

Education ♦ Advocacy ♦ Community

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A Wake-Up Call to the U.S. Clinical Social Work Profession

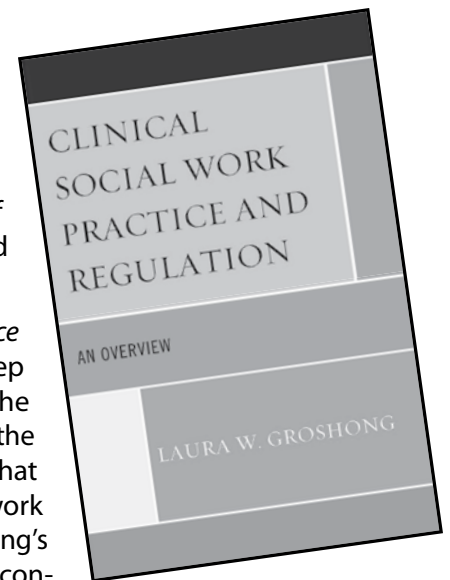
Editor's note: Laura Groshong, LICSW, whose just-published book is reviewed below, has long been our go-to expert on licensing and regulation issues. Director of Government Relations for the Clinical Social Work Association (CSWA), she keeps affiliate societies such as Greater Washington, Maryland, and Virginia up to date with legislative reports and alerts at the national level, and helps us with lobbying on complex State and District level concerns.

Clinical Social Work Practice and Regulation: An Overview By Laura Groshong

Reviewed by Patricia K.S. Baker

This book is an eye-opening, often dismaying, thoroughly researched wake-up call to the clinical social work profession. It is “must reading” for all clinical social workers, all social work associations, graduate schools of social work, social work licensing boards and the Council on Social Work Education.

Laura Groshong, in *Clinical Social Work Practice and Regulation: An Overview*, has taken a deep look into the framework of our identity. She compares and analyzes licensing laws across the country in 18 categories. One might think that plodding through 18 categories in social work licensing laws could be a snoozer. But Groshong’s data is so compelling and her style so clear, concise and jargon free, that she engages, enlightens and, ultimately, impassions the reader. She identifies significant shortcomings and confusing variations across state lines in our licensure laws and regulations. She notes the lack of standards for clinical social work training and education from the Council on Social Work Education and, thereby, in our licensure laws leaving many social workers with minimal to no clinical courses in their MSW training. Because state licensure defines clinical social work, its scope of practice, and criteria for licensure, this book becomes a framework for delineating clinical social work conditions and offers a studied explanation about why the profession still struggles with image problems, identity issues, and status concerns (see Our Online Society, page 28).



continued on page 3

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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 pub-
lished 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 mollym3@gmail.com

The next issue will be published
March 2010 and the deadline is January 20.

Email articles to jenko108@gmail.com or
caroline.hall@mac.com

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President's Message

Susan Post

As fall unfolds and daylight savings time ends, it always feels to me as if there's less time—in the day, the week, for everything. My mother passed away just over a month ago. I wrote a little about her in my last letter, and appreciate the many notes and emails I received expressing your thoughts and good wishes. We had a wonderful memorial service during which all of her children and grandchildren spoke, and there were tears and laughter and many wonderful remembrances. I'm still trying to get moved out of her apartment, and anticipate that soon I'll be back to running—or at least trotting—speed in my duties with the Society. Meanwhile, I am thankful there have been no crises, and that we have such a skilled Board and office manager to keep our business on track.

We are past the deadline for renewing Society and pre-paid legal plan memberships and into the round of Referral Panel sign-ups. If you haven't joined or renewed with our wonderful online panel, you're missing a real opportunity to get your name out there and share information about your practice. We are also well launched with CE classes and programs, as well as the now-annual theater party, and had a wonderful fall new member gathering at the home of Carolyn Dozier attended by around 20 new, old and student members. Melinda Salzman, our membership chairperson, always asks everyone to share not only something about his or her work, but something about our non-work selves. Just in this small group there were artists, singers, serious athletes, and even two people doing Spanish emersion programs in Costa Rica! I noticed, also, an ever-increasing proportion of us involved in some form of alternative healing, both personally and professionally.

Recently I did a brief survey on the listserv looking at how many of us are in private practice or in other kinds of employment. It turns out that a solid quarter of us are employed in schools, agencies, clinics and hospitals, and there are also many doing contract work for outside organizations. The Board will be looking at ways to make our services and programs ever more responsive to the needs and interests of those not solely in private practice.

THIS IS THE YEAR to become active in the GWSCSW. We plan to develop a program for new and old members interested in leadership opportunities within our Society and the broader field of social work. It should be an interesting way of getting to know your fellow members, learning more about local and national issues, and "giving back" to your professional and regional communities. BECOME INVOLVED! ♦

SUPPORT YOUR SOCIETY...
JOIN A COMMITTEE!

Groshong Book, continued from page 1

Groshong presents a truly disturbing account of the confused and disordered state of the profession and offers a roadmap of recommendations to move us forward. This study is based on the author's extensive research, her experience as a lobbyist for a national social work organization (Clinical Social Work Association) for over ten years, and her experience in her own clinical social work practice.

This well-researched, knowledgeable analysis of the state of the clinical social work profession should be read by anyone who cares about the future of clinical social work. Groshong has done the profession a great service by shining a bright light on our unsound underpinnings by investigating and reporting on our licensure laws and regulations that define who we are and what we do.

Pat Baker, PhD, BCD, has been a GWSCSW member from the beginning; she was a founder of the Maryland Society and has served as its president and, at the national level, is active with the Clinical Social Work Association (CSWA) as well.

THE GROWNUPS

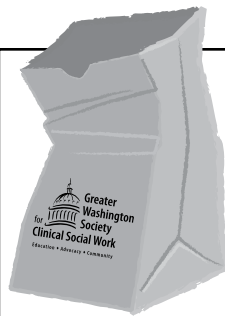
A Group For Social Work Retirees and Those Considering Retirement

Our group was started by GWSCSW member Grace Lebow, and has been meeting monthly since September 2005 to explore and to study this retiree stage of our lives. We gain new insights from reading and discussing books on appropriate topics and sharing our experiences and learning.

Meetings are held once a month on Tuesdays, 2:00–3:30 in Northwest DC CEUs are awarded.

For further information call Estelle Berley at 202-362-2804

**2010 Referral Panel
Information on pages 26–27**



**GWSCSW
Brown Bag
Workshops**

The 2009-2010 Brown Bag Lunch series continues with the programs below. This series enables our members to share their expertise with other members and interested colleagues.

VCU School of Social Work

6295 Edsall Road, Alexandria, Virginia

Adolescent Trauma Treatment

Presenter: Lisa Snipper

Friday, February 19, 2010
Noon – 1:30 PM

**Helping Individuals and Communities
After Collective Violence**

Presenter: Sabine Cornelius

Friday, April 16, 2010
Noon – 1:30 PM

Davis Library

6300 Democracy Blvd, Bethesda, Maryland

Gero-Psychotherapy and Practice Issues

Presenter: Daniel Wilson

Friday, January 8, 2010
Noon – 1:30 PM

The Psychological Aspects of Obesity

Presenter: Geraldine Jennings

Friday, March 12, 2010
Noon – 1:30 PM

1.5 CEUs per workshop

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



Unwanted Intrusions – A Postpartum Symptom

Caroline Hall

Women suffering from anxiety and depression during pregnancy and the post-partum period experience a range of symptoms including sad mood, irritability, low energy, hopelessness and discomfort being around the baby. One symptom that is vexing and sometimes misunderstood is that of anxious intrusive thoughts. Whether they are the O in OCD, or negative intrusions from depression, or those of a more general anxiety state, they are painful and frightening and often destabilizing for the new mother.

Postpartum Depression Facts

Postpartum Depression (PPD) affects approximately twenty percent of new mothers in the first year after giving birth. It can occur after any birth, beginning any time after a woman delivers, but usually begins two to three weeks after giving birth. PPD can last for a few months, up to a year, or longer, if untreated. PPD often requires counseling and medical treatment.

Symptoms of postpartum depression may be similar to the “Baby Blues” but more persistent, lasting throughout the day and longer than two weeks, and can impair a mother’s ability to function. Postpartum depression can occur anytime during the first year after childbirth. Symptoms may include frequent crying, sleep disturbances, feelings of anger/irritability, suicidal thoughts, anxiety, or panic attacks.

The new mother may feel overwhelmed, inadequate, and unable to cope. Although exhausted, she is usually unable to sleep. She may worry obsessively about the baby’s health, while feeling guilty about not bonding emotionally to her child. Many women are ashamed of their feelings and often do not seek help. Early detection and proper treatment is vital.

Source: www.postpartumva.org

“She is terrified of the pictures in her mind, ashamed to admit they exist, and horrified to imagine she will carry them out.”

Intrusive thoughts feel to the woman to be unwanted menacing ideas or images that center on fears of hurting the child and/or of some harm coming to her baby. These types of worries are not uncommon. They are often reluctantly described by the new mother with shame and fear. She is terrified of the pictures in her mind, ashamed to admit they exist, and horrified to imagine she will carry them out.

Women with such intrusive thoughts are tormented, plagued and disgusted by such images. That these images feel alien and shocking is indicative of the mother’s disturbance of mood as opposed to an intention to act. The mother’s fear of acting is the more paralyzing and harmful experience and can cause her to do such things as hide sharp objects or engage in rituals to seemingly control her feared potential action.

As clinicians, such descriptions of intrusive thoughts can be disarming and anxiety provoking to hear. When might the thoughts and images be ego syntonic and likely to cause real danger? How might we distinguish these from the more dangerous psychotic ones?

“The more likely client that may appear in our office is the ruminating, upset, and terrified one.”

Psychosis in the postpartum period happens to 1-2 per thousand women and is marked by delusions, hallucinations or mania and usually appears within the first several days after delivery. The mother is clearly out of touch with reality and does not question the veracity of her thought processes. It is an unlikely but serious complication for a few women. The more likely client that may appear in our office is the ruminating, upset, and terrified one.

Whereas a priest with anxious intrusive thoughts may fear shouting blasphemous epithets during a service, or a newspaper reporter may fear printing scandalous details of office gossip, women with PPD, who have intrusive thoughts, fear they are going crazy, fear they will harm the baby inadvertently and are certain they will be seen as an unfit mother. Explanations of the

symptom of intrusive thought process, management with thought-stopping techniques and/or medication, and reassurance that the thoughts almost never lead to action can go a long way in soothing the new mother.

Intrusive thoughts are such a disarming, undermining symptom for anyone with anxiety, but for the new mother they can be particularly painful and frightening as they create not only confusion about their own mental health, but its effects on their demanding new responsibility of caring for another human being. As clinicians we can be informed and non-anxious observers of this cruel symptom in the post-partum period and be assertive with attempts to understand, treat and calm the new mother.

Caroline Hall, Ph.D., LCSW works with pregnant women and new mothers as part of her practice in Arlington, VA.

A Vital Screening Tool: The Edinburgh Postpartum Depression Scale

Jen Kogan

The Edinburgh Postpartum Depression Scale is a ten-question screening tool that can predict whether or not a woman is at risk for Postpartum Depression (PPD). Cox, Holden, and Sagovsky developed the Edinburgh Scale in the late eighties in Scotland. It is simple to administer and women can also take the test themselves. The scale asks women to answer based on how they have been feeling over the past seven days. A score of nine or higher indicates a need for referral. Supportive counseling and possible medication is recommended to help women ease their symptoms.

It is unclear why the Edinburgh isn't distributed in every hospital and obstetrician office across the country. Many PPD support groups and mental health providers are taking it upon themselves to educate the medical community. Now that a three-question version of the Edinburgh is now available, those in the field hope that it will be easier for doctors to use since it takes less time to administer. Anyone who wants to use the scale is welcome to reproduce it without permission as long as the authors are cited in all copies. *

Source: www.fresno.ucsf.edu/pediatrics/downloads/edinburghscale.pdf

Jen Kogan, LICSW works with new moms and families in her north-west, DC practice.

Washington Center for Psychoanalysis INC.

The Ethics Committee presents the
Fourth Annual Ethics Program
a panel discussion:

Ethical Issues – Money

Sunday, December 13, 2009

1:00 – 4:00 p.m.

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



**Who Pays the Bill and How Much?
Ethical Issues in Fee Setting**

David Cooper, PhD

**Ethics and Family Finances:
When parents pay for treatment**

Denise Fort, PhD

**Psychological and Market Forces:
How Much Are We Worth?**

Marc Levine, MD

**Could You Treat a 'Bernie Madoff'?
When your money ethics and those of
your patient don't match.**

David Miller, MD

**Missed Appointments: Ethical, Transfer-
ence and Countertransference Issues**

John Zinner, MD



This is a 3 credit ethics course
Members: \$70, Non-members: \$95

Register online at the Center's website
<https://web.memberclicks.com/mc/quickForm/viewForm.do?orgId=wcp&formId=66650>

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[http://web.mac.com/
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*One of the popular benefits of
GWSCSW membership...*

The GWSCSW Listserv!

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

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

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

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

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.

Beth Altman will be having a photography show January 17–February 21, 2010 at Penn Place (aka Black Market Bistro) in Garrett Park. She invites friends and colleagues to stop by.

Marilyn Austin spent two weeks in Southern Italy in October on a project with Global Volunteers teaching English to middle and high school aged kids. Global Volunteers is a non-profit organization, which connects people from all over the world to life affirming service programs .

Jan Freeman co-chaired the recent Annual Conference of the International Society for the Study of Trauma and Dissociation (ISSTD), which was held in Washington, D.C. last month. As part of the conference, she and Dr. Joan Turkus organized an all day Pre-Conference Workshop on psychotherapy with returning soldiers and their families – “Combat Trauma: Boot Camp for Clinicians” - comprised of a faculty of six experts on combat trauma from military, veteran and civilian settings. In addition, Jan presented two papers on trauma-informed psychoanalytic psychotherapy at the Sunday morning section “Dreams and Psychoanalytic Perspectives.” The papers were titled, “The Transference Field and Projective Identification Processes in Complex Trauma Treatment” and “Dreams as Transitional Therapeutic Space for the DID/DDNOS Patient’s System of Alternative Identities.”

Anna Garcia was featured in the Washington Post, NBC news, Univision, and the Latino Media Collective Radio show on WPMF to talk about the Save WEAVE (Women Empowered Against Violence) campaign.

Beth Levine organized a sold out event for EFT therapists entitled “Emotionally Focused Therapy with Trauma” with Presenter Rebecca Jorgensen, PhD. Beth also created a Social Networking Site for local EFT-trained therapists called the DC Metro Area Community for Emotionally Focused Therapy.

Melanie B. Ness is now a Clinical Instructor in Psychiatry and Behavioral Sciences at the George Washington University Medical School, teaching first-year medical students the art of medical interviewing. ❖

Please send all your upcoming news to Caroline Hall at Caroline.Hall@mac.com.

VISIT OUR WEB SITE: www.gwscsw.org

NOURISH YOUR INNER SELF AND CAPACITY TO SERVE CLIENTS WHILE EARNING 6 CEUS!

Practicing Transformation: Insights from Meditation and Psychotherapy

Sharon Salzberg and Mark Epstein, MD

Friday, January 29, 7:30 to 9 PM Lecture

Saturday, January 30, 10 AM to 4 PM Workshop

Meditation and psychotherapy are twin healing paths that together can lead to greater wisdom, compassion and wholeness. Come explore with two seasoned guides how meditation can promote inner resilience and joy and how the Buddha's psychological insights into suffering provide sturdy support to the practice of contemporary psychotherapy. Enjoy the collaborative and interactive teaching style of these longtime colleagues in a program that will help us create the most favorable conditions for the transformation of our clients and ourselves. **6 CE Credits**



Sharon Salzberg is one of America's leading meditation teachers, guiding meditation retreats worldwide since 1974. She is cofounder of the Insight Meditation Society in Barre, Mass., and author of numerous books including *The Kindness Handbook*, *Faith: Trusting in Your Own Deepest Experience* and *Lovingkindness: The Revolutionary Art of Happiness*. She works with the Transforming Trauma initiative at the Garrison Institute.



Mark Epstein, MD, is a psychiatrist in private practice in New York City who has explored and written extensively about the interface of Buddhism and psychotherapy. Among his works are *Thoughts without a Thinker*, *Open to Desire*, *Going on Being* and *Psychotherapy without the Self*. He serves as clinical assistant professor in the postdoctoral program in psychotherapy and psychoanalysis at New York University.

Cost: \$180 with CEUs, lunch included

\$155 full program without CEUs • \$170 Saturday only with CEUs, \$140 without CEUs • \$25 Friday only
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<https://www.seattletech.com/registrations/index.php?1635-221-i-f> • (202) 319-5458

For more information

www.cssw.cua.edu • E-mail gray@cua.edu • Phone (202) 319-5458

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Spirituality and Ethics
Michael Sheridan, PhD
and Cathleen Gray, PhD
April 17
9 AM to 4 PM
Workshop, 6 CE Credits



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A New Continuing Education Certificate Program

ADVOCACY & LEGISLATION

■ FEDERAL

Laura Groshong

As of this writing, Congress is still working overtime to try to come to agreement on health care reform, with five bills in play: three in the House with relatively minor differences, and two in the Senate with significant differences. Some issues are emerging as the major points which will first be negotiated in the separate Houses of Congress, and then in the Conference Committee where the final bill will be developed. Some are relatively new, like wellness provisions; some have been ongoing, like the public option. Some issues will specifically affect LCSWs and/or other mental health professionals. And there are still important unanswered questions about how health care coverage can be increased while decreasing costs.

Public Option: there have now been about four different approaches to a “public option” or government-run insurance for the working poor up to 400% of poverty. These include public plans to be run by the Federal government, plans to be run by states (Cantwell amendment), plans would be available to individuals at 133%, 200%, and 400% of poverty respectively, and

a “trigger” option which would create a public option if a certain percentage of the uninsured do not gain insurance in other ways by a certain date. The politicization of this issue has made it hard to see whether cost neutrality could be achieved in any form of a public option.

Rating: there have been differences in the way that insurance plans are “rated” or premiums are increased, by age. The lower the rating, the less money paid in premiums by those over 65. (The Baucus bill has a rating for those over 65 of 4:1 while the HELP bill has a rating of 2:1, as does the House bill.) Anyone who receives mental health treatment is rated by actuarial charts as well, but that is not being addressed in this health care reform effort, and would likely be a major battle to change.

Wellness “Discounts”: this is a hot topic right now, partly because Safeway has instituted a discount for employees that have a body mass index (BMI) of under 30; have normal blood pressure and cholesterol levels; and do not use tobacco. Aside from the privacy issues involved in employers knowing such personal health information, this may unfairly tax those who do not meet these criteria. Safeway claims that 76% of its employees are happy with this system.

Psychotherapy Reimbursement: neither Senate bill contains the 5% increase for Medicare psychotherapy services, due to go into effect in 2010; the House bills include it. Hopefully this will be included in the Conference Committee bill.

Medicare Part A: the HELP bill and the House bills return the right of LCSWs to be independent providers in skilled nursing facilities (SNFs), but tie that right to the inclusion of LMFTs and LPCs as approved Medicare providers. This compromise is probably the only way to get LCSWs back into Medicare Part A, if it passes.

Mental Health Parity: all bills have mental health parity in them for all the plans that are being proposed, a virtual guarantee that there will be a mental health benefit as a ‘basic’ health benefit. The way that the package of basic benefits will be developed is still under consideration. It is likely that a new oversight body of experts will be created to make this determination.

Save the Date!

Sunday, October 24, 2010

Fredric Reamer

returns to GWSCSW to speak on

Ethics in Social Work

Plan ahead to fulfill 6 Ethics CEUs

with this interesting and enjoyable presentation.

Registration materials will be
available in the spring.

Sustainable Growth Rate Cuts: Medicare payments vary by region. Ever since 2002, payments were also supposed to be tied to the “sustainable growth rate”, which is almost an oxymoron at this point, to keep provider reimbursement rates from growing too fast. This year the SGR was supposed to be a 22% cut which will almost certainly be postponed, as it has been every year since it was enacted. SGR was not included in the Baucus bill, but will need to be postponed in the other health care reform bills, which all include it. It had been hoped that the SGR would be ended in health care reform but whether it will or not is unclear at this time.

A New Look on the CSWA Website

CSWA has added new features to its website, with a new Clinical Dialogue section offering up-to-date readings from the field... plus legislative alerts, policy papers, links to resources in the Federal government, and a job bank for employers and job seekers (at present 240 jobs posted). Be sure to check it out at www.clinicalsocialworkassociation.org.

Laura Groshong, LCSW, is the Director of Government Relations for the Clinical Social Work Association. GWSCSW members are reminded that, while our Society, as a CSWA affiliate, receives benefits such as Laura’s informative articles, a direct membership in the Association brings additional benefits to the individual member.

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■ DISTRICT OF COLUMBIA

By Mary Lee Stein & Margot Aronson

Insurance Issues

This fall, GWSCSW submitted testimony to the DC Insurance Commissioner requesting that the Department find that the surplus held by CareFirst Blue Cross Blue Shield is excessive and should be re-directed to the health needs of the community and/or to subscribers. There are separate but concurrent reviews being held by the DC and the Maryland Insurance Commissioners.

Meanwhile, at long last, DC has established a health-care ombudsman to assist residents in resolving a wide range of problems with healthcare coverage, bills, and access to care. The Ombudsman Office is located in the Department of Health Care Financing. So far, they have been helpful with problems such as appealing private insurance denials of care, determination of Medicaid eligibility, and getting prompt and appropriate services after a hospital discharge. You or your clients can reach the ombudsman at: 877-685-6391.

Child Protection, Communication, and Confidentiality

This fall, Councilmen Tommy Wells (Human Services Committee) and David Catania (Health Committee) have been working on a bill designed to authorize a broad sharing of client information between the District's Health and Human Service Agencies. The goal of the Jacks-Fogle Family Preservation Case Coordination Act of 2009 would be to improve the provision, administration and management of government benefits and services to support families in crisis, with the hope of preventing unnecessary tragedies such as that which took the lives of the Jacks-Fogle children several years ago.

Many concerns were expressed at the public hearing in October - that bill is overly broad, causes significant privacy concerns, and comes with a huge price tag just when the social safety net is threatened with drastic cuts. The coordination of services would, ultimately, create a new bureaucracy of Case Coordinators with sweeping access to the private information of families in the system, as well as a sophisticated new information technology system.

At the least, we would hope that client consent would be required, that specific limits be placed on the kinds

of information to be shared, and that such information relate directly to the issues identified through the risk assessment process. Without such limits, we fear that what is meant to protect could, instead, further alienate at-risk families and push them away from needed resources rather than engaging and assisting them.

Mary Lee Stein, LICSW, represents GWSCSW in discussions of CareFirst, Healthy DC, and related health care and insurance coverage issues. Margot Aronson, LICSW, follows child welfare issues. Both are active on the GWSCSW legislative committee.

DC BSWE – Update

Margot Aronson

The DC Board of Social Work has changed its schedule; it now meets every fourth Monday, with its Open Session at 10:00 AM. Board members and staff welcome guests, and GWSCSW has appreciated the opportunity to share information and stay up-to-date with Board directions.

All of the Social Work Boards select a percentage of renewed licenses for an audit of continuing education credits, and the DC Board is no exception. We've been asked to remind members to please be aware that when you sign your name on the DC renewal, indicating that you have completed all forty continuing education units (CEUs) required by DC, including the six required ethics units, you must be able to produce documentation. Thirty nine hours won't do; nor will two or three CEUs in ethics, even though they might suffice in Virginia or Maryland. Each jurisdiction has its own licensure requirements, and each takes your signature very seriously.

Coming soon on the website and in the next newsletter from the DC Board will be an explanation of the new DC policy to perform criminal background checks on all health professional licensees every four years. The first phase of checking will involve only new applicants; once that process is running smoothly, the rest of us will follow suit.

At present, two of our members—Eileen Dombo and Willa Day Morris—serve on the Board, along with Sharon Cascone and the Acting Chair (and only non-social work consumer member), retired judge Arlene Robinson. The position of Chair has been vacant for a full year. ❖

■ VIRGINIA

Christopher J. Spanos

Virginia will have new elected and appointed leadership when the General Assembly convenes on Wednesday, January 13, 2010. That Friday, the new Governor will deliver an inaugural presenting to the people of Virginia his broad-based public agenda. Then on Monday the 18th, he will address the General Assembly and present specific legislation he would like to see become law.

What will dominate is the state's fiscal condition. Governor Kaine made amendments to the current state budget, reducing 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, and even make additional reductions in state agency budgets for programs and services. We can be sure that the Commonwealth's transportation system funding – roads, mass transit and rail – will be revisited.

A close look at the elections thus far suggests no change in the leadership or key committees in the House of Delegates that might affect the practice of clinical social work or social work in general. (The State Senate is not up for election, as they are on a four year cycle.) There are, however, several issues concerning mental health access and care.

Commission on Mental Health Law Reform

Directed to conduct a comprehensive examination of Virginia's mental health laws and services and to study ways to use the law more effectively to serve the needs of people with mental illness, while respecting the interests of their families and communities, the Commission on Mental Health Law Reform plans to file a progress report on Access to Services to the General Assembly this session, with a final report later in 2010.

Goals of reform include: improving access to mental health, mental retardation and substance abuse services; reducing criminalization of people with mental illness; making the process of involuntary treatment more fair and effective; enabling consumers of mental health services to have more choice over the services they receive; and helping young people with mental health problems and their families before these problems spiral out of control.

Mental Health First Aid Program Studied

The Joint Commission on Health Care (JCHC), Subcommittee on Behavioral Health Care, has studied a request for funding to develop a Mental Health First Aid program (that is, the help provided to a person developing a mental health problem or experiencing a crisis until professional treatment is received or the crisis resolves). The decision has been made to take no action. (More at www.MentalHealthFirstAid.org)

Barrier Crime Study

A two-year study, undertaken by JCHC in 2006 at the request of Senator Devolites-Davis, has found that for a number of individuals with serious mental illness who have assault convictions, often these assaults occurred during an involuntary commitment process. Since there has been no statutory provision to review the circumstances surrounding assault convictions, these convictions have kept individuals from being employed—even as peer counselors in adult treatment programs.

continued on page 12

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The Community Services Boards (CSBs) estimates that more than forty mental health consumers would qualify for employment, if their misdemeanor assault convictions were not an absolute barrier. Such individuals could be assessed for rehabilitation in the same manner that Virginia allows individuals with a substance use disorder to be assessed. It is obvious that being employed is obviously crucial to the recovery process, and there is a workforce need for more mental health staff, including peer counselors.

The legislature may choose to take no action. Alternatively, legislation could be introduced to amend the Code of Virginia § 37.2-416.C to allow an individual with a conviction of assault and battery against a family or household member to be assessed for employment by providers licensed by the Department of Behavioral Health and Developmental Services. A third option is to introduce legislation to amend the Code of Virginia § 37.2-506.C to remove the provision, allowing an individual with a conviction of assault and battery against a family or household member to be assessed for employment by community services boards.

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State Law and the Federal Mental Health Parity Act

The Virginia State Corporation Commission, Bureau of Insurance, has examined the Virginia and Federal statutes on mental health parity and made the following recommendations to JCHC for possible action in the 2010 session of the Virginia General Assembly:

- Amend VA mental health mandate to require parity with physical illness. This would remove benefit limitations to conform to federal law, and could apply to all policies or just large groups.
- Amend VA mental health mandate to mandated offer. This could apply only to large groups, or to all. If the offer is accepted, large groups would have to comply with the parity requirements. Applying the mandate to large groups only would, however, create a big difference in coverage requirements between group types.
- Take no action.

The Mental Health Parity Act amends HIPAA. If, by not acting, the State becomes out of compliance with HIPAA, its ability to review, approve or disapprove forms, review market conduct actions, and /or assist consumers with HIPAA related issues would be lost. Enforcement in these areas would then be left to the federal government.

Christopher J. Spanos is Government and Public Affairs Counselor for the VA Society for Clinical Social Work and WDC Society for Clinical Social Work. He can be reached at ChrisSpanos@SpanosConsulting.com or (804) 282-0278.

Virginia BSWE – Update

By Mark O'Shea

So much has been happening with health care reform in Washington DC, that it is easy to lose focus around issues in Virginia and the concerns that have been raised here regarding social work exemptions.

A "Final Draft Response to HB 1146" is posted on the Board of Social Work website (<http://www.dhp.state.va.us/social/>). Public comments have long since been received, yet debate continues among members of the Board, particularly on what language should define a social worker and a clinical social worker. The next meeting will not be held until January, leaving question about possible substantive changes up in the air.

Eliminating Exemptions

One change that is not likely to be made is the recommendation for eliminating exemptions, so that only persons with social work training and education could be called social workers. The Board of Social Work has worked tirelessly to address the issue of exemptions that was raised in HB 1146. Once the study becomes final, it will be up to our professional associations to take the findings and recommendations, and move forward to further define our profession, protect those we serve, and raise the standards regarding education, testing, and supervision.

Unification of national and local social work organizations can create opportunities for positive forward movement. Alice Kassabian and I, representing the Greater Washington and Virginia Societies for Clinical Social Work, have worked effectively with NASW's Virginia Chapter on this issue. We've had the advice of our lobbyist Chris Spanos, as well as expert guidance from Laura Groshong of the Clinical Social Work Association. We are hoping to include the four Virginia schools of social work in our coalition to eliminate exemptions as well.

A major argument against removing exemptions has been financial: organizations such as the Virginia Private Hospital Association are convinced that removal of exemptions would result in a dramatic increase in cost for hospitals to do business. Likewise, social service agencies fear the cost of retraining, especially when the economy is down.

We believe that such a fear is exaggerated. We recall that Anthem and other insurance companies argued against mental health parity, claiming it would result in a forty percent increase in costs. In the end, parity cost insurance companies one percent, and the gain in effectively treating depression and anxiety more than offsets the increase.

Many, perhaps most, of our Virginia legislators don't know what a clinical social worker does, and it follows that they do not understand why exemptions put the profession and the public at risk. We need to speak up: in the next months, it will be critical for clinical social workers to help legislators understand.

Following is some information about us that may help you to clarify the clinical social work role as you meet with or write your delegates and senators. We must end exemptions; licensure is critical in this unique field if we are to maximize our impact in fighting poverty,

fighting racism, protecting vulnerable citizens both elderly and young and providing individual family and group psychotherapy services in our private offices.

- Licensed Clinical Social Workers (LCSWs) provide more than half of mental health treatment in the country (SAMHSA, 2002.) There are more than 250,000 licensed clinical social workers in the USA, working in agencies, institutions, and in private practice with individuals, couples, families, children, adolescents, and adults.
- LCSWs are covered by the majority of insurance companies in the country to provide diagnosis and treatment of all mental health disorders.
- LCSWs had one of the highest satisfaction ratings of all mental health professionals in 1995 and 2005 Consumer Reports articles (4000 consumers of mental health services in each survey).
- Low LCSW malpractice insurance rates reflect the fact that LCSWs have one of the lowest actionable complaint rates of any mental health discipline (.09%, ASWB, 2004).
- When compared to those of other psychotherapy providers, LCSW training standards are high, and - since the clinical license is granted only after successful completion of two to three years of supervised experience post-MSW and a national examination - can be considered comparable to psychology.

Mark O'Shea, LCSW, is vice-president of the Virginia Society for Clinical Social Work and heads the legislative coalition of GWSCSW and V-SCSW .

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■ MARYLAND

Alice Neily Mutch

The 2009 Interim has been consumed with budgetary concerns, due to gloomy fiscal projections and the understanding that even the budgetary relief from federal stimulus monies will not protect all programs from budget cuts.

Emergency cuts by the Board of Public Works in July and August totaled \$735 million, and Governor O'Malley projected more cuts, including the elimination of the .9% cost-of-living adjustment (COLA) for community mental health providers. In September, a lag in tax revenue was confirmed by the Board of Revenue Estimates, which forecast a deficit of \$683 million for fiscal 2010.

Your Legislative Council joined a coalition of health care providers, advocates and stakeholders across Maryland in calling and writing to the Governor with an appeal to the executive branch for restraint in cutting services for the mentally ill. The message was as follows:

- Mental health services have taken a disproportionate share of State budget cuts. Please rescind these cuts.
- Please do not make any further cuts to community mental health services.
- If mental hospitals (such as Eastern Shore) are to be closed, or hospital beds are lost through cuts, please ensure adequate funding and planning so that all consumers have the services they need to live with their mental illness.

If you can identify and document the effects of cuts, please make your concern known to your Legislative Council representatives. And remember that every grassroots call counts: to contact the Governor, phone 1-800-811-8336, or e-mail him through his website at: <http://www.governor.maryland.gov/mail/>. Also, please also call your General Assembly members at 1-800-492-7122. (To find your elected officials, click <http://mdelect.net/electedofficials/>.)

Clinical Practice: Continuing Education Regulations Changes

When proposed changes to the Social Work Continuing Education Regulations (Title 19 COMAR 10.42.06) appeared to threaten the professional standing of your

profession and, potentially, the public well-being, your Legislative Council took action. Position papers were submitted, testimony was proffered at Board of Social Work Examiners (BSWE) meetings, NASW's Maryland and DC chapters were alerted, and a very effective grassroots email campaign was mounted. The Council also contacted the Administrative, Executive, and Legislative Review (AELR) Committee – specifically its Chair, Delegate Anne Healey of Prince George's County (Hyattsville)—which has oversight responsibilities for the BSWE.

As a result, at the monthly BSWE meeting in August, the regulations which were to go into effect this fall were rescinded, and a draft revision presented. As Margot Aronson related, "the Board agreed to consult with the Societies as it prepares a revised proposal for publication... We were assured we'd be kept in the loop along the way and that the revised version will reflect attention to the issues we've raised."

I was impressed by the great teamwork: the Societies working together and lobbying AELR Committee did an outstanding job and were the greatest influence in getting the Board to address your issues. Delegate Healey deserves a big thank you for her support in having AELR put the regulations on hold. You can contact her to say thanks at anne.healey@house.state.md.us.

End of Life Choices for Care

The 2009 legislature directed the Attorney General to convene a task force to address end of life counseling and hospice care issues in Maryland. The task force has been extraordinary, with frequent meetings and serious study of the issues through reading and discussion. You can be proud of your Legislative Council's visibility. GWSCSW's Nancy Wilson and M-SCSW's Kerrie Schultz are your two reps.

We have been successful in gaining the following major decisions for recommendations to the legislature by December in time for drafting of legislation in the 2010 session:

- There will be no mandates for providers to counsel;
- There will be an effort to ask our Md congressional caucus to urge Medicare to develop a change in regulation to enable reimbursement for end of life counseling;
- Kerrie and Nancy will urge the workgroup to include language accepted in the early draft,

which emphasizes the role of clinical social workers in end of life decision making;

- There will be a recommendation to include certain professional associations to work with the state boards to incentivize licensees to gain further training in end of life counseling services.

Cultural Competency in Clinical Practice

In the 2009 legislative session, Delegate Shirley Nathan Pulliam, a national leader in Cultural Diversity, passed legislation which directs the clinical societies to work with state boards in incentivizing licensees to gain further training. The legislation directs the “Department of Health and Mental Hygiene to develop a method through which the appropriate professional licensing board recognizes the cultural diversity training received by health care providers either through continuing education credits or otherwise.”

The program is mandated to operate through MedChi, the Maryland Society for Clinical Social Work, the Maryland Psychological Association, the National Association of Social Workers –Maryland Chapter, and the Maryland Nurses Association. (As only one of the clinical societies could be selected, the Maryland Society will take the lead for both MSCSW and GWSCSW efforts.) These professional societies are encouraged to identify training programs, or, if feasible, to develop or collaborate in the development of training programs. Each professional society listed “shall” develop a training program to address: ethnic language or racial groups of interest to the health care provider members which are based on the established knowledge of health care providers serving target populations, are developed in collaboration with the Office of Minority Health and Health Disparities; and include standards that identify the degree of competency for participants to qualify for completion of the program.

Concerns for Private Practice

As the 2010 Session nears, it would be useful to consider concerns we’ve raised over the past few years, and to contact your legislators to help them better understand some of the problems you face. Some recommendations:

- Create incentives for hospitals to treat persons with mental illness in their community hospital settings;
- Require insurance plans and managed care organizations to maintain up-to-date accuracy about

the availability of professional providers on their panels;

- Increase reimbursement rates for Medicaid 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 provider-friendly credentials process.

As legislators learn more about clinical social workers – and, in particular, as they come to see you as active advocates for access to quality, affordable mental health care for their constituents – they will become increasingly willing to support your interests.

Alice Neily Mutch is the legislative consultant and lobbyist for our Maryland Legislative Council (the coalition of the Maryland and Greater Washington Societies). Her website www.capitalconsultantsofmd.com provides a wealth of information about Maryland legislation and legislators.

Maryland BSWE – Update

Margot Aronson

At its October meeting, the BSWE approved a new draft proposal for CEU regulation changes, reflecting the input of the Maryland and Greater Washington clinical societies, NASW’s Maryland and Metro DC chapters, and numerous individual social workers who responded to the call for public comment. Because there were substantial changes to the earlier proposal, the new draft should be published for public comment in the Maryland Register by mid-November; licensees will be notified by the Board by email once it is on the Register.

The new proposal would maintain the Category I and Category II classifications; the two categories are delineated carefully in the document. One important change would be that CEUs for either category could be obtained in one hour increments; at present, activities must be at least three hours long to qualify for Category I.

Forty hours total would still be required at the LGSW, LCSW, or LCSW-C level, with a minimum number of twenty Category I (“face-to face”) hours. For LSWAs, who typically earn less, must be supervised, and do

continued on page 16

Legislation—Maryland, continued from page 15

not perform advanced practice, only 30 hours will be required, with at least 15 in Category I. Three hours of ethics will still be required, through face-to-face instruction.

Pro bono therapy hours will **not** be allowed for credit, nor will field instruction or ASWB service. The study of a foreign language and sign language “intended to enhance the delivery of social work services” will be allowed, up to a maximum of 6 hours.

We had been assured that the term “professional training” would be defined in the regulations, with clarification that in-service training on new computer systems, completion of forms, and such would not qualify for CEUs. However, here is the wording proposed – for Category I CEUs: *Attending staff development, professional training, and invited in-house speaker sessions, including but not limited to an educational program planned by an agency to assist employees in becoming knowledgeable and competent about professional social work practice.*

Up to 20 hours of category II credits could be earned via home-study, audiovisual and internet on-line courses provided by an approved sponsor, with this proposal. This is a significant increase from the current 10 hours permitted. While it may be helpful for those social workers in remote areas of the state who might otherwise have to make costly trips to obtain training, we continue to be concerned about the loosening of this standard.

We hope you will take a look at the Register, and send your comments to the Board (note: there will be a deadline). Board members are volunteers wanting the best for the profession; the more they hear from us, the more able they are to be responsive to what we see as important.

Legislative Council Welcomes MSW Intern

Margot Aronson

Ramona Wilson, our new Legislative Council intern, comes to us from Howard University’s MSW Macro program. She has already begun learning her way around Annapolis and following issues of interest to clinical social workers. As the year progresses, she’ll meet legislators, monitor legislative initiatives, attend hearings, and assist our lobbyist Alice Neily in a variety of advocacy activities.

Ramona grew up in Virginia Beach and attended Virginia State U in Petersburg. She chose to major in Psychology, she says, “because I thought this discipline would prepare me to work with people in many different fields. I was looking for a framework and a variety of theories for understanding behaviors in society.”

After graduation, Ramona found a job with Chesterfield County Mental Health Support Services, in a residential setting, working with clients with intellectual disabilities and a variety of secondary mental health diagnoses.

“This was my first exposure to a residential treatment program and I was impressed with the services.” She soon realized, however, that great programs like this “do not exist everywhere.”

She decided to pursue a master’s degree in Social Work at Howard because she wanted to become active in spreading awareness of mental health issues. “The prevalence of mental illness is alarming to me: it affects one in every five Americans. Awareness and access to services are vital and will result in stronger communities.

Ramona is looking forward to her year with the Legislative Council. “I know that I will need to build skills to become a strong advocate for public policies that will support an effective mental health system in our country.” ❖



Student Intern Ramona Wilson and Margot Aronson at a briefing on healthcare reform presented by Maryland’s Mental Health America (MMHA) Montgomery County chapter.

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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

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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

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

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

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

CLINICIANS & MONEY

If Your Practice is Down, Stay Focused on the Basics

Peter H. Cole, ChFC, LCSW

In the current economic climate, many clinicians are reporting to me that their practices are down...particularly therapists who rely primarily on private pay as opposed to managed care or insurance based practice. My advice is to stay focused on the basics and hang in there through the tough times. It is important to remember that psychotherapy is not a luxury for most of our clients—it is a necessity—and as the economy recovers, consumer spending on necessities like psychotherapy should pick up.

First, let's have a quick look at the current economic news—I am writing this piece on November 4, 2009. Bloomberg reported on October 29 that they interviewed 79 economists and their average estimate of growth in the U.S. economy for July through September '09 was an annualized pace of 3.2%.¹ Also, accord-

ing to Bloomberg, Consumer spending in the last quarter rose an annualized rate of 3.1%. Unemployment rates are close to 10%, but unemployment is considered to be a lagging indicator of economic recovery so high unemployment is not necessarily inconsistent with the beginning of a recovery. So, there are signs that the recession may be ending, but it is too early to say if the recession is over.³

In the context of an economy that has been in recession (and may be recovering) with high unemployment (that is likely to improve as a lagging indicator of economic recovery), it makes sense that many clinical social workers in private practice are experiencing a slow down in their private practices. Some clients are reducing the frequency of visits, and others are suspending or simply ending therapy. But let us bear in mind that our clients come to therapy because they are in need of therapy. The recession will not change this basic fact. So, our best strategy is to hang in there with all the things that keep a practice vital. Here are the top five activities that will maintain the vitality to your practice:

- **Stay connected to the community:** Write – Speak – Serve on Committees. Let people know what you do.
- **Keep coming to professional meetings, training and ongoing clinical consultation:** You get fired up about your work, pick up new skills and do important networking at professional gatherings. Don't skimp on those activities that support your professional development.
- **Be creative about your cash flow:** Can you sublet your office a day or two a week? Can you cut back on expenses such as magazine subscriptions or by reducing bells and whistles on your phone service? Small changes in your cash flow—adding a little revenue here and cutting a few expenses there can make a positive impact on your bottom line.

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Mary Patsel
CPCC Money Coach
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John Hurst Certified Family Mediator
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Parenting Coordinator
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Martha Sayre
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Healing after Divorce
Parent / Child Issues
703 383 0683

■ **Keep adding to your retirement fund:** Add on an automatic monthly basis if you possibly can.² Tax deferred contributions will save you on taxes and will be a great help when you retire.

■ **Be creative and problem-solving with your clients:** Are they are having trouble affording your services. Can you work with their insurance company? Temporarily reduce the fee? Start a group? Engage with your clients on the financial issues—understanding that the financial issues frequently have both a practical basis and a deeper meaning. Working with these issues in your clinical consultation will help you sort out transference, counter-transference and ethical issues so that you are in an empowered place to help your clients deal with financial impediments to treatment.

During tough economic times we are reminded of the characteristics that successful private practitioners share: ongoing training, involvement with the community and level-headed business sense. Stick with the basics and your practice will continue to thrive—through good times and bad. ❖

1 <http://www.bloomberg.com/apps/news?pid=20601103&sid=xKaYxOaj5Dg>

2 Dollar cost averaging does not assure a profit nor does it protect against a loss in a declining market. This plan involves continuous investment regardless of fluctuation in price levels. You should consider your financial ability to continue purchasing through periods of low price levels.

3 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, and risk tolerance, investing time horizon, tax situation and other relevant factors. Please discuss with your financial advisor before implementing an investment plan.

Peter Cole is an LCSW, Chartered Financial Consultant and director of Insight Financial Group. His new book *True Self True Wealth* is published by Simon & Schuster and available through Amazon.com. Peter can be reached at 916-444-1122. www.insightfinancialgroup.com.

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PAST PRESIDENTS SERIES

Connie Ridgway

Marilyn Austin: Stepping in the Breach to Salvage Our Society

Marilyn Austin, GWSCSW president from 2001 to 2002, volunteered to be president at a time when the Society was faltering and about to end. It literally would have had to close its doors if a new slate of officers had not intervened. Along with several other brave souls, Marilyn helped turn GWSCSW from extinction to rebirth.

Marilyn was born in Springfield Ohio. She very early began studying the flute and this passion for music and the flute has stayed with her throughout her lifetime. Her father was the son of Italian immigrants and was a lover of fine music. He did well for himself and became the treasurer of a company in Springfield. Her mother came from Quaker lineage, and along with her sisters and a brother, graduated from college before it became a more usual custom for women to go to college. She and her siblings became teachers.

Marilyn graduated from Muskingum College in New Concord, Ohio. Marilyn majored in sociology with minors in psychology and English. She had a variety of leadership roles on campus, and played solos in the college orchestra.

After graduation her first job was with the Social Security Administration in Cincinnati, Ohio where her older brother was doing alternative service at a hospital as a conscientious objector. It was in Cincinnati that Marilyn met her future husband, John, a friend of her brother. John was born and raised in Washington DC, in Anacostia, which at the time was "farm fields and blackberry patches."

John was in the Public Health Service as a sanitary engineer. Soon after they were married, he became a part of the Agency for International Development and they moved to Saigon, Vietnam where they lived for two years, from 1957 to 1959. While John was working with water and wastewater resources, Marilyn taught English to nurses, to employees of an international company, and to the wife of the Japanese Ambassador and the wife of the military attaché. While they were in Saigon their first son Eric was born. Marilyn was listed on the birth certificate as John's "first wife," and her

son was given the option to choose at age 21 between being a US or a South Vietnamese citizen, although by the time he was 21 South Vietnam did not exist.

While in Vietnam, Marilyn and her husband traveled to many fascinating places, including Angkor Wat in Cambodia. This is a vast area of Hindu temples built by an ancient kingdom that flourished from around 900 AD to 1200 AD. This civilization vanished and the temples were overgrown by jungle until discovered by a French explorer in the mid-1800s.

After their tour in Saigon the Austin family was able to travel extensively on their way back to the US. John entered doctoral studies at the University of California at Berkeley. Kristin and Shawn were born while they were in California. After graduation the family moved to Urbana Illinois, where John became an assistant professor of engineering at the University of Illinois. Marilyn returned to school at the University of Illinois' Jane Addams school of Social Work. By the time she had her degree her fourth child Sidney Bryn was born.

After finishing her MSW, Marilyn worked for the Champagne/Urbana Illinois school system as a school social worker, until the family moved to Clemson, South Carolina. John was a full professor, and Marilyn taught Psychology at the university, worked in the student health center and at the state mental hospital. Marilyn worked part time to be with her children, who spent most of their school years in South Carolina. Music continued to hold a prominent place in her life, as she played solo performances as well as chamber music.

In 1976 the family moved to the Washington DC area, where John continued teaching and Marilyn found a social work position at the student health service. She found that she needed ACSW certification to get a job in the DC area (at that time there was no state licensing of social workers). She was put in touch with GWSCSW and became a member, later holding various positions within the Society. She joined a private outpatient clinic as a part-time social worker and practiced group therapy with a psychiatrist there. She left

the clinic to begin a private practice with the psychiatrist in Crofton, Maryland in 1980. After two years the psychiatrist moved, and Marilyn remained in practice there for 25 years. During that time she was separated and divorced in 1985. Her ex-husband died in 2004.

Marilyn also commuted once per week to New York City to work in a fertility research and treatment center. While there she gave two papers at national fertility research organization conferences. Her professional interests have been varied, including work with couples. She is just finishing a book, soon to be published, to help couples establish healthy relationships. She completed her doctorate in Human Development at the University of Maryland. This experience was "very exciting and rewarding." Her dissertation and research was on the possible contributing factors to the development of Borderline Personality Disorder. She graduated in December 1997.

In 2005, Marilyn moved to Olney, Maryland, where she maintains a private practice.

Marilyn's dedication to GWSCSW was strong from the beginning. She joined in 1979 and has served on the Board in various roles. Then in 2001, the Society was about to fold. No one was volunteering to assume any Board roles, and the treasury not only had no money, but also owed money to the Clinical Social Work Federation. They held a last meeting, at which were several past presidents. Marilyn had "looked to the strong women in this field as role models." Now was the time to become one of them. Finally someone spoke up and agreed to become president, and Marilyn volunteered to be vice president. The next day the person changed their mind, and Marilyn was asked to be president. She agreed to take the position for a year. The assembled board encouraged people to participate on committees, building up the association nearly from scratch. They made a financial deal with the Federation. The paid executive director position was eliminated, and slowly the Society built up again. Today we are again thriving with over 600 members.

It is clear that Marilyn is one of the strong women in the field that we can look to as a role model. Thank you, Marilyn, for your dedication to the field of social work and to the Society. ❖

Connie Ridgway is a clinical social worker, a cranio-sacral therapist and a singer. She leads Sounding and Centering groups for people to maintain their sense of joy amidst helping others. She has been a member of GWSCSW since 1991.

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Thoughts on Re-Entry

Diana Seasonwein

Which is more difficult—moving overseas or returning home? For me, the return was much more difficult.

Seven years ago my husband, Robert, and I eagerly and voluntarily accepted the opportunity to move to Prague. He was with the Justice Department's small office called OPDAT, an office largely funded by the State Department and USAID. We were attached to the Embassy, with Diplomatic status.

Our Life Overseas

We were given funds for private Czech lessons once we arrived. This was our first experience moving overseas under the auspices of the State Department, but we fell easily into the privileged SOP of having everything taken care of for us: our housing, the furniture (although granted it was standard issue embassy furniture, which we encountered in other embassy residences), minor health problems at the nurse's office, and American conveniences at the commissary. Another of the many perks of our new existence was that when our car was booted for reasons we knew not why, we simply called the police station, and told them we were with the American Embassy, and please come and remove the boot. Done! We had access to ambassadors from around the world, and nationally known writers and artists. We were regular attendees at the small Jewish congregation, where services were held in the Spanish Synagogue, and where visitors from all over the world attended. We received the full VAT refund every quarter. We had a housekeeper two days a week.

As the dependent spouse, I was able to bypass the long process of obtaining a work permit, because of the agreement between our country and the Foreign Ministry of the Czech Republic. I was able to teach two different psychology courses at two different universities. Once the word spread that there was an American psychotherapist, my private practice was born. English speaking ex-pats in Prague were comfortable coming to see me for counseling because I was one of them. At the same time, many of the issues that they presented with were quite similar to issues presented in my practice here in Chevy Chase. Of course, some of the issues were related to living overseas, and the difficulties in adjusting to that.

The Return

Then, a year and a half later, came the inevitable (due to the end of funding as the Czech Republic entered NATO and the EU) but involuntary end to this paradisiacal existence. We packed out and returned to Washington, DC, where we had lived prior to moving to Prague. We had sold our small apartment and both our cars. When we arrived at Dulles, we jokingly said to each other "Where's our driver?" We spent the next two months in a long-term residence one bedroom suite with our two dogs and seven suitcases. As someone else wrote to me who returned shortly after we did, she felt as if she had been set down on another planet.

Why was the re-entry so much harder than the move overseas? Well, for me, there were several specific rea-

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sons: In order to relocate overseas, I had closed my private psychotherapy practice, had someone else take over my lease, and referred all of my patients to other therapists. I had to reconnect with all of my contacts, and reestablish a practice in a sublet office space, which contributed to my loss of identity.

What I think was more universal, but surprising to me, was that I became a very small fish in a very large pond. There was no embassy support, not just for finding housing or providing medical care, but more important, there was no debriefing of the experience for me or my husband, no readjustment orientation. No support groups. No readymade groups of others who had gone through this. We were on our own.

Moving "home" created other losses. It was painful to leave our new friends and our new way of life. We lost our identity of being an American with the Embassy and all the benefits that that entailed. This loss of status was graphically illustrated even before we left Prague: we had to turn in our Proukas: the cards issued by the Czech government that identified us as diplomats. We had our wings further clipped when our Embassy ID cards were clipped at the corner, showing we no longer could come and go at the Embassy. There was no embassy driver waiting at the airport for us, no embassy housing officer to help us find a new home, and having found the home, no embassy support staff to help us move in and to repair and provide whatever we needed to set up a new home. Of course, we didn't have any of that before we moved to Prague, but it is much easier to get used to that than to get used to being without it.

I tried to write about this experience when it was very fresh, and was unable to do so. I've been back several years now, and there are many pleasures that I am able to enjoy here, even though I still look back with nostalgia at what I thought of as a Lifetime Achievement Award: the chance to live and work overseas. ❖

Immediate Past GWSCSW President, Diana B. Seasonwein, LCSW-C has a transcultural counseling and psychotherapy private practice in Chevy Chase, MD.

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**Upcoming 2010 Programs at
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Presenter: Scott Rutan, PhD
- January 20** **Basic Principles of Group Psychotherapy: The Core Course**
8 Wednesdays, 7:15-8:45 pm
Presenters: George Saiger, MD and Farooq Mohyuddin, MD
- January 21** **Brief Therapy for the Real World and for the Inner World: An Object Relations Approach**
6 Thursdays, 4:30-6:30 pm
Presenter: Michael Stadter, PhD
- January 22-23** **National Group Psychotherapy Institute Conference**
Fostering Regression and Excitement: Using a Developmental Lens the Omnipotent Child Takes Center Stage
Presenter: Stewart Aledort, MD, CGP
- February 19** **Love and Loss: Working with Couples Through Complex Transitions**
8 Fridays, 1-3 pm
Presenters: Sharon Covington, MSW, Deborah Fox, MSW, Joyce Lowenstein, PhD, Charles McCormack, MA, MSW
- March 13** **Attachment and Human Development Center Conference**
Attachment Theory and Ester Bick's Method of Infant Observation: The Melding of Two Traditions of Infant Observation
Presenter: Sonia Gojman de Millan, PhD
- March 28** **Ethics Conference**
On the Margin Between Social and Inner Space: Exploring Mental Health Ethics
Presenter: Richard Ruth, PhD
- April 16-17** **National Group Psychotherapy Institute Conference**
Beyond Theory: The Art of Group Psychotherapy
- May 1** **Intensive Short-Term Dynamic Psychotherapy Conference**
From Psychosis to Recovery: The Long Term Therapy of a Mentally Ill Patient (A Videotape Presentation)
Presenter: Jon Frederickson, MSW

For additional information, contact WSP at
202-237-2700 wspdc.org

2010 Online Referral Panel - Time to Sign Up!

The GWSCSW Online Referral Panel is a popular benefit of membership. There are currently 139 members on the panel and we expect that number to grow in 2010.

In 2009, the website (www.metropsychotherapy.info) averaged over 1,000 hits per month from individuals and organizations looking for clinical social workers.

The 2010 Online Referral Panel sign-ups will be held in two groups:

Renewals

Those currently on the 2009 Referral Panel have already been contacted via email to renew their listings. If you are a current member of the panel and did not receive a renewal email, please contact the office at gwscsw@gmail.com.

Just a reminder, Referral Panel listings must be renewed each year. If you do not submit a complete renewal package by November 30, your listing will be dropped from the Panel.

New Applicants

Those who wish to join for the first time should complete the application on the facing page. It is important to fill out the form completely and submit ALL required documents. Incomplete application packages cannot be processed.

New members of the panel pay \$95 for the first year to have their individual page set up and links made. After the first year, renewals are a nominal amount, currently \$20.

For both renewing and new referral panelists: the deadlines are important. Please be sure you have all your documentation in by November 30 for renewers and December 15 for new panelists. Applications cannot be accepted after the deadline.

Finally, your GWSCSW membership must be current in order to apply for the Referral Panel.

Please contact the office (gwscsw@gmail.com or 202-537-0007) with any questions. ❖

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Deadline: December 15, 2009

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- **Are you currently a FULL MEMBER of GWSCSW?** Yes No *If no, stop here; only current full members are eligible. To join or renew, call 202-537-0007.*

Name _____

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

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

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

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

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

Signature _____ Date _____

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Include a link to your personal WEB SITE: _____

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

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

Population: Child Adolescent Adult Geriatric Developmentally Challenged

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Services: Consultation Case Management Supervision (Certified for Maryland Virginia)

Specialties (3 ONLY): _____ _____ _____

Ongoing Groups _____ Foreign Language(s) _____

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

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

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or type or print clearly on the back of this form or on a separate sheet and include with this application.

Insurance panels: _____

► APPLICATION PACKAGE MUST INCLUDE:

- This **application form**, fully completed.
- A copy of each **state license** for 2010 where you wish to list an office
- A copy of your current **malpractice liability insurance policy** showing a minimum of \$1,000,000 coverage for 2010
- Check** payable to GWSCSW in the amount of \$95

► MAIL THIS FORM WITH ALL SUPPORTING DOCUMENTS TO:

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All parts of your application must be included or your application cannot be processed.

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202-537-0007

OUR ONLINE SOCIETY

By Ann Wroth

Response to Britt Rathbone's Article about Social Workers and Identity

Britt Rathbone's excellent article in the last GWSCSW newsletter provoked quite a spirited response on the Society's list-serv. Many perspectives emerged, and Britt was moved to chime in as well. There was agreement on at least two points: Britt's article was terrific, and we are proud to be social workers. Below are some examples of the feedback.

What We Call Ourselves

- » Personally, I used to call myself a psychotherapist when anyone asked, probably because it sounded more impressive than social worker. But, I have for quite a while now said, in response to the question about what I do, that I am a clinical social worker, and then explained that I direct a psychiatric rehab program and what that entails. Yes, it takes a few minutes to explain what the job is but then folks get it and often go on to mention their family members who have had problems and how they were taken care of, etc.
- » I tend to refer to myself as a psychotherapist, not because I "undervalue my designation as a social worker" but because most people do not have any idea what a "clinical social worker" is—namely, a psychotherapist equally qualified to act as such in every way as much as a psychologist except in giving "psychological evaluations" (as defined by the psychologists) and in much more than most practicing psychiatrists nowadays do (who primarily now function as medication prescribers only). Witness the relative descriptions provided for each of these professions on the *Psychology Today* website, a main source for people looking around for a "therapist." Check it out!

Politics of Identity

- » I think there's a political aspect, for want of a better word, that we are strongly defended against, which is that clinical social work still remains primarily a profession of women. I am a dyed-in-the-wool feminist and I think that being part of something with a strong women's presence is great. I'm sure that all of you do as well. But I can't help feeling that the reticence to consistently tell the world that we're clinical social workers, rather than therapists or counselors, has its routes in some internalized feel-

ing of lack-of-worth of a "female" profession. As a lesbian I would describe feeling weird about that aspect of my life as "internalized homophobia". I'm pretty sure there isn't a name for what I'm talking about, but I have a similar sense of the same situation here.

- » We must ask ourselves *why* we (as a profession) at times tend to undervalue our designation as social workers. Certainly there are many factors, but two stand out: 1. We are a predominantly female profession. Like nurses and (K-12) teachers we are chronically underpaid, undervalued, and overworked in organizational settings. This reflects, in small part, an intransigent bias within the world and this culture, no matter how much we in the West try to congratulate ourselves on being progressive. 2. Social work education. Many, and perhaps the majority, of students I knew when I was in school ('95–98), spoke of experiencing confusing and demoralizing messages/treatment, particularly in their field placements. It seemed that often no one had the students' best interests at heart. I will never forget how grateful I felt when one of my professors in grad school told the class: "You are not there [in field] to do the dirty work no one else wants to do. You are there as a student, to learn." Would that all involved in social work education would give the students that same positive, clear message!
- » Social work is also unique in the mental health professions because of its social-justice and community-based roots along with its historical and current versatility. Social workers have many roles and it is important to value each of those roles. Each area of the profession deserves regard and as clinical social workers seek the credibility we deserve we should "respect the inherent dignity and worth" of each role social workers have. Yes, clinical social work should have standards, which reflect its unique role, and at times those standards may need

to be strengthened or fought for (for example, the recent situation with proposed changes in MD), but that does not mean we have to cling to existing structures of power and prestige.

Advanced Degrees/Clinical Training

- » One problem lies in the fact that social workers can practice psychotherapy with a Masters degree. Clinical psychologists must have a PhD and a year of practicum. Therefore, how can we expect that we will be treated on a par with psychologists and receive the same level of pay? Frankly, I would like to see another designation (title) for those who do have relevant doctoral degrees and clinical education and supervision/training experiences. We do ourselves no good by maintaining the title of social work—even though the word “clinical” has been added to it. If we are doing tradition social work, then call ourselves social workers, but if we are doing psychotherapy, perhaps we need to identify ourselves differently.
- » I’ve been on both sides of the fence, with an MSW and with a doctoral degree in psychology. Frankly, I learned more of relevance with the doctorate, but most of all—the clinical and theoretical knowledge and close supervision provided through the Washington School of Psychiatry in their 3-year program has been the most formative in developing into a clinician. Therefore, I believe we need an advanced designation, and one, which would allow for an increase in compensation to be on a par with psychologists.

And from Britt...

This is exactly my point—an MSW can get advanced training and become an “expert” with superior clinical skills— but often they then start distancing themselves from the social work profession by using the “psychotherapist” label. It has been my experience that there are psychologists and psychiatrists who are abysmal clinicians, as there are social workers. And there are also excellent clinicians in all these professions. I think ... is stating that we need an advanced designation to separate the highly skilled from the less skilled. But does psychology or psychiatry do this in any way that is different than social work? We already have Diplomate and other designations for advanced clinical skill—but the public really has no idea what this all means. And now that we are recognized with state

licenses to practice, many of these designations at this point are revenue generators for the professional organizations more that any real indicator of competency to the public.

If we are embarrassed by the less skilled and/or ethical in our profession, those clinicians who are competent must speak up even louder to compensate for the impact of the bad apples. In my opinion, the bottom line for the consumer is whether or not they get high quality care and whether or not they improve as a result. Period. And we all know that high quality care can come through many disciplines. I don’t feel that a PhD or MD for that matter commands any more pay than a master’s level clinician if they provide the same service. The other professions realize they really have nothing on us. The psychiatrists have coped with this by specializing (for the most part) and doing mostly medication management. Psychologists have their own struggle—let them find a way to differentiate themselves from us and justify additional pay rather than us trying to pretend we are them and accept a lower reimbursement rate. (They are already trying with the right to prescribe medication in some states—a “right” I think they will live to regret in the long run.) We are biting at their heels and they know it. We don’t have to buy into the “I am less educated” paradigm when the education through practice, continuing education and self-growth is what really makes an outstanding therapist regardless of discipline.

As I said in the article, we are allowing the other professions to exploit a lack of confidence in ourselves! It just seems to me that we are the ones to blame for our standing in the mental health world. We provide outstanding care—maybe even better (dare I say?!) than the other disciplines. Let’s turn it around. No one will do it for us. It’s up to us!!!

All in all, a healthy and lively discussion of the issues which are of great importance to us all—as social workers and particularly as clinical social workers. What do you think? Join the dialogue—the listserv is a great resource and a stimulating forum for ideas!

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

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GWSCSW BOOK CORNER

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

Review by Erin Gilbert

Mother-Son Incest: The Unthinkable Broken Taboo Persists

Hani Miletski



GWSCSW member Hani Miletski's book, *Mother-Son Incest: The Unthinkable Broken Taboo Persists*, was born as a small booklet in 1995. While she was working on her Master's degree in social work, she was asked to write an article that would be suitable for publication. She chose the topic of

sexual abuse before an advisor requested that she be more specific. She eventually began conducting research on mother-son incest, and she found herself wondering about the reasons the subject was discussed so rarely. She had discovered a topic for her article, which ultimately was expanded into a book and updated in 2007.

Following an introduction and some definitions of sexual abuse and incest, *Mother-Son Incest* presents several misconceptions that account for the ongoing denial of this phenomenon. Miletski proposed that many believe that this type of sexual

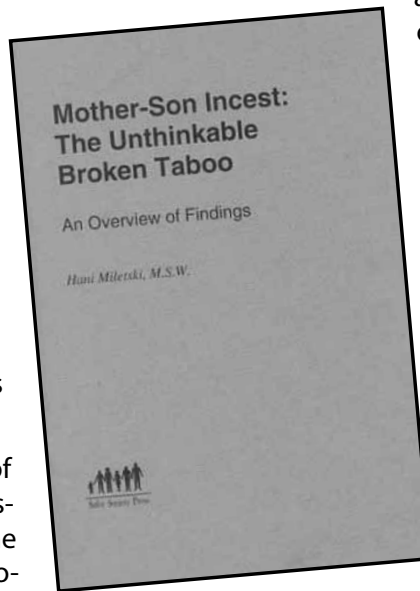
abuse is not occurring because mother-son incest often does not involve intercourse, even though other sexual behaviors may occur that do amount to mother-son incest. An additional mechanism of denial according to Miletski is the seeming impossibility of boys as victims of sexual abuse or of women as perpetrators of sexual abuse. Miletski stated that even if the idea of women as sexual abusers can be accepted, many may struggle with the notion of mothers in particular as sexual abusers given that mothers are held widely to be loving

and nurturing. Another obstacle to acknowledgment of mother-son incest is that one of the involved parties may be believed to be crazy.

Mother-Son Incest covers a range of subjects, such as the nature of mothers who are offenders, healing, and resources for victims and survivors. Miletski stated that she included a section on survivors who volunteered to share their stories, all of whom were in different stages of recovery. In

efforts to help fight denial about this type of incest, Miletski added a chapter listing all incidences of mother-son incest available in the professional literature from 1934 to 2005.

Miletski stated that *Mother-Son Incest* was written with a range of audiences in mind. She recommends it to victims and survivors, perpetrators, therapists, and anyone who is interested in the topic. The book can be ordered on Amazon.com and on www.DrMiletski.com. ❖



DID YOU KNOW...

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

Go first to
www.gwscsw.org
and click the Amazon button!

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

Becoming a Sex Therapist

When she began college, Miletski didn't know what she wanted to do with her career. She took a variety of elective courses, including human sexuality. She loved the class and began investigating how to become a sex therapist. First she completed graduate-level training as a social worker before moving onto a doctoral degree, which she acquired from the Institute for Advanced Study of Human Sexuality in San Francisco. She reported that the program is structured similarly to other doctoral programs, focusing on research, studying, comps and culminating in a dissertation. However, its focus is sexuality, and students meet for two to three intensive week periods before returning to their hometowns.

Miletski has her own private practice as a sex therapist, and she stated that approximately 95% of her clients present with relationship issues or sexual problems. Clients may be victims, survivors or sex offenders, and many of them may dismiss or deny questions about sexual abuse when first asked. As such, Miletski emphasized the importance of making particular inquiries, such as questions about sleeping arrangements or nudity in the home.

Miletski's advice for those interested in becoming sex therapists is to contact the American Association for Sexuality Educators, Counselors, and Therapists (www.aasect.org) for further information about the requirements for training and certification. She also offered to discuss the field with any GWSCSW members who have questions.

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Rockville, MD 20850
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An EOE

New Member Tea Offers a Hearty Welcome

A lively group of clinical social workers descended upon Carolyn Dozier's 'still spooky' home the first of November to happily welcome twelve new members. Thanks to the planning by Melinda Salzman, food and cheer was plentiful and old members eagerly engaged new ones.

With a total of about 20, we feasted and enjoyed getting to know one another. As Susan Post noted, listening to everyone's description of their interests and work, our Society's value lies in its ever-expanding wealth of skills, resources and community we have to offer each other. Confirmed by the breadth of experience and ideas shared by the group, the Society continues to be a steadfast place for clinical social workers to find camaraderie, support, and ideas for professional growth. Ongoing engagement with one another in committee groups, at brown-bag lunches, or one of the numerous education opportunities enriches our society and our profession. ❖

Blogging on the GWSCSW Tea

Sanam Toossi

On a dismal fall day, I headed to an event, Fall Member Open House, hosted by the Greater Washington Society for Clinical Social Work (GWSCSW). Some readers may not know that I am a licensed social worker and I am very interested in eventually having a private practice in the future, so this event was of particular interest to me. The event was held at one of the member's home in a quaint neighborhood in Annandale.



Susan Post and Sanam Toossi at the New Member Tea.

When I entered the home, Melinda Salzman, a member of the Board, quickly greeted me. Melinda and I had corresponded a couple times via email, and she was very excited to meet me and to tell me about the organization. GWSCSW was established in 1975 to promote and advance specialization of clinical practice within the social work profession. It is an organization of graduate clinical social workers who practice in a variety of settings including mental health clinics, family agencies, psychiatric hospitals, medical facilities and private practice in the Metropolitan Washington area. The society's mission is to promote the highest standards of clinical social work practice, and the highest educational and training standards as well; to advance and disseminate clinical social work knowledge; to educate the public about clinical social work; to pursue political/legislative goals protecting the professional interests of clinical social workers; and to work with other health care professionals on issues of common concern such as treatment of mental and emotional disorders.

continued on page 34

Welcome New Members!

Full Members

Kevin Berrill
Jessica Chan
Jill Farnsworth
Adair Fox
Monica Freedman
Danielle Goldberg
Lora Griff
Erica Hanson
Rebecca Harrison
Anthony Huff
Shari Pfeffer
Tracye Polson
Myrna Toren
Jennifer Weaver

Graduate Members

Cassie Arnold
Jennifer Bires
Christopher Dillon
Eric Hearst
Shari Sitron
Page Thomas

Student Members

Amanda Shapiro
Jane Slomski
Sallie Twentyman
Ramona Wilson

Save the Date!

*Spring
Membership Tea*

*Sunday, March 7
2-4 pm*

COMMITTEE REPORTS

Legislative & Advocacy

Margot Aronson, Chairperson
malevin@erols.com

Wow; such a lot goes on in all our jurisdictions, never mind the efforts to reform health insurance and health care delivery systems at the national level!

Committee members have been stretched thin, representing clinical social work at a series of Maryland Legislative End-of-Life Workgroup meetings, submitting testimony to the DC Council on CareFirst insurance legislation, keeping track of the progress of the Virginia Board of Social Work's recommendations, monitoring issues in school social work and child protective services, and more.

It was gratifying to see so many of you taking grassroots action to change the course of CEU regulations proposed by the Maryland Board of Social Work Examiners; the close-to-200 emails they received really made a difference.

We welcome your involvement, whether your interest is in a single issue or in the overall legislative process. There's so much to do, and even a little help goes a long way. Please email me at malevin@erols.com to volunteer.



Newsletter

Jen Kogan, Co-Editor
jenko108@gmail.com
Caroline Hall, Co-Editor
caroline.hall@mac.com

Our committee continues to enjoy reading and compiling the news of the GWSCSW—thanks to contributors. It is a pleasure to see the membership grow and for new writers to emerge as well.

If you have never written an article for the newsletter, we challenge you to give it a try. We are eager to see your ideas on paper - send us a brainstorm, an outline, or a fully formed article. You are also invited to join our committee and become a reader, a writer and an innovator of this substantial mode of communication with your peers and colleagues.

Email or call either of us at:

Jen Kogan (jenko108@gmail.com)
202-215-2790

Caroline Hall (caroline.hall@mac.com)
703-812-0963

Programs

Joel Kanter, Chairperson
joel.kanter@gmail.com

The Program Committee began the 2009–10 year with a dinner meeting with Carol Tosone on Treating Professional Women Clients, a co-sponsored conference

on secondary trauma with Catholic University, and a theatre party at Theatre J to see *Lost in Yonkers*.

The Brown Bag Lunch Workshop series continues this year under the leadership of Dalal Musa and Lisa Snipper in Northern Virginia and Adele Redisch and Tish Reilly in Maryland. These workshops are an opportunity for our members to share their expertise with each other in an informal setting.

This fall, Emily Brown (Treating Infidelity), Marilyn Lammert (Gestalt Therapy) and John Cornelius (Somatic Psychotherapies) shared their knowledge on an assortment of topics. Upcoming Brown Bag workshops include:

Northern Virginia workshops at the Virginia Commonwealth University School for Social Work:

February 19: Lisa Snipper on Adolescent trauma treatment.

April 16: Sabine Cornelius on Helping individuals and communities after collective violence.

Maryland workshops at the Davis Library in Bethesda:

January 8: Daniel Wilson: Gero-psychotherapy and practice issues.

March 12: Geraldine Jennings. The Psychological Aspects of Obesity.

Be on the lookout for more information on all of these workshops, dinner meetings and a Spring Child Treatment Conference. ❖

New Member Tea, continued from page 32

The potential members at the open house ranged from graduate social workers to clinicians in the field. It was refreshing for me to hear about the professional experience and professional goals of a room full of new and experienced social workers. In addition to discussing social work and related issues, it was a social atmosphere and people were discussing other topics such as: their hobbies, personal interests, and their families. I had a chance to mingle with a handful of individuals who participated in an informal circle discussion, and everyone took a few minutes to make introductions and express their interests in the field of social worker. Not only was the company refreshing, but the foods and beverages provided were quite scrumptious.

Towards the conclusion of the event we had a chance to meet more attendees. I made sure I met the president of the Board, Susan Post. She was a pleasure to speak with and was very eager to learn about my interests in the field. Even though she had to attend another engagement, she spent time speaking with me and posing for a picture. For any reader who is a social worker or is interested in the field, I would highly recommend this organization. ❖

Reprinted with permission from Sanam Toossi's blog, AskMissA.

ART THERAPY

The George Washington University Graduate Program in Art Therapy has opened an Art Therapy Clinic in Old Town, Alexandria.

Art Therapy is conducted as part of the clinical training of graduate students. Sessions are video recorded and supervised on site. Art therapy may be a primary or adjunctive treatment for adults, adolescents, children and families with a wide variety of mental health issues. Fees at the clinic are based on a sliding scale.

For questions about the clinic, or information about art therapy and the appropriateness of a referral, please contact Clinic Director:

Tally Tripp, MA, MSW, LICSW, ATR-BC
at 703-299-4173 or ttripp@gwu.edu

Did You Renew Your GWSCSW Membership?

If not, this will be your last issue of *News & Views*.

This is a busy time of year for everyone, and if your renewal slipped through the cracks, no fear, **you can still renew by December 5 and be included in the Directory.**

Contact the office to renew:
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OFFICE SPACE AVAILABLE

ASPEN HILL – Psychiatrist's office has space for rent. Please call 301 871-1228.

DC – Large, comfortable office in suite of three offices with waiting room, in the Tenley Circle area of NW DC, available Mondays, Fridays and weekends. Approximately 12' by 16'. Quiet location, 1 block from Metro (Red Line), with or without underground parking space. Call Gwen Pearl 202-363-9191, or email gwen@gpa-therapy.com.

DOWNTOWN BETHESDA – Cozy office in lovely three-office psychotherapy suite with shared waiting room, available half to full-time. Reasonable rent. Furnished, but tenant(s) are welcome to make it their own. Parking spot available. Easy access to Metro, shops, restaurants, public and on-street parking. Call Crystal at 301-951-0408 or email cjaugust2005@comcast.net.

FRIENDSHIP HEIGHTS/CHEVY CHASE MD – 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.

SERVICES/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.

CAREGIVERS SUPPORT GROUPS – Facilitated by Flora Ingenhousz, MSW. Flora specializes in the treatment of individuals, couples and families who are struggling with mood and/or anxiety disorders associated with serious health issues such as stroke, diabetes, cancer, heart disease, MS, fibromyalgia, and chronic fatigue. 301 649-5525, www.flora-lcsw.com.

THERAPY GROUPS FORMING IN 2010 – (1) Young adult group, ~age 18–23; (2) High school girls' group; (3) Group for adolescent girls with trauma histories; (4) Adult interpersonal process group; (5) Group for women with trauma histories; (6) Girls in 9th/10th grade with difficulties adjusting to high school. Contact Jan Freeman at 301-657-2292 or vjfree@comcast.net. Website www.janfreemanmsw.com.

PSYCHOTHEAPY SERVICES WITH LCSW IN NW DC. – Low fee. Evening and weekend hours, Metro-accessible (3 blocks from UDC/Van Ness metro). Adults, adolescents, individuals, couples. Specializations include: depression, anxiety, adjustment disorders, ADHD and learning problems, relationship and intimacy issues, low self-esteem, trauma. Email me at liz.merrill@gmail.com, or call my cell: 202-423-1751.

WOMEN'S ISSUES GROUP – Has openings. Common concerns: depression, anxiety, mid-life issues, relationship problems. Meets Wednesdays, 5:45–7:00 PM, Falls Church, VA. Contact Gloria J. Mog, LCSW, BCD at 703-550-4164. For more info: www.thestonehouse.ws

PROFESSIONAL SERVICES

THERAPISTS: THE THERAPIST JOURNEY GROUP – A consultation group utilizing the expressive and creative arts therapies to expand clinical tools, explore dilemmas, and help restore balance and well-being. Meets monthly on Wednesdays, 12–2 PM. Contact Gloria J. Mog, LCSW, BCD at 703-550-4164. For more info: www.thestonehouse.ws

PROFESSIONAL CONSULTATION GROUP FOR THERAPISTS – with their first case of DID or DDNOS (or interest in learning more about working with complex trauma) has openings. Format includes relevant reading and case presentations. Contact Jan Freeman at (301) 657-2202 or vjfree@comcast.net.

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.

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

Most GWSCSW business is now handled via email, so be sure we have your current address!

GWSCSW@gmail.com

UPCOMING GWSCSW EVENTS

**January 8 Brown Bag Lunch Series
Gero-Psychotherapy and Practice Issues**

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

**February 19 Brown Bag Lunch Series
Adolescent Trauma Treatment**

Presenter: Lisa Snipper, MSW
Time: Noon – 1:30 PM
Location: VCU School of Social Work, Alexandria VA
No Charge for members; \$20 for non-members

**February 26 Continuing Education:
Effecting Positive Change Within Affluent Families***

Presenter: Jonah Green, MSW
Time: 9:00 AM – 1:00 PM
Location: Kensington, Md.
Info: Page 19

**March 1 & 8 Continuing Education:
Empowering Therapists with Skills and Knowledge
to Adapt to the Changing Nature of Family
Communications in Our Technical Society***

Presenter: Marie Caterini Choppin, MSW
Time: 10:00 AM – 1:00 PM
Location: Bethesda, Md.
Info: Page 19

March 7 Spring New Member Gathering

Time: 2:00 PM – 4:00 PM
Location: TBA

**March 12 Brown Bag Lunch Series
The Psychological Aspects of Obesity**

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

**April 16 Brown Bag Lunch Series
Helping Individuals and Communities
After Collective Violence**

Presenter: Sabine Cornelius, MSW
Time: Noon – 1:30 PM
Location: VCU School of Social Work, Alexandria VA
No Charge for members; \$20 for non-members

**April 23 Continuing Education:
Helping Families Through the Process of Change:
A Contemporary Lens for Family Therapy***

Presenter: Erica J. Berger, MSW
Time: 9:00 AM – 1:00 PM
Location: Silver Spring, Md.
Info: Page 19

**October 24 GWSCSW Ethics Conference
with Frederic Reamer
6 Ethics CEUs, Info TBA**

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

* Complete information for all the 2010 GWSCSW Continuing Education courses can be found on page 19