: A Cause for Concern

By Margot Aronson

Boards of Social Work are made of up social workers like you and me. (In fact, a number of our members have served on the Boards—currently, Susan Horne-Quatannens and Dolores Paulson are on the Virginia Board; Eileen Dombo and Willa Day Morris are on the DC Board.) Yes, they are appointed by the governor (or, in the District, the mayor) but in essence, they are volunteers, giving at minimum a day every month toward keeping the profession professional. They review a wide variety of professional issues, respond to questions and requests, consider ethical complaints, learn about regulations and the Code of Maryland and the other Boards…and much more.

It is likely that this Maryland Board has heard many comments about how difficult it is for rural-based social workers to get to trainings; how the hours of required training eat up the time of agency social workers; how costly CEU trainings can be, especially for social workers in low-paying jobs; and how much a little more online study would ease the burden. Unquestionably, a great deal of thought went into the changes they have proposed.

And yet all four of the associations representing social workers in Maryland— the Maryland Society for Clinical Social Work, the Greater Washington Society for Clinical Social Work, and the Maryland and DC-Metro chapters of the National Association of Social Workers—are opposed to certain major changes in the CE requirements.

For clinical social workers responsible for diagnosis and treatment of mental illness, a relaxation of required continuing education is a cause for concern. There is so much to learn if we are to be on top of clinical best practices and research.

It is critical, from the vantage point of advocacy, to maintain licensing standards comparable to or more stringent than those of other mental health professionals.

Perhaps what might make most sense would be CEU requirements specific to clinical social workers, as is being considered in other jurisdictions. In any case, we have urged the BSWE to share its thinking with the Societies and NASW chapters, to provide an opportunity to resolve major differences.

GWSCSW's Letter to the Maryland Board of Social Work Examiners

On behalf of the GWSCSW, we are writing to express our concern about the proposed changes in the Continuing Education requirements for licensed social workers in Maryland. Our organization represents clinical social workers in the Metropolitan Washington region, including Montgomery and Prince Georges counties. Our Maryland members are licensed at the LCSW-C level or are working toward such licensure as LGSW social workers.

In responding to the proposed regulations, we note that the "C" in the LCSW-C license concerns clinical social work specifically. As such we note that the LCSW-C social worker in Maryland is, unlike other levels of social work licensure, specifically authorized to provide "assessment, formulation of a diagnostic impression, and treatment of mental disorders and other conditions and the provision of psychotherapy" in the context of independent practice. As such—licensed to practice independently in the treatment of mental disorders—LCSW-C social worker have unique responsibilities which may not be shared by other levels of social work practice. Thus, our comments below specifically refer to LCSW-C social workers and to LGSW social workers preparing for licensure as LCSW-C social workers.

Our main concern about the changes in the Continuing Education regulations involves the reduction, from 20 to 12 hours each two-year renewal period, in face-to-face participation in professional education activities presented by expert colleagues in workshops, conferences and other meetings. We note here that our mental health colleagues require even more than 20 hours of such ongoing professional education; 30 hours each two-year period for professional counselors and 24 hours for psychologists.

Clinical social work practice, which in Maryland specifically encompasses the independent practice of psychotherapy for mental disorders, is a demanding professional field which requires the highest level of professional training and expertise. Meeting the psychologists' standard of 24 hours every two years, essentially one hour monthly of attending some sort of educational program, seems to be a minimal standard for maintaining the professional competence to work in independent practice with an array of mental disorders, some of which involve suicidality, severe trauma and abuse, substance abuse and even violence.

Some of the proposed activities approved for CE credit do not involve activities which enhance professional competence. We note here attendance at in-service trainings which focus on "role expectations within that agency" and the provision of "pro bono social work services." Regarding the former, in our view, any non-profit or public agency that offers clinical social work or mental health services should be expected to provide a minimum of one-hour monthly (24 hours in a two-year period) of in-service training on actual clinical topics. This is not an onerous expectation for any agency that is delivering mental health or social work services to the community.

Regarding earning six hours of CEU credit for providing "pro bono social work services," it is worth noting that the provision of such services in no way provides an educational function any different than any other paid social work service. While our organization encourages our members to serve the community in a variety of ways, there should never be a trade-off between community service and maintaining professional competence. Many of our members provide services on a pro bono basis, and they have never expected to be compensated with CE credit.

In conclusion, we understand that our concerns about these Continuing Education standards may only apply to clinical social workers, that is, LCSW-C's and/or LGSW's working toward an LCSW-C license. We cannot speak for the continuing education standards for non-clinical LCSW and LSWA social workers. Perhaps, the Board should consider different standards for these levels of licensure.

Above all, we hope that the Board of Social Work Examiners and the Department of Health and Mental Hygiene will consider the importance of maintaining high professional standards for social workers seeking to be licensed at a level that allows them to diagnose and treat mental disorders and practice psychotherapy in the context of independent practice. Asking clinical social workers who voluntarily assume this responsibility to spend one hour monthly directly interacting with experts in their field is only a minimal standard for maintaining professional competence in a challenging profession. As such, the GWSCSW recommends that the Board of Social Work and the DHMH revisit these regulations and bring them into line with the expectations of our allied professions.

Sincerely yours,
Susan W Post, President
Margot Aronson, Vice President

GWSCSW Course Offerings 2009–2010

The following pages describe the 2009–2010 selections offered by the GWSCSW Continuing Education committee. Considerable attention has been given to insure that the topics meet the needs and interests of the clinical social work community. The program's focus is clinical. Non-clinicians will be admitted to classes at the discretion of the instructor.

■ **FEES** Fees are reduced by 50% for GWSCSW Graduate members. Some scholarship funds are available.

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

■ **REGISTRATION** Many of the courses fill up quickly. Priority in registering is given to GWSCSW members. Please register at least one week prior to the beginning of the course in order to be included on the class list.

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

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

Ted Billings, Chair, (202) 232-2001

GWSCSW Study Groups

A study group can be a wonderful resource for Society members, since members themselves can establish the size, time, place, frequency, content and learning objectives of the group. Generally these groups are led by peers, though they may be leader-led. Group discussion may utilize resources such as books, articles, films, case examples, or even call upon relevant outside expertise. The chair of the Continuing Education Committee and the vice president (education) are available for consultation.

The GWSCSW Continuing Education Committee has developed procedures to award CEUs to study groups participants.

Each study group should select a coordinator to record attendance, document educational content for each session, and submit the following to the Continuing Education Committee:

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

Submit all materials to Ted Billings. For more information, contact Ted Billings, 202-232-2001.

GWSCSW COURSES REGISTRATION FORM

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ Office Phone (_____) _____

E-Mail _____

Courses Desired:	Date:	Member Fee	Non-Member Fee
_____	_____	$_____	$_____
_____	_____	$_____	$_____
PAYMENT INFO		**TOTAL**	**$**_____ **$**_____

❑ Check *(payable to GWSCSW)* $ _____

❑ Charge to my **VISA** or **MasterCard** $ _____

❑ Credit Card Billing Address is same as above

Billing Address _____

_____ Zip _____

Credit Card # _____ – _____ –_____ –_____ Exp _____ /_____

Please return to:
GWCSWS
PO Box 3235
Oakton VA 22124
or if paying with credit card,
you may fax to 703-938-8389

ETHICS

■ Ethics: Emergency Coverage of Your Practice – Practical & Ethical Considerations

If you suddenly were to become incapacitated, due to injury, illness or death, who would contact your clients? Just as it is important for an individual to write a will to protect personal assets and provide for his or her dependents, it is also prudent for a clinician to prepare for an untimely or unanticipated inability to carry out their functions at work. The purpose of this course is to help clinicians anticipate the needs of their clients and their business or the organization where they work, should such an emergency arise. The goal of the course is to enable participants to identify individuals who could step in if needed, write instructions for their backup personnel, and distribute these instructions. Three-session course.

Dates: **Fridays, September 11, 25 & October 9**
Time: 1:30 pm – 3:30 pm
Location: 1707 Black Oak Lane, Silver Spring MD 20910
Instructor: Melinda Salzman
Info: 301-588-3225
Cost: Members: $90 / Non-Members $150
CEUs: 6 hours

■ 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.

Dates: **Wednesday, September 16, 2009**
Time: 12:00 noon – 3:00 pm
Location: 6129 31st Street NW, Washington DC 20015
Instructor: Carolyn Gruber, PhD, LICSW
Info: 202-686-2139
Cost: Members: $45 / Non-Members $75
CEUs: 3 hours

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

■ 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.

Dates: **Wednesday, September 30, 2009**
Time: 12:00 noon – 3:00 pm
Location: 6129 31st Street NW, Washington DC 20015
Instructor: Carolyn Gruber, PhD, LICSW
Info: 202-686-2139
Cost: Members: $45 / Non-Members $75
CEUs: 3 hours

THE BRAIN

■ An Overview of Neurofeedback for Clinical Social Workers

This four-hour course will describe and explore clinical applications using Neurotherapy interventions for clients with PTSD, traumatic brain injury, pain, chronic health conditions, and cognitive problems. Neurotherapy assessment data gives valuable information about difficult-to-treat clients. The burgeoning contribution of neurological research to understanding central nervous system (CNS), and autonomic nervous system (ANS) functioning in relation to DSM conditions offers new tools for therapist and client. Case illustrations will be presented. Ongoing Neurofeedback research data for PTSD/TBI with Iraq service members, will be presented, as well as published research outcomes with fibromyalgia, and TBI. EEG patterns will illustrate the relationship between history, current psychosocial functioning, and predictive value for appropriateness of Neurofeedback treatment. Time permitting, an EEG map will be offered to a participant as a demonstration

Date: **Sunday, November 15, 2009**
Time: 9:00 am – 1:00 pm
Location: 7920 Norfolk Avenue #200, Bethesda MD 20814
Instructor: Mary Lee Esty, PhD
Info: 301-652-7175
Cost: Members: $60 / Non-Members $100
CEUs: 4 hours

continued on page 20

For questions, call 202-537-0007 or email gwscsw@gmail.com

***Continuing Education**, continued from page 19*

CHANGE

■ Effecting Positive Change Within Affluent Families

As social workers, most of us know that poverty can have a devastating effect on children and families. But affluent children and families face a number of difficulties as well. Although affluent families have many strengths and there is a great deal of diversity among them, studies suggest that children from higher-income families suffer from high rates of anxiety, depression, eating disorders, and substance abuse, and that they may also endure high rates of psychopathology in adulthood. This course will address the challenges that many wealthy families face, identify the challenges to activating change with affluent families, offer ideas for engaging with and activating positive change among wealthy families, and suggest how clinical work with affluent families can be a vehicle for effecting change throughout society.

Date: **Friday, February 26, 2010**
Time: 9:00 AM – 1:00 PM
Location: 3930 Knowles Avenue #200
Kensington, MD 20895
Instructor: Jonah Green, MSW
Info: 301-466-9526
Cost: Members $60 / Non-Members $100
CEUs: 4 hours

■ Empowering Therapists with Skills and Knowledge to Adapt to the Changing Nature of Family Connections in Our Technological Society

In the past 20 years, the emergence of an incredibly fast-moving technological evolution has had a dramatic effect on our society at work, at play, at home and within relationships. This change has affected the way work is done, the way it's organized, and the speed at which it must be accomplished and is producing enormous, unintended effects on us, physically, mentally, and emotionally. These changes have also affected individuals, couples and families in the way people play, relate to one another, understand each other across the generations, remain connected (or not), and how the family, in particular, functions in this world.

This course will address the particular challenges associated with technology's impact on the family to include: the therapeutic assessment of technology use and/or abuse; how to develop guidelines for use of technology in the therapeutic relationship; understanding how technology affects each family, both positively and negatively; and how to empower parents in their role of creating meaningful connections within and between family members. Two session course.

Date: **Mondays, March 1 & 8, 2010**
Time: 10:00 AM – 1:00 PM
Location: 4405 East-West Highway #508
Bethesda, MD 20814
Instructor: Marie Caterini Choppin, MSW
Info: 301-625-9102
Cost: Members $90 / Non-Members $150
CEUs: 6 hours

■ Helping Families Through the Process of Change: A Contemporary Lens For Family Therapy

Participants will learn about the process of change and states of change (Precontemplation, Contemplation, Preparation, Action, Maintenance, and Recycling) to begin to consider their relevance to family therapy. Family therapy is a very rich, dynamic intervention and offers endless opportunities and options for change but rarely do family members enter therapy in the same frame of mind about change. Each family member brings his or her own level of interest, motivation and readiness for change. Helping a family sort out and move through a change process together can therefore pose very interesting challenges. Actual behavioral change is often easiest to see but much is happening before and after this occurs, and much can be done to support individuals and families in this process. Viewing a family through a lens of change as a process can help us maintain a spirit of hope and possibility and allow for families to reach deeper acceptance of themselves and each other.

Date: **Friday, April 23, 2010**
Time: 9:00 AM – 1:00 PM
Location: 11161 New Hampshire Avenue, #307
Silver Spring, MD 20904
Instructor: Erica J. Berger, MSW
Info: 202-244-5121
Cost: Members $60 / Non-Members $100
CEUs: 4 hours

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

Annual Dinner Meeting Draws a Crowd

Over 60 members attended this year's annual dinner meeting, held June 12 at the Bethesda home of Janet Dante. At what has become an increasingly popular event, we shared good food, great conversation, and tales of GWSCSW past and present. We were fortunate to have many new members present, as well as some who have been in the Society for several decades and a very respectable number of past presidents!

Blessed with surprisingly lovely weather (God loves social workers), we enjoyed keyboard entertainment by the Bethesda-Chevy Chase music department faculty and a raffle of wonderful treats such as massage and Pilates sessions. Outgoing officers were toasted and incoming officers introduced at a brief annual meeting. But mostly, it was a time for members to find old friends, make new ones, and have a good time together.

We are grateful to Janet, who has made her lovely back yard available for the past several years; to Naomi Greenwood, who organized the raffle again; and to the many members who volunteered to help with planning, set-up and clean-up. The dinner has become a truly memorable yearly event!

SAVE THE DATE!
Fall New Member Gathering
Sunday, November 1
2-4 pm
at the home of
Carolyn Dozier
Annandale, VA

GWSCSW PROFILE:

Pat Baker, Clinician and Maryland Advocate

Connie Ridgway

Pat Baker is a member of the Greater Washington Clinical Society, as well as the Maryland Society for Clinical Social Work, and helped the Maryland Society for many years during a similar transition period that GWSCSW experienced in the later '90s. She was vice president for legislative affairs and then president, her service spanning from 1996 to 2004.

Pat grew up in Massachusetts and moved to the DC area when her husband started working at the Library of Congress and then the U.S. Senate as their historian. Pat started off teaching and then after having her own children, decided she'd like to work with kids with difficulties in a school setting. She earned her MSW from Catholic University in 1973.

Upon graduating, Pat started working at the Cheltenham School for kids with emotional problems (now called the Regional Institute for Children and Adolescents – RICA). She was part of an outreach program, working in six schools in Prince Georges county. She made home visits, visited the classroom, and ran groups from 1977 to 1979. When RICA was building a new facility in Montgomery County, someone from the Maryland state Mental Health agency suggested she apply. Pat became the first clinician hired at the new facility and helped plan the program and hire the staff. Pat ended up working there for six and-a-half years, from 1979 to 1985.

In 1985, Pat left RICA to finish her PhD in Social Work at Catholic University where her doctoral subject was adolescents with borderline personality disorder, issues of parental nurturance and control. She then went to Providence Hospital, first as a consultant to their psychiatric unit for a year (the facility was outdated and needed someone to initiate new programs.) and was then hired to be Director of Psychiatry and Substance Abuse, inpatient and outpatient (from 1986-1991). Pat left Providence when managed care was just beginning to become more of an issue, particularly in the Substance Abuse program.

Pat launched her private practice in 1983 along with a psychologist partner, with whom she still collaborates. The two started working out of a pediatrician's office while Pat was also working full time at Providence. In 1991 after an illness she, "decided I couldn't do everything" and chose to focus on the clinical practice. Pat then started running social skills groups for kids, which is what her office is still known for—they run approximately twenty-five groups per week and now employ thirteen therapists. They also do individual, family, and couples work. Pat specializes in couples therapy, work with kids whose parents are divorcing, and kids with ADHD. One of her two sons grew up with ADHD so she has had a special interest. She says, "These kids can succeed." She has seen it in her son and in the many children she has helped. She also does a lot of individual adult therapy—adults with depression or with self-esteem or parenting issues. Pat says her success is based on the niche she's developed. Regarding the business side of the practice—Pat and her partner started by doing a lot of workshops for schools. Pat says that her partner is the most business-savvy person, who has done a lot of the marketing of the practice. Pat's business receives referrals through schools, pediatricians, and word of mouth.

In the late-1990s and early-2000s, Pat joined the Maryland Society for Clinical Social Work, where they were working on issues of licensure. At the time, social workers needed a physician's referral for insurance coverage. She became chair of the Insurance Committee. She started working with legislative chair on insurance issues and ended up becoming the legislative chair. Just like at GWSCSW, very few people were willing to step forward to be officers. Maryland, unlike the Greater Washington Society, had joined a guild, similar to a union, in order to advocate for social workers' rights. Many social workers left the society because of the increase in dues and disagreements over joining the Guild.

In 2003, the treasurer and president were stepping down. Pat was asked to attend an emergency meeting to save the Society from having to close its doors. Richard Yanis, then executive director of the Clinical Social Work Federation (CSWF) was also present. The meeting lasted three hours. There appeared to be a stalemate, with no one agreeing to fill the positions. Then Martha

Miller, currently the president of the Maryland Society, agreed to become treasurer. Pat agreed to become president.

Of the experience, Pat says, "I don't regret it. The people on the board then all wanted to make it a go. They wanted to help me, and worked incredibly hard." The Board performed a survey of the membership for ideas, and found they did not want the Guild. When renewal time came, they didn't renew. They got their finances in order.

They were behind in payments to the CSWF, and worked with Richard Yanis to forge a proposal for repayment. The Federation loaned them money and allowed them to remain a member. The CSWF gave the Society three years to pay back to Federation; they paid it back in two. They cut costs on the newsletter, and increased continuing education. They focused on building up membership and did workshops on membership development. Says Pat, "We got back a lot of the people we'd lost." They also worked with the University of Maryland to get recruit new social workers. They increased membership by 40% and paid off their debts. Pat says that she feels her "biggest accomplishment [was] changing the whole atmosphere to one of cooperation and fun and enthusiasm." Pat was president for two years, 2003 and 2004.

Meanwhile CSWF became the CSWA. Pat says, "they are wonderful." Pat chairs their PhD committee and praises their operation, including a very informative newsletter. The CSWF has a national orientation, dealing with Medicare reimbursement, health care reform issues. They have a lobbyist advocating for social workers' needs. Pat also became involved, along with Dolores Paulson and Alice Kassabian, to help get the DSW program at Catholic University changed to PhD. All in all, Pat Baker has been an intelligent and effective leader for social workers, in Maryland, the metro DC area, and in the national arena. Thank you, Pat! ❖

ADJUNCTS TO THERAPY

This is a new feature which highlights methods that can be useful as a complement to psychotherapy. If you have a specialty that you want to share, email Jen Kogan at jenko108@gmail.com

Cranio-Sacral Therapy

Connie Ridgway

Before I became a clinical social worker, I was (and still am) a massage therapist. There are many forms of massage and the most common are Swedish and deep tissue massage. Cranio-Sacral Therapy (CST) is another form of bodywork. The term "cranio-sacral" comes from the words cranium (bones of the skull) and sacrum (bones at the base of the vertebrae, in the pelvis).

Cranio-sacral therapy is a gentle, hands-on method that works directly with the nervous system, helping to release restrictions around the brain and spinal cord so the body can self-correct and free itself of pain and other health conditions. It is deeply calming and relaxing, as well as able to gently let surface old wounds (of body and mind) that may stay buried with more aggressive forms of bodywork. It often helps to alleviate discomfort and anxiety. Cranio-sacral therapy is done fully clothed.

Cranio-sacral therapy was developed by osteopaths. Similar to MDs, osteopaths can prescribe medications, and they also manipulate the bones through adjustments. An osteopath in the early 1900s, John Sutherland, discovered that the bones of the cranium are not fused as was previously thought, but are able to move, albeit slightly. John Upledger, an osteopath who has developed a series of courses in CST, among others, found that there is a subtle pulse that is created by the cerebro-spinal fluid that goes in and out of the sac that encloses the brain and spinal cord. This pulse is diagnostic—one can palpate it to find out if there are restrictions in the body. By following the pulse to the place of restriction, and then exerting a tiny amount of pressure (the weight of a nickel), the restriction often releases.

When the pulse stops abruptly, it may indicate an area that is significant, in that there may be a previous trauma to the tissue. Often, words, memories, emotions or images may accompany the focus on the tissue, and the combination of dialog and attention to the physical restriction may help to "unwind" the restriction.

Because of its gentle approach, CST can be a helpful addition to psychotherapy. The focus is on the physical body and the massage therapist does not explore verbally beyond what the tissue indicates. ❖

Connie Ridgway is a licensed clinical social worker and a massage therapist, specializing in combining singing, body centering and movement in Sounding and Centering groups.

GWSCSW Brown Bag Workshops

The 2009-2010 Brown Bag Lunch series will begin this October with the programs below. This series enables our members to share their expertise with other members and interested colleagues. Workshops will be held four times a year in both Maryland (Davis Library in Bethesda) and Northern Virginia (VCU School of Social Work in Alexandria).

FREE for GWSCSW Members!

Register by sending an email to: **gwscsw@gmail.com** subject line: **Brown Bag [date of workshop]**

Non-Members are welcome: please complete your registration by mailing a check for $20 made payable to GWSCSW (write BB [date of workshop] on memo line) and mail to:
GWSCSW, PO Box 3235, Oakton VA 22124

1.5 CEUs per workshop

Affairs: Torn Between Two Lovers

Presenter: Emily M. Brown, MSW, LCSW

Friday, October 16, 2009
Noon – 1:30 PM
VCU School of Social Work
6295 Edsall Road, Alexandria, Virginia

Emily will describe different types of affairs, outlining motivations and treatment implications for each type. Attendees are encouraged to bring questions and issues from their own practice for discussion. Emily is an internationally recognized expert on infidelity and the author of several books on the topic: *Affairs and Patterns of Infidelity and Their Treatment.*

Gestalt Therapy for the 21st Century

Presenter: Marilyn Lammert, MSW, LCSW-C

Friday, October 23, 2009
Noon – 1:30 PM
Davis Library
6300 Democracy Blvd, Bethesda, Maryland

In this presentation, Marilyn will emphasize elements of gestalt therapy relevant to our clinical work: including process thinking, person environmentfield, self-with-other, present moment thinking, whole person (body-mind-spirit), mindfulness, dialogue and presence.

Association for Psychoanalytic Thought

2009–2010 PROGRAMS

Constructing a Contemporary Psychoanalytic Point of View
October 4, 2009
9:30 AM – 12:30 PM
Jay Phillips, M.D., Presenter

The Rhythm of Loss...Treatment of the Four Year Old Son of a Successful Suicide
January 10, 2010
9:30 AM – 12:30 PM
Marc Nemiroff, Ph.D., Presenter

Contributions of Kleinian Thought to Psychotherapy and Psychoanalysis
March 7, 2010
9:30 AM – 12:30 PM
Hal Wylie, M.D. Presenter

Infant Research and Attachment Theory: Implications for Therapeutic Action in Psychoanalysis
April 18, 2010
9:30 AM – 12:30 PM
Sylvia Bell, Ph.D., Presenter

The Turn of the Screw: The James Family's Encounter with the Terrors Lurking in the Unconscious Mind
May 23, 2010
9:30 AM – 12:30 PM
Barbara Young, M.D., Presenter

Cost:
Members: Free / Non-Members: $25 / Students: $10

CEUs Available

Programs are held at the
Baltimore-Washington Center for Psychoanalysis
14900 Sweitzer Lane, Suite 102
Laurel, Maryland 20707

For information, call
Bonnie Gallagher (202) 244-1821

Can We Really Be a Blank Slate In the Age of Twitter and Google?

Brooke Ugel

Well, it's finally happened: a former patient of mine just "friended" me on Facebook. I've been anticipating this moment for about a year now as I joined Facebook and made the mistake of publishing photos of my daughters so the entire world could see. (NOTE: check the box that says "Only Friends" so only they can see your status updates, pictures, and videos to avoid awkward moments in session when your hostile patient tells you that your four year-old is pretty adorable.) Oops.

In today's society where so many use Twitter and Facebook, therapists are faced with ethical and boundary issues both inside and out of the consulting room. How we choose to handle our online presence, our modes of communicating with patients, and even our private lives has a direct impact on our clinical work. Recently, a male patient came into session and confesed that he had Googled me and learned that my husband is a writer and that my stepfather died in a car accident in 2005. We explored why he had felt the urge to Google me and then what he experienced when he learned more more personal details about me and my family.

After initially feeling like my privacy had been violated, I found the exploration very helpful to our work. His need to know more about me came directly from a family history of secret keeping that left him feeling angry and betrayed. Rather than risk those feelings with me, he tried to learn as much as possible about me to help him feel less vulnerable. I wonder if instead of trying to fight the technology and hide readily available information from our patients, perhaps we can use it to understand our patients more fully. Have you ever asked a patient if he or she has Googled you? If everything is considered grist for the mill, then this question seems more relevant than ever.

How did I handle my former patient's "friend" request? After receiving her email, I called a colleague to discuss an appropriate response that would provoke as little shame or embarrassment as possible. I responded to her email and stated that I was happy to hear from her and hoped she was doing well, but that it was my clinical policy not to "facebook" with current or former patients. I also told her that if she'd like to call or email me outside of Facebook, I would be open to that. She was very understanding and did not seem shamed by my response. The entire experience brought up the notion of boundaries outside of our consulting rooms. Are we now in an age where we have to establish "Facebook policies"? It seems so.

Facebook recently helped me avoid an awkward situation with a former patient. I was invited to a small party via Facebook's site. Before I RSVP'd, I glanced at the people who were already attending. One of the attendees was a former patient who I had to end with during my first pregnancy because her verbal abuse and dependancy was causing me (and my baby) too much stress. Embarrassing interaction avoided!

My psychodynamically trained supervisors are probably disappointed that I frequently use email and texting to communicate with my patients. I resisted allowing my patients to email me for several years because I didn't want to dilute the clinical work, but it's become clear to me that this is the way of the world. Even my ninety-four year-old grandmother emails. I now regularly use email and texting to communicate with patients regarding non-clinical issues including missed appointments, rescheduling, and insurance requests. The anonymity and brevity of email and texting allows for a shorthand to exist between therapist and patient, which—at times—can be viewed as greater intimacy.

The downside to all this technology is how it allows work life to penetrate personal life more easily. My patients know that I have a blackberry, and therefore they expect quick responses to their communications. Even my husband struggles with the boundary issues that arise from my use of my cell phone as my business line. Just this past 4th of July, I found myself texting with a patient who was trying to reschedule an appointment. I was very quick to tell my husband that I much prefer texting to actually speaking with my patient (especially with two small children yelling in the background). Is it wrong that texting and emailing are more convenient for me, too?

There are some dangers with technology in terms of how it invites more anonymous acting-out for some patients. A few months ago, I was in bed watching TV

when my Blackberry alerted me to a new email. I was shocked to see that a patient was angrily terminating via email. I decided to sleep on it and avoid my own defensive acting out. I thought of calling her directly the following day but decided to respond in the manner she had used. I acknowledged her desire to terminate but asked her to come to a termination session so we could process the ending more thoroughly. I never heard from her again. Just as Sarah Jessica Parker's character on Sex and the City was dumped via Post-it note, I too was shocked when a long-term patient ended our relationship over cyberspace. It seems the same technology that allows me to change an appointment time with a patient while simultaneously spending time with my children also dilutes the "tabla rasa" nature of old-school psychotherapy. As psychotherapists, it's up to us to manage both parts of the dilemma and sit with the "not knowing" as well as the knowing. ❖

Brooke Ugel, LCSW-C is a psychotherapist in private practice in Bethesda, MD where she works with adults and couples.

OUR ONLINE SOCIETY

Do you use the internet (email, Facebook, Skype, etc.) in your practice? Please tell us what you think of this type of exchange.

….I generally do not give out my email address and am not on Facebook. I recently did give my email to one client who is going to be out of the country for a month, but I set up parameters that it is only to be used in an emergency and that I will charge if it takes up more than 10 minutes… I also stipulate in my "Patient Agreement" that I charge for any time commitments over 10 minutes.

…Doctors are grappling with it [too] …I recently saw something (I think in the Washington Post) about how the Internet is making medical care more impersonal leading to patients becoming electronic "i-patients."

…I do e-mail with clients but only if they have e-mailed me first, and if it is non-clinical content such as changing appointment time. Client initials e-mail address on my intake form indicating they give me permission to communicate with them this way. If a client sends me clinical info via e-mail, I never "reply" to the e-mail as I would then be re-sending their confidential information over the internet. I will start a clean e-mail at that point.

…Clients go to my website which contains a detailed resume with where I graduated, and they can guess my age, etc. Only one client has brought it up very early in the treatment. I didn't make a big deal out of it. Others may have googled me but they have never told me.

…I tell clients that email is a communication I use only for very limited communications that require yes/no answers or possible meeting times. Email is a communication where there is no affect and this is essential for psychotherapy to take place. I prefer voicemail for messages. Most people seem to get this.

…On a few occasions—at the client's initiative—I've used email to reschedule. Occasionally a couple of my clients like to e-mail me things they're pondering during the week. I think it's partly a way to feel connected when we're physically apart and, for some of them, a way to try to organize (i.e., defend against!) anxieties. I never respond by e-mail to these latter, except to acknowledge I received it and suggesting we go over it at the next (or some future) session. I do print out a copy for my files and also to bring to the session. I'm not sure if this latter is a good idea, but for now I do it, primarily, I think, to demonstrate that I take them seriously.

So far as I know no one has tried to "friend" me (what a loathsome verb!) on Facebook. I would not agree to that. I do not myself have a Facebook page.

…The internet has been wonderful for a client of mine who wants to keep me informed about his progress or problems. It is a quick way to keep in touch with a person who only comes intermittently. At times, it has helped him decide to come in for a "tune up."

... A couple I have been seeing is moving out of the country. They asked if I would have occasional sessions over the internet. Since I have Skype and they plan to get it once they move, we will actually be able to see each other when we talk...Nothing beats the internet for information gathering. It is amazing for finding resources and information related to our field. The list serve has been terrific, too. ❖

CLINICIANS & MONEY

Financial Empowerment Starts with Insight

Peter H. Cole, LCSW, Chartered Financial Consultant

There are two intersecting issues that I will be considering in today's column: where we are in the stock market today, and some thoughts about private practice in these economic times.

Investing in the Current Market

It is always dangerous for me to write about the stock market in Clinician's Money Update as there is a lag period before we go to press and any prediction I make about the stock market may well prove to be wrong before you read this column. Therefore I won't try to predict (I don't believe in stock market predicting anyway). Instead I would like to share with Clinician's Money Update readers a few reflections on where the market is as of today. I am writing this piece on May 21st 2009. Since March 9th 2009, the S&P 500 is up a little over 25%*. This may signal a bottom of the market decline that investors have been dealing with since December of 2007. However, there is no guarantee that the March 9th low will represent the bottom of the market. Indeed, previous bear markets have had short rallies that have not indicated the end of the bear market (this phenomenon is known as a "bear market rally" or more pungently as a "sucker's rally"). We have been through a Bear Rally in just the last few months: from November 20th 2008 to January 6th 2009, the S&P gained 24%, followed by a return to new lows. No one knows if this is a Bear Market Rally or the beginning of a new Bull Market.

Since we cannot predict the future of the market, my advice is to maintain allocation of your investments that aligns with your needs, goals and life circumstances. In financial planning parlance, this is known as your "risk tolerance." I suggest that you meet with your well-qualified financial advisor, review your risk tolerance and make sure that the allocation of your investments reflects your tolerance for risk.** With crises in the housing, financial and automotive sectors of the economy, along with a budget crisis here in the state of California, it is no wonder that the stock market has been volatile and that consumers are nervous about spending.

Clinical Social Work in the Current Economic Climate

Consumers are holding onto their wallets in this uncertain economic climate and many are nervous about paying for needed psychotherapy. I am hearing from many of clinicians that their practices are down. For example, in a consultation this week, a clinical social worker (who at age 65 is a gifted therapist and at the height of his considerable skills) shared with me that he has been in practice for over thirty years and has never had this much trouble keeping his practice full. He shared that he is concerned, upset and wondering if he should retire as "people think of me as too old and aren't referring to me like they used to". I shared with him that he is not alone in having difficulty with his practice and encouraged him not to personalize this economic downturn. It is important not to intro-

ject negative feelings about oneself as a practitioner because one's practice is down in this economy. We all have professional self-doubts, and these can become amplified when our practices are down.

In modern life, psychotherapy is necessary for a great many people. There is no substitute for it. Neither medication, advice from clergy, nor self-help groups can do what psychotherapy does. It is important that we clinicians remember the irreplaceable importance of psychotherapy even when consumers are reluctant to pay for needed services. Certainly some clients will choose to cut back or to temporarily stop therapy – but just as the stock market goes through its' cycles so do our practices. The economy will recover and the importance of psychotherapy goes on unabated. My feedback is to maintain confidence in your practice and in the vital necessity of clinical social work for our clients.

The best advice is to adapt to difficult times, but maintain your commitment to and confidence in your practice. Some of the things private practitioners are doing to get through tough times include: providing a reduced fee for some patients, taking on a higher percentage of managed care patients, subletting the office and seeing patients less frequently. As we make necessary adjustments, let us be upbeat about the future of our profession and of our practices—the skills we have are needed now and will be needed in the future.

My advice is to keep up your spirits by getting lots of support from your professional colleagues. Stay involved with your local Clinical Society chapter and other sources of professional support. Maintaining a positive and hopeful attitude toward your practice will help you survive and thrive in these difficult times.

When the going gets tough, get back to basics. Here is a reminder of some of the basics of a private practice that will help sustain you:

- Get good professional consultation
- "Keep on keepin' on" with your networking and marketing
- Stay involved with training and with your professional community

Good luck and please feel free to contact me with any feedback or questions. ❖

Peter H. Cole, ChFC, Director and Financial Services Specialist, Insight Financial Group, 2011 "P" Street, Sacramento, CA 95811
Phone 916-444-1122 Fax 916-553-4373

*http://finance.yahoo.com/q/hp?s=%5EGSPC. The Standard & Poor's 500 Stock Index consists of 500 stocks chosen for market size, liquidity,and industry grouping, among other factors. This market value-weighted index is designed to be a leading indicator of U.S. equities and is meant to reflect the risk/return characteristics of the large cap universe. Indexes are unmanaged and cannot be invested into directly

**An asset allocation or diversification strategy does not guarantee a profit or protection from loss in a declining market.

***The views, opinions, and forecasts expressed are those of the author, and may not actually come to pass. This information is subject to change at any time, based on market and other conditions and should not be construed as investment advice or a recommendation of any specific security. Each investor's portfolio must be constructed based on the individual's financial resources, investment goals, risk tolerance, investing time horizon, tax situation and other relevant factors. Please discuss with your financial advisor before implementing an investment plan.

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

In addition to your name, please enter only information that has <u>CHANGED</u> since the last directory.

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❑ **<u>REMOVE</u>** Office located at _____

❑ **<u>ADD</u>** Office:

Address _____

City/State/Zip _____

Office Phone (_____) _____

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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

GWSCSW BOOK CORNER

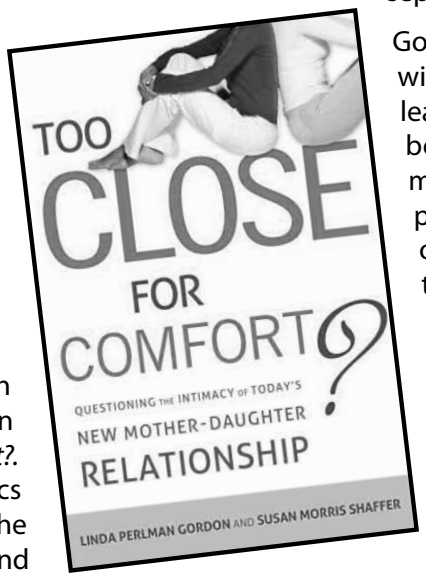
Our book corner celebrates the works of GWSCSW authors. Please contact Erin Gilbert at erin@egtherapy.com with information about your publications.

Review by Erin Gilbert

Too Close for Comfort? Questioning the Intimacy of Today's New Mother-Daughter Relationship

Linda Perlman Gordon and Susan Morris Shaffer

"My mother is my best friend." When GWSCSW member Linda Perlman Gordon and Susan Morris Shaffer read these comments made by women quoted in various newspaper articles, they homed in on the topic of their fourth book, *Too Close for Comfort? Questioning the Intimacy of Today's New Mother-Daughter Relationship*. The book details the relationship between today's mother and adult daughter, beginning with an introduction about how mothers and daughters are increasingly sharing experiences since both may be in the workplace concurrently.



The authors held focus groups with many mothers and daughters to gain material for *Too Close for Comfort?*. These groups identified such topics as attachment versus individuation, the differences between supporting and enabling a daughter, and the nature of friendships between mothers and adult daughters. One chapter describes archetypes of mothers, including but not limited to the Guardian Angel (one who tries to protect her daughter from disappointment), the Alpha (one who frequently finds fault with her daughter and believes mom's way is the best way), and the Mini-Me mother (one who wants her daughter to be like her and doesn't consider the daughter's separate identity).

Gordon relays that the book concludes with a summary of what the authors learned, and relationship strategies for both mother and daughter. Tips for moms include how to refrain from fixing problems by listening instead, to accept one's imperfections as a mother, and to avoid personalizing a daughter's disappointments. For daughters, the authors recommend recognizing that it isn't always easy for mothers to acknowledge daughters as adults, to try to understand mom's challenges, and to remember that mothers want to be appreciated too.

While *Too Close for Comfort?* was written for a wide audience, Gordon explains that social workers may find it valuable because of the book's sociological bent, and because it may provide the language for social workers to discuss mother/daughter issues with clients. Gordon recommends *Too Close for Comfort?* for clients in general, and for anyone who is a mother or an adult daughter.

Gordon will be discussing *Too Close for Comfort?* on the Diane Rehm Show on September 1, at Politics and Prose on September 26, and at the Bethesda Barnes & Noble on Septmber 24.

For more information, check out Gordon's website, www.parentingroadmaps.com. ❖

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

IPI METRO | The Metro Washington Center of the International Psychotherapy Institute

Academic Year 2009-2010

SEX AND SEXUALITY IN CONTEMPORARY PSYCHOTHERAPY

A One-Year Certificate Training Program for Mental Health Professionals (AASECT-APROVED)

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

Course Objectives

1. Participants will develop an enhanced awareness of their own feelings and ideas about sexuality, and a comfort in dealing with sex and sexuality in their clinical practices.
2. Participants will gain an introductory knowledge of:
   - Human sexual development through the lifespan
   - How to take a sexual history and formulate a psychosexual assessment
   - Therapist/client boundaries in the discussion of sexual issues
   - The range of sex therapy interventions (and when to make a referral to a specialist)
   - Male and female sexual dysfunction
   - Paraphilias and sexual compulsions
   - A medical view of sexual dysfunction (including the use of medications)
   - Sexual issues in clinical work with gay, lesbian, bisexual, and heterosexual couples
   - Diagnosing, understanding, and treating gender identity disorders
   - Sex in monogamous and non-monogamous relationships (including fantasy, desire, and affairs)
   - The integration of psychodynamic and cognitive behavioral approaches in sex therapy
   - Sex and the physically disabled
   - Learn the fundamentals of treating sexual offenders
   - Learn the fundamentals of working with children who have been molested

Tuition

The annual tuition for the full program is $1,450 (or $150/month) and includes Associate Membership in IPI. Participants may opt to register for one or more individual session at a cost of $200 per four hour session (please indicate which sessions you wish to attend on your registration form).

Continuing Education

36 hours (or 4 hours per individual session).

Registration and Information

Download registration form at www.ipimetro.org, or call IPI Metro at 301-951-3782 to have a registration form mailed or faxed to you. A $100 non-refundable deposit must accompany registration.

PLEASE CHECK OUR WEBSITE FOR A LIST OF PROGRAM FACULTY WITH BIOS AND SCHEDULE
WWW.IPIMETRO.ORG

The International Psychotherapy Institute (IPI) is approved by the American Psychological Association to sponsor continuing education for psychologists. IPI maintains responsibility for the program and its content. IPI is recognized by the National Board of Certified Counselors to offer continuing education for counselors (provider #6017). IPI adheres to NBCC Continuing Education Guidelines. Application will be made to NASW to provide Continuing Education for social workers.

THE INTERNATIONAL SOCIETY FOR THE PSYCHOLOGICAL
TREATMENTS OF THE SCHIZOPHRENIAS AND OTHER PSYCHOSES
UNITED STATES CHAPTER

ISPS-US Tenth Annual Meeting:

Interpersonal Approaches to Treating Psychosis: The Living Legacy of Chestnut Lodge

October 2-4, 2009

At the Red Brick Courthouse
29 Courthouse Square, Rockville, MD 20850

Hosted by ISPS-US Baltimore/D.C.
Jointly sponsored by ISPS-US, Peerless Rockville and The Lifespan Learning Institute.
Up to 15.5 CEU/CME credits will be offered.

Keynote Speaker: John S. Kafka, M.D.

Honoree: Daniel Mackler, L.C.S.W.

This program will interest psychologists, psychiatrists, social workers, nurses and other mental health professionals, as well as members of the lay public, including service users, interested in interpersonal approaches to treating psychosis.

ISPS-US, the U.S. Chapter of ISPS, was founded in 1998. We promote the humane, comprehensive, and in-depth treatment of psychotic disorders. We reach across the boundaries of the mental health professions to integrate a psycho-bio-social approach promoting secure attachment.

The Tenth Annual Meeting of ISPS-US honors the legacy of Chestnut Lodge, which was a beacon for the psychodynamic treatment of severe mental illness. The Lodge was located an easy walk from the site of our meeting. The Lodge's Main Building, which sadly burned down in June, was the site of Joanne Greenberg's autobiographic novel, *I Never Promised You a Rose Garden*. The home and office of her famous therapist, Frieda Fromm-Reichmann, who wrote and taught *The Principles of Intensive Psychotherapy*, will be open. Fromm-Reichmann's biographer, Gail Hornstein, PhD, will hold a book signing there.

We also remember other pioneering humanistic treatment programs, whose methods continue evolving, through the work of the Lodge's former staff members and others. Chestnut Lodge and its staff inspired many others to develop their own unique approaches to treating severe mental illness. We will celebrate this continuing legacy through examples of the wide diversity in humanistic approaches to those suffering from psychosis.

Registration and more information are at WWW.ISPS-US.ORG.

ISPS-US • PO BOX 491 • NARBERTH, PA 19072
(610) 308-4744 • CONTACT@ISPS-US.ORG
VISIT OUR WEBSITE AT WWW.ISPS-US.ORG

COMMITTEE REPORTS

Continuing Education

Ted Billings, Chairperson
ted.billings@gmail.com

The continuing education committee has planned a number of exciting workshops for the fall, winter, and spring. We will offer a course on the ethical considerations surrounding professional wills, as well as a workshop introducing clinicians to neurofeedback. We will be providing three courses in family therapy, all of which address the theme of *Change:* Effecting Change within Affluent Families, Helping Families Move Through the Stages of Change, and Helping Families Stay Connected in an Ever-Evolving Technological Society. We are also exploring the possibility of providing courses of greater length which would provide an in-depth look at areas that are not covered through other continuing education programs in the DC region. ~Jonah Green

Legislative & Advocacy

Margot Aronson, Chairperson
malevin@erols.com

With the fast-and-furious pace of the Virginia and Maryland Assemblies over until next session starts in January, committee members have a chance to slow down and catch our breath – but it seems there's always something to work on, as you'll see from the Legislation & Advocacy pages.

The GWSCSW listserve makes it possible to alert about half our members when issues affecting mental health care and/or clinical social work practice arise. Any ideas for how to reach those of you who aren't on the listserve—quickly, that is—would be most welcome!

Our major effort this summer was to exhort our Maryland members and licensees to protest the changes in CEU regulations proposed by the Maryland Board of Social Work Examiners. Our thanks to all of you who contacted the Board. There is no doubt that the Board will be convinced by the numbers of unhappy emails to take another look at their proposal; our hope, of course, is that this reexamination will result in a revised CEU policy ensuring that LCSW-Cs maintain the highest clinical standards of practice.

Our Maryland Legislative Council intern, Novlett Lewis, has graduated from Howard University; she is now working at the Washington Hospital Center and preparing for the LGSW exam. Novlett did an excellent job of representing us while learning the ropes of advocacy from our expert in Annapolis, Alice Neily Mutch.

Nancy Wilson has volunteered to represent us on the Maryland legislature's end-of-life work group. Is this an area that interests you? Assistance in reading and commenting on the numerous documents coming out of the work group would be most welcome.

Mentor

Sheila K. Rowny, Chairperson
sheila@rowny.com

The Mentor Committee welcomes members who are starting out in the field, beginning private practice, or new to the Metropolitan area and interested in information and guidance from one of the Society's more seasoned members. If interested, please fill out the application on the Mentor page of the GWSCSW website. Mentors assist social workers in managing issues related to licensure, establishing a private practice, professional identity, finding a supervisor, and other concerns related to professional development. Mentors and mentees are matched according to location, interest, and types of experience. Together they determine a mutually convenient timeframe in which to explore the issues and negotiate the relevant steps to be taken. The Committee is always recruiting new Mentors, and applications are also found on the Mentor page of the Society website.

Have you been thinking about the advantages of having a group of peers and an experienced leader to consult with as you build your practice or to act as a sounding board/resource for ideas related to professional development? Now is a good time to begin planning for a group to start in the fall. The Mentor Committee can help with organizing the group and in identifying a leader, so contact Sheila Rowny if you would like to participate in a group or lead one. The

continued on page 34

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

ongoing Mentor Group continues to meet monthly at different locations. Their focus is on starting a private practice, and the group membership has been consistent for several months. As a result, they have decided to close their group to new members.

Keep an eye out in the fall for notice about a panel discussion focused on various practice specialties. Please forward suggestions of specific practice areas or your interest in participating on the panel to Sheila at 301-365-5823 or by email.

Summer is passing quickly. The Committee hopes restoration and renewal are a part of everyone's plans. And of course, if you are looking for a direction to channel any newly found energy, please volunteer to join the Mentor Committee's efforts!

Newsletter

Jen Kogan, Co-Editor
jenko108@gmail.com

Caroline Hall, Co-Editor
caroline.hall@mac.com

We are happy to report more member submissions are coming in and we want you to keep it up! Please send all of your ideas to us at the emails listed above. We promise that no idea is to small and we are happy to talk with you about how your thoughts might be worked into a finished newsletter piece.

In this issue, you may have noticed a a new feature called, "Adjuncts to Therapy." In this first installment by Connie Ridgway, she explains what is cranio-sacral therapy and how it can be used as a complement to psychotherapy. Please mail us with your 'adjuncts to therapy' so we can be sure to alert our members to relevant resources.

Finally, a big thank you to Nancy Markoe for her editing assistance on this issue.

Programs

Joel Kanter, Chairperson
joel.kanter@gmail.com

The Program Committee continues its work planning and implementing a wide range of educational and social activities for GWSCSW members. This year our activities begin with an exciting weekend with Carol Tosone, MSW, PhD, a Professor at New York University School for Social Work and the Editor of the *Clinical Social Work Journal*. On Friday evening, September 25, Dr. Tosone will present at a GWSCSW dinner meeting on the topic of "Clinicial Issues in the Treatment of Professional Women" and on Saturday, September 26, she will be the keynote speaker at an exciting day-long conference we are co-sponsoring with the National Catholic School of Social Service on "Attachment & Vicarious Trauma in Clinical Social Work."

In October, 2009, we begin our annual Brown Bag lunch workshop series where members share their expertise with other members and interested colleagues. The series will have four Friday meetings at the VCU School for Social Work in Alexandria and four Friday meetings at the Davis Library in Bethesda. Committee members Dalal Musa and Lisa Snipper will be coordinating the Virginia meetings and Adele Redisch and Tish Reilly will be coordinating the Maryland meetings.

We also are planning another Ethics workshop using the videos of the HBO "In Treatment" series in October 2009 before the Maryland licensure deadline. These workshops have been very popular and well-received. Look for dates and times in the coming weeks. If you are interested in volunteering to lead one of these discussions, please contact me.

Later in the year, we are planning an annual day-long conference on "Child Treatment" with both guest speakers and presenters from our Society. We are also planning another theatre event.

Besides the aforementioned members, Judith Asner and John Cornelius have recently joined the Program Committee. We welcome additional members and anyone interested should contact me at the email address above. ❖

Welcome New Members!

Full Members

Eva M. Hill

Hetty Irmer

Nancy Killen

Michael Payne

Jane Prelinger

Deborah L. Taylor

ADVERTISEMENTS

Advertisements, accompanied by full payment, must be received by the GWSCSW by the first of the month preceding publication.
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OFFICE SPACE AVAILABLE

BETHESDA – Wonderful downtown office available immediately for long term sublet. Light filled 600 sq. ft. office with private waiting room and kitchen access. Parking available for patients. Nightly office cleaning and utilities included. Walking distance to metro and all the shops and restaurants. Part of two office suite. Other office occupied by full time psychotherapist, adult practice. $1600.00 and can be shared by two therapists. 301-656-5776 or lmr6917@aol.com.

DUPONT CIRCLE – Office available in historic, fully renovated, Class A office building. Shared suite w/other psychotherapists. New carpet/paint. Storage closets, kitchenette, great windows, full soundproofing. Free telephone/internet. Next to Metro entrance. Available part or full time. 202-462-4646 or LindaLevine@urbanventures.com.

FRIENDSHIP HEIGHTS/CHEVY CHASE – Yet another sublet in desirable Highland House. Full or part-time. Large offices, including waiting room, bathroom and kitchen. Separate entrance for therapists. Metro accessible. Contact Diana Seasonwein drseasonwein@verizon.net or 202-412-9020.

NOVA/TYSONS 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.

ROCKVILLE – Office for rent part time or full time. Free parking, kitchenette, first floor, suite pleasantly shared with other therapists, on Rt 355 near Montgomery College. Call Nancy, 301-442-3750.

ROSSLYN – Beautifully furnished office available for sublet evenings and Saturdays. Prime Wilson Blvd location a short walk from Metro. Contact Marcie Solomon at 703-522-9053 or Marcie.Solomon@gmail.com.

WASHINGTON DC – 17th & K Streets. 2–2½ days a week (days negotiable). Great location, 1 Block from both Red and Blue metro lines; easy walk to Yellow Line. Sunny, large window, beautifully furnished office in suite with two psychiatrists and a psychologist. Shared waiting room. Large utility room with kitchenette. Free use of fax, copy machine, and 4–drawer file cabinet. Contact Yu Ling Han, Ph.D. at 202-213-1876 or ylhan@starpower.net.

POSITIONS

POSITION SOUGHT – Mature Smith College MSW grad ISO entry level position to work toward LCSW licensure. Previous social work experience and internships with adolescent inpatient and adult PTSD outpatient populations. Contact Sharon Maybarduk at smaybarduk@gmail.com or 571-214-2703.

GROUPS

ADOLESCENT AND YOUNG ADULT THERAPY GROUPS – Ages 11-25. Rathbone & Associates, named "top group therapist" by Washingtonian. 301-230-9490, www.rathbone.info.

ADOLESCENT DBT FULLY ADHERENT PROGRAM – Individual DBT, skills groups and treatment team. Rathbone & Associates, named "top therapist for troubled teens" by Washingtonian. 301-230-9490, www.rathbone.info.

TRAINING

DREAM GROUP FOR THERAPISTS – Work your own dreams while learning how to work with your client's dreams. Led by Ann Dobbertin, LCSW-C; Hyattsville, MD; 301-422-0101. www.anndobbertin.com. Meets first Friday of the month: 11am-2pm; $125 per session; Category II - CEUs.

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.

PSYCHOANALYSIS TRAINING – Sunday, October 18, 2009 from 2:15 to 5:30 pm, The Joint Institutes Candidates' Committee presents the 15th Annual Candidates' Symposium at the Baltimore Washington Center for Psychoanalysis, 14900 Sweitzer Lane, Laurel, MD 20707. Yolanda de Varela, PhD, from the International Institute for Psychoanalytic Training will present a clinical paper "Claiming Psychic Space: Creating an Opening for Thinking through Psychoanalysis." All five analytic institutes will be responding to the case presentation. 3 CME's or 3 CE's will be awarded. Questions: email: jiccmail@gmail.com.

DEEPENING THE TREATMENT SEMINAR – Judy Rovner, MSW, psychoanalyst, is offering a monthly two hour seminar (October-June) for clinicians interested in working more intensively in psychoanalytic psychotherapy. Jane Hall's books, Deepening the Treatment and Roadblocks will be used as the framework for discussion of participants' cases. $75/session. For information call 301-654-8747 or email judithrovner@comcast.net.

Do we have your email address?

If you're not sure, please send an email to the office from your preferred email address and we'll update your information to include it.

GWSCSW@gmail.com

Greater Washington Society for Clinical Social Work
Education • Advocacy • Community

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UPCOMING GWSCSW EVENTS

Begins September 11 **Continuing Education: Ethics: Emergency Coverage of Your Practice***
Presenter: Melinda Salzman, MSW
Time: 1:30– 3:30 PM
Location: Silver Spring, MD
Info: Page 19

September 16 **Continuing Education: Ethics: Boundary Violations***
Presenter: Carolyn Gruber, PhD, LICSW
Time: 12:00 – 3:00 PM
Location: Washington DC
Info: Page 19

September 25 **GWSCW Dinner Meeting**
Clinical Issues in Treatment of Professional Women
Presenter: Carol Tosone, MSW, PhD
Time: 6:30 PM
Location: TBD

September 26 **Workshop**
Attachment & Vicarious Trauma in Clinical Social Work
Presenters: Carol Tosone, MSW, PhD; Eileen Dombo, PhD; Susanne Bennett, PhD
Time: 9:00 AM – 4:30 PM
Location: Catholic University, Washington DC
Info: millert@cua.edu

September 30 **Continuing Education: Ethics: Termination***
Presenter: Carolyn Gruber, PhD, LICSW
Time: 12:00 – 3:00 PM
Location: Washington DC
Info: Page 19

October 1 **GWSCSW Membership Renewals Due!**

October 16 **Brown Bag Lunch Series**
Torn Between Two Lovers
Presenter: Emily M. Brown, MSW
Time: Noon – 1:30 PM
Location: VCU Sohool of Social Work, Alexandria VA
No Charge for members; $20 for non-members
Info: Page 25

October 23 **Brown Bag Luch Series**
Gestalt Therapy for the 21st Century
Presenter: Marilyn Lammert, MSW
Time: Noon – 1:30 PM
Location: Davis Library, 6400 Democracy Blvd. Bethesda
No Charge for members; $20 for non-members.
Info: Page 25

November 1 **Fall New Member Gathering**
Time: 2:00 PM – 4:00 PM
Location: Annandale, VA

November 15 **Continuing Education: An Overview of Neurofeedback for CSW***
Presenter: Mary Lee Esty, PhD
Time: 9:00 AM – 1:00 PM
Location: Bethesda, MD
Info: Page 19

For current information on events, dates, times, locations go to our website atwww. gwscsw.org and click on CALENDAR.

*** Complete information for all the 2009–2010 GWSCSW Continuing Education courses can be found on pages 18–20**