

Education ♦ Advocacy ♦ Community

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Growing Your Practice in 2010: Is the Internet the Answer?

Jen Kogan

As 2010 begins, many of us are working harder to fill the therapy hour. Even the most senior therapists have empty slots. People say things have changed from the '90s when word of mouth was often enough to grow a practice. Times have obviously changed and the question in most everyone's mind is what can I do to get more clients?

Many of us have signed up for *Psychology Today* profiles and are now armed with our very own web pages to capitalize on an "online presence." This helps tremendously when someone Googles our name and the information about our practice pops up. However, experts now report that the internet is becoming saturated with therapists. A quick search of your office zip code may lead to hundreds of results.

Casey Truffo, Founder and CEO of the International Therapist Leadership Institute, says that internet marketing has actually created more competition for therapists in some cases. In this economy, she recommends that clinicians think carefully about their vision for their practice. Even if you have been in practice for many years, getting to the root of what you are selling is important. For those of us who have trouble with the idea of selling, remember it is not you that you are selling, it is your practice. When trying to come up with a clear vision, Casey recommends that therapists frame their vision for their practice as selling hope to clients. For example, if you specialize in anxiety and a potential client contacts you, you are selling the hope that they will feel less stressed and more calm after working with you.

Marketing in the Community

In addition to internet marketing, Casey suggests marketing in your own community. This can be done by giving talks at local churches and synagogues and by creating relationships with ancillary providers. A great way to forge new contacts is to bring breakfast or lunch in to your local doctor's office.

Revamp your website

If you have a website, consider revamping it and look closely at your wording. According to Peter Hannah, psychotherapist and head of yourgoogleguy.com, some of the most common website mistakes are as follows:

continued on page 4

GWSCSW Dinner Meeting

Friday, March 12

Tony Lin's Chinese Restaurant
12015 Rockville Pike
Rockville, Md.

6:30 PM ... Cash Bar
7:00 PM ... Dinner
8:00 PM ... Program

In Our Creative Moments

Members share music, poetry and art

To share your creativity, contact
Peggy Heller at peggyheller@verizon.net
or 301-983-9932.

Registration info to follow on listserv
or call 202-537-0007

Spring New Member Tea ~ March 21, 2-4 PM ~ Info on p. 24

Greater Washington Society for Clinical Social Work, Inc.

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

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

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

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

For advertising rates see page 23
Email ads to mollym3@gmail.com

The next issue will be published
June 2010 and the deadline is April 20.

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

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President's Message

Susan Post

I was at a conference last week where one of the speakers talked about the effects of money on our practice. He asked whether the recession had affected the way we work, and of course for many it has. Lots of people said that clients had cut back from coming weekly to every other week. Some had lost clients entirely. What was most disheartening was that some therapists were now working second jobs to try to keep up financially. It is not a good time for most of us. My practice has been affected.

Surprisingly, there hasn't been any discussion about this on the GWSCSW listserv, and I wonder how we are all managing the downturn. It has certainly had an impact on my clients: some have lost their insurance because they or their partner lost jobs; others who were staying home with children have had to take jobs; and a few who were still coming to therapy out of habit decided it was now a luxury they couldn't justify.

I imagine these changes bring up lots of questions. Do we raise or lower fees? Do we join insurance panels if we're not on them? Do we begin accepting Medicare or Medicaid, if we don't already? Are there ethical questions that nag at us? And how do we manage our own financial lives during a time of great uncertainty?

And speaking of uncertainty, that seems to be the gestalt of Washington these days. What will happen to the health care bill? What will happen at mid-term elections? Can we really do something significant about the deficit in the near term? Will the Obama administration really put its weight behind education? Can we come to any international agreement about global warming, not to mention the more imminent dangers in the Middle East and elsewhere?

It strikes me that we are learning lessons in patience and citizenship: how to respond with something other than sheer rage when Congress can't manage to get anything accomplished; how to learn more about the "other side," whichever side that may be; and perhaps most of all, how to stop complaining and DO something. More of us are involved politically than ever before. We are more active in our communities. I bought a book written by one of the early "neocons" to learn what they represent, though I haven't started it yet. And we have certainly all had a big lesson in economics, at the macro and micro levels. I wonder what the toll of all this scrambling is? Are we feeling increasingly stressed or pessimistic? Or are we feeling challenged and energized? Is it harder to be emotionally available to clients and others in our lives? Big questions with no easy answers.

Meanwhile, the State of the Clinical Society is strong, whatever the State of the Union. I encourage you all to use the listserv and other means of communication to share your thoughts, dilemmas, and questions freely, and to reach out to others in these times of uncertainty. ♦

VISIT OUR WEB SITE: www.gwscsw.org

GWSCSW Elections

Susan Post

GWSCSW turns 35 this year! It has a rich history of which we can feel proud, and has grown over the decades as the needs of social workers have evolved. As we begin the search for new officers for the coming year, it's a time to think seriously about how we want to see the Society function as we move into a new decade.

You may not know that about 10 years ago the society almost ceased to exist. Due to a variety of circumstances, our membership had dwindled and we were nearly out of money. A small group of dedicated members stepped up to the plate and made an enormous effort to put the society back on its feet, functionally and financially. They worked hard and succeeded, and have continued to be the backbone of our leadership. But now that we are stable again—indeed, flourishing—it is time for some new blood. We need a new group of members to move us into the next decade.

Leadership Positions Open

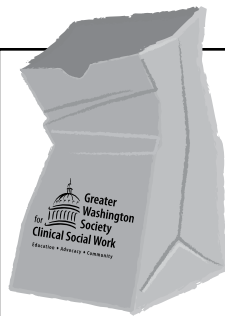
There are many leadership positions that will be up for election this year. We will need a new president or co-presidents, new vice presidents, and a new treasurer (though we are looking into hiring a part-time bookkeeper to ease this job). We need a new chairperson for the membership committee and a new co-editor for the newsletter. And of course someone needs to chair the nominations committee, which puts together the final slate of officers before our spring election. Each of these jobs is exciting, challenging and fun, and there's plenty of room for innovation and a personal approach.

We're Depending on You

As a totally volunteer organization, GWSCSW depends on the participation of its membership. I urge you to seriously consider volunteering to help guide our society into the future. Please let me know if you would be interested in filling one of these positions or if you know of someone else you think might be a good addition to the leadership team.

Please contact me at susan.post@gmail.com or (301) 652-5699.

Thanks! ❖



GWSCSW Brown Bag Workshops

The Psychological Aspects of Obesity

Presenter: Geraldine Jennings, MSW, LCSW

Friday, March 12, 2010

Noon – 1:30 PM

Davis Library

6300 Democracy Blvd, Bethesda, Maryland

Helping Individuals and Communities After Collective Violence

Presenter: Sabine Cornelius, MSW, LCSW

Friday, April 16, 2010

Noon – 1:30 PM

VCU School of Social Work

6295 Edsall Road, Alexandria, Virginia

Motivational Problems in Young Adults: A Family Consultation Approach

Presenter: Joel Kanter, MSW, LCSW-C

Friday, May 14

Noon – 1:30 PM

Davis Library

6300 Democracy Blvd, Bethesda, Maryland

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

Growing Your Practice, continued from page 1

- **Too much jargon.** Some people may want to know you do Rational-Emotive therapy, or work from an Object Relations viewpoint. Most people want to know if you can help them with their particular problem.
- **Self-based site.** Also called the ego-based site. This is the site where it's all stated "Who I Am" "What I Do" "About Me." People want to know what you can do for them. Your site should include info about you, but showcase what you can do for them.
- **Missing/hiding contact info.** Don't make clients look for how to contact you! Have your phone number and email address prominently placed on your home page, and in some spot (top, bottom, side) of every page.
- **No photo.** Sorry folks, times have gotten to where a website without a photo looks rather archaic. This may be shallow or image-based, but take a look around at other therapist's sites—a photo is now the norm.

Facebook, Twitter, & Blogs

For those of us new to Facebook or still considering joining, it is an easy, free way to advertise. Facebook

allows businesses and educational organizations to post information and rely on "fans" to pass on this information by forwarding or reposting items of interest. A Twitter page can also be created to link to your Facebook page as you "tweet" items of interest about your practice such as upcoming workshops or articles you may have written. The same is true for a blog which is basically a shared online journal where an individual posts entries that are relevant to readers.

Participating in social networking advertising can make some therapists squeamish. However, specific policies can be developed to address some of the ethical quandries that many of us have (see next page for a sample policy). Nevertheless, this may be one marketing area that some of us choose to skip.

Whether or not you decide to increase your online presence, one thing is sure in 2010: We need to market ourselves if we want to grow our practices. The business of helping demands that we find ways to get connected. ❖

Links

<http://therapistleadershipinstitute.com/>
www.yourgoogleguy.com

Jen Kogan, LICSW specializes in support for parents in her Northwest, DC practice.

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A Sample Social Media Policy Document for Clinical Social Workers to Give to Clients

*Readers are encouraged to adapt freely from this sample form designed by
Dr. Keely Kolmes and modified slightly for social work practitioners.*

This document outlines office policies related to use of social media. Please read to understand how I conduct myself on the Internet and how you can expect me to respond to various requests and interactions between us.

If a time should come when I revise any of these policies, I will bring an updated copy of this form to our session so that you are aware of any changes.

If you have any questions about anything within this document, I encourage you to bring them up when we meet.

Friending

I do not accept friend requests from current or former clients. This holds true on Facebook, LinkedIn, and all other social networking sites. My reasons for this are that I believe that adding clients as friends on these websites can compromise confidentiality and blur the boundaries of our therapeutic relationship. If you have questions about this, please feel free to bring them up when we meet and I'm happy to talk more about it.

Fanning

I maintain a Facebook Page for my professional practice. I use this Page to allow colleagues to share my blog postings and practice updates within Facebook. All of these articles are also directly available on my website.

While you are always welcome to visit my Facebook Page and read or share articles posted there, I do not allow clients to become Fans of this Page. I believe having clients as Fans of this Page creates an even greater likelihood of compromised client privacy and I do not want others who may look through my list of Fans to find any clients listed. In addition, it is a violation of my professional ethics code to solicit testimonials from clients. I feel that the term "Fan" implies a request for a public endorsement of my practice.

If you are my client and I see that you have become a Fan of my Facebook Page, you can expect me to discuss

this with you in-session and request that you remove yourself from my Page. If it will be awhile before our next scheduled meeting, I may remove you myself and I will discuss it with you during our next session.

Please note that you can subscribe to the page via RSS without becoming a Fan and without creating a visible, public link to my Page. You are welcome to do this.

Following

I currently maintain a professional Twitter stream. If you use an easily recognizable (to me) name on Twitter and I notice that you've followed me there, you can expect me to bring it up in therapy so that we can briefly discuss it.

My primary concern will be your privacy. There are more private ways to follow me on Twitter (such as subscribing using an RSS feed or using a locked Twitter list), which would eliminate your having a public link to my content. But you are welcome to use your own discretion in choosing whether to follow me. There is nothing I post here that I would not want you to see.

Please note that I will not follow you back.

I do not follow current or former clients on blogs or Twitter. If there are things you wish to share with me from your online life, I strongly encourage you to bring them into our sessions where we can process them together, during the therapy hour.

Interacting

Please do not use messaging on websites such as Twitter, Facebook, and LinkedIn to contact me. These sites are not secure and I may not read these messages in a timely fashion. If you need to contact me between sessions, the best way to do so is by phone. Direct email at abc@gmail.com is second best for quick, administrative issues such as changing appointment times. Please see the email section below for more information regarding email interactions.

continued on page 6

Use of Search Engines

It is NOT a regular part of my practice to search for clients on Google or other search engines. Extremely rare exceptions to this may be made during times of crisis. If I have a reason to suspect that you are in danger and you have not been in touch with me via our usual means (coming to appointments, phone, or email) there may be a circumstance in which using a search engine (to find you, find someone close to you, or to check on your status) becomes necessary as part of ensuring your welfare. These are extremely rare situations and if I resort to such means, I will document it and discuss it with you when we next meet.

Google Reader

I do not follow current or former clients on Google Reader. I also do not use this account to share articles with current or former clients. I share many links of interest via my Twitter account, which you are welcome to read. If there are things you want to share with me that you feel are relevant to your treatment, I encourage you to bring these items of interest into our sessions.

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John Hurst	Certified Family Mediator High Conflict Specialist Parenting Coordinator 703 241 1243
Martha Sayre MEd LPC	Emotionally Abusive Relationships Healing after Divorce Parent / Child Issues 703 383 0683

Business Review Sites

There are a number of different websites including Yelp and Healthgrades, on which you may find my practice information. Many of these sites comb search engines for business listings and automatically add listings. If you should find my listing on these sites, please know that my listing on any of these sites is NOT a request for a testimonial or endorsement from you as my client.

The NASW Code of Ethics states that it is unethical for social workers to solicit testimonials. Of course, you have a right to express yourself on any site you wish, but due to confidentiality, I cannot respond to any review on any of these sites whether it is positive or negative. I urge you to take your own privacy as seriously as I take my commitment of confidentiality to you.

If we are working together, it is my hope that you will bring your feelings and reactions to our work directly into the therapy process. This can be an important part of therapy, even if you decide we are not a good fit. If you still choose to write something on a business review site, then please remember this is a public forum on which you could be sharing personally revealing information. I urge you to create a pseudonym that is not linked to your regular email address or friend networks.

Lastly, none of this means that you cannot share that you are in therapy with me wherever and with whom-ever you like. Confidentiality means that I cannot tell people that you are my client and my ethics code prohibits me from requesting testimonials. But you are more than welcome to tell anyone you wish that I'm your therapist in any forum of your choosing.

Email

I prefer to use email only to arrange or modify appointments. Please do not use email to send content related to your therapy sessions, as email is not completely secure or confidential. If you choose to communicate with me by email, please be aware that all emails are retained in the logs of your and my Internet service providers. While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrator(s) of the Internet service provider. You should also know that any email I receive from you and any responses that I send to you will be printed out by me and kept in your treatment record. ❖

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Lisa Ferentz founder and president

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These programs are approved by
The Maryland Board of Social Work Examiners,
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The Board of Examiners for Psychologists (reciprocity with D.C.)

For a full listing of our programs, visit our website:

www.lisaferentz.com

ADJUNCTS TO THERAPY

This column highlights approaches that can be helpful when used as a complement to psychotherapy practice.

Neurofeedback: An interview with Glennon Gordon, LICSW

Jen Kogan

Researchers have known that the brain is malleable and not fixed for a number of years now. "This knowledge is very hopeful," says clinical social worker, Glennon Gordon. Glennon works at The Learning Space, a group practice in northwest DC where she and her colleagues administer neurofeedback to their clients.

"Let's say you have a road that has been travelled on over and over again. Divots in the road will develop similar to neural pathways in the brain and we become accustomed to responding in certain ways, almost like operating on autopilot. Neurofeedback adds different avenues for the brain to travel in a calmer, effortless fashion. This gives people choices in how they respond and react to things," explains Glennon.

These choices can help people to pause as they consider their options and can be a tremendous boost for people as they navigate through life and in their important relationships

Glennon typically works with individuals who struggle with anxiety, depression, OCD, ADHD, insomnia, and migraine headaches. Others come to see her to improve memory acuity or performance level in sports such as tennis or golf. Neurofeedback in all of these cases works to increase flexibility in the brain.

Bowen and Neurofeedback

Glennon first discovered neurofeedback while she interned and participated in the training program at the Bowen Center in northwest DC. Bowen's psychotherapy approach with the adjunct of neurofeedback "helped to move people from a reactive place to a more thoughtful 'self' place," says Glennon.

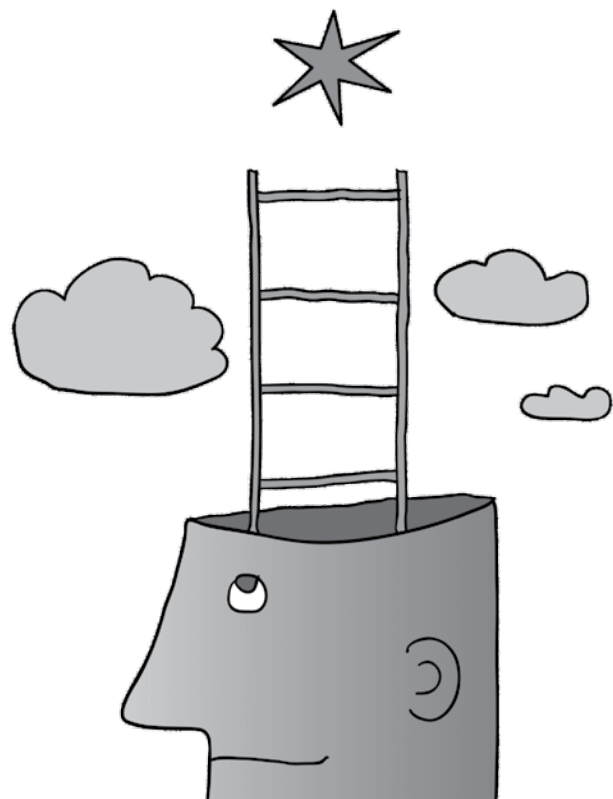
Priscilla Friesen (one of Glennon's colleagues at The Learning Space), who was on staff at the Bowen Center at the time, had been doing neurofeedback for about twenty years by then. Glennon says it was she who sold

her on its benefits as she witnessed drastic improvement in people's symptoms.

Glennon began to train with Priscilla and was amazed at her own "neurofeedback moments." Once she had been hooked up to the machine, public speaking became effortless, as she felt no anxiety at all. Packing for a trip, which was normally, a bit of a fraught experience was done succinctly without the push of anxiety that was normally behind her.

How it works

Neurofeedback gives the brain a chance to look at itself. The brain is rewarded for changing its own activity to more appropriate patterns in different ways. Elec-



trodes are applied to the client's scalp to listen in on brainwave activity. The signal is processed through a computer screen that the facilitator monitors.

The brain receives audio and visual feedback in the form of music and a moving abstract image on a screen. If there is too much variability or reactivity in part of the brain, the music stops. Over time the brain learns more efficient ways to operate through this feedback. Sometimes clinicians also use video games to produce this same feedback loop.

"Clients do deep breathing to relax while they are watching the images and listening to music. They can also choose to talk with the clinician and their brain will still be learning the whole time," says Glennon.

Case examples run the gamut from a teenager with OCD who lost the urge to perform certain rituals after a few months of treatment to drastic reduction in phobia symptoms for some clients. Glennon recalls working with one middle-aged man who was feeling stuck. After neurofeedback, he experienced a resurgence of energy and began making many changes in his life after years of inertia. People with addictions can also respond well to this treatment.

A Useful Adjunct to Therapy

Glennon and others in her practice often work with therapists who have a client who seems stuck in their symptoms but does not want medication. Glennon says she likes to "keep in good touch with the referring therapist." She invites therapists to come in and get hooked up for a complimentary session to see how it works for themselves.

After having my own personal neurofeedback session, I am pleased to report that I felt a wonderful sense of well being that stayed with me for more than 24 hours. Glennon comments, "Neurofeedback is a noninvasive way to decrease anxiety with no side effects." For more information about neurofeedback and Glennon's practice email her at glennontg@verizon.net. ❖

Links

www.thebowencenter.org

www.eeginfo.com

Jen Kogan, LICSW specializes in support for parents in her north-west, DC practice.

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[http://web.mac.com/
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Getting Started in Private Practice

**Sunday, March 14
1:00–3:00 PM**

Bethesda Library
7400 Arlington Rd
Bethesda, MD 20814
(Metro 2 blocks, free parking)

A panel discussion:
four GWSCSW social workers
will discuss how they got
started, chose their specialties,
marketing strategies,
insurance, forms, etc.
Q&A following the
presentation.

Free for members 2 CEUs

To register:
Send an email to
gwscsw@gmail.com

Sponsored by the
GWSCSW Mentor Committee

OUT & ABOUT

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This column shares news about members' professional accomplishments—our publications, speaking engagements, seminars, workshops, graduations—as well as our volunteer projects and special interests or hobbies.

Susan Drobis was invited to present a workshop for therapists on January 15 at the Montgomery County Commission for Women entitled "Mindfulness: Transforming the Therapist and the Therapy."

Ruth Neubauer, now living in Denver, Colorado, presented a CEU workshop at the American Psychological Association meetings in Toronto, Canada this past summer. The workshop was for therapists/teachers/media who were interested in teaching psychoanalytic ideas to the general public, it was a 4-hour hands-on afternoon. Ruth continues on the faculty at the Washington School of Psychiatry and will be in DC early March to teach two classes at the School and very much looks forward to seeing colleagues and friends.

Mary Jean Kane presented a case at ICP&P's Relational Institute in December. What made it come alive, she says, was her emphasis on describing her own subjectivity in response to the patient and how it influenced the work. She also served as the last chair of the Board of Trustees of the Clinical Social Work Institute during its final phase.

Beth Levine wrote an article that was published in The ICEEFT (International Centre for Excellence in Emotionally Focused Therapy) Community News, Winter 2009/2010 issue. She also served as Presenter Coordinator for the 2010 EFT Summit that was held in San Diego, CA from January 14 to January 16.

Emily Brown was featured in the February 2010 issue of Washingtonian, along with another therapist. The article is titled "Making It Last" and features the therapist's thoughts on marriage, divorce, affairs, and what makes or breaks a relationship.

Tally Tripp has a sculptural art piece on exhibit in the juried show "EnCounter Culture: The Culturally Responsive Art Therapist" at the George Washington University Art Therapy Program in Alexandria, VA. The exhibit opened January 30. Tally's piece, entitled "Trauma Box" represents the significance of the creative process, which she describes as a tool to both contain and foster safe expression of traumatic memory. This piece is based on Tally's relationship with many trauma clients and speaks to the emotional complexity of working with trauma and the effect of vicarious trauma on the therapist. Tally will also be presenting on this topic at the Washington Trauma Conference, to be co-sponsored by GW and the Washington Center for Psychoanalysis in this month in Washington, DC.

Joan Pedersen recently gave a presentation at the National Institutes of Health on the mental health needs of the GLBT population. Her talk focused on the unique psychosocial issues experienced by each group (gay, lesbian, bisexual and transgendered), which may present in psychotherapy. ❖

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



CENTER FOR SPIRITUALITY & SOCIAL WORK
National Catholic School of Social Service

Ethical Issues in Spiritually Sensitive Practice: A Hands-On Approach

Michael Sheridan, PhD & Cathleen Gray, PhD

Saturday, April 17

9:00 AM to 4:00 PM

Caldwell Hall

The Catholic University of America
620 Michigan Avenue NE, Washington, DC

*Directions and a campus map are available on CUA's website:
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Ample free parking is available next to Caldwell Hall

Take advantage of this focused session on ethics within the special realm of spirituality and practice. Increasing numbers of helping professionals are attempting to integrate spirituality into their work, and both feedback from clients and research findings show that paying attention to the spiritual dimension holds great potential for more holistic and culturally competent practice. As encouraging as these trends are, there are also questions about how to incorporate a focus on spirituality in a manner that is ethical as well as effective. This workshop will address these questions—identifying key ethical issues, presenting a framework for ethical decision-making, and providing opportunities for workshop participants to practice ethical approaches through role plays and other experiential exercises. Going beyond an introduction to the topic, this session will facilitate a more detailed and experiential exploration of when and how to ethically engage in spiritually sensitive practice.



Dr. Michael Sheridan is Research Associate Professor with the National Catholic School of Social Work (NCSSW) at Catholic University, where she teaches courses on transpersonal theory, diversity, human behavior theory, and international social development. She is also the Research Director of the Center for Spirituality and Social Work and PI of a John Templeton Foundation grant on the role of spirituality in the lives of African American family caregivers. Dr. Sheridan has substantial experience in both clinical practice and administration in a wide range of settings and her scholarship on spirituality and social work is known both nationally and internationally.



Dr. Cathleen Gray is Associate Professor with NCSSW at Catholic University, where she teaches courses on psychodynamic theory, clinical practice with individuals, and clinical practice with couples. Dr. Gray is also the Director of NCSSW's Center for Spirituality and Social Work. She has been in direct practice since 1968 and was recently named a "top therapist" by *Washingtonian Magazine*, as well as being the recipient of Metro DC NASW's prestigious *Lifetime Achievement Award*. Dr. Gray's research interests include the psychological aspects of divorce and the spiritual dimension of psychotherapy.

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ADVOCACY & LEGISLATION

■ FEDERAL

Laura Groshong

Three federal-level issues are particularly important for licensed clinical social workers: the threat of Medicare reimbursement rate cuts, the re-inclusion of LCSWs as independent providers in Medicare Part A; and potential funding to help clinical social workers alleviate school debt.

Writing in late January for publication in March, it is impossible to predict for sure where any of these will end up. Given the necessary belt tightening at the federal level, the Social Work Reinvestment Act, which would provide help with school debt and various other efforts to build up the profession, is likely to be put on hold for the present.

We hope that the final makeup of healthcare reform will remove clinical social worker services from the Medicare Skilled Nursing Facilities consolidated payment system established in the Balanced Budget Act of 1997. Under that system, LCSWs have not been per-

mitted to bill Medicare separately—as, for example, psychiatrists and psychologists do—for services to Medicare beneficiaries residing in skilled nursing facilities. CSWA and NASW have joined forces to lobby hard on this issue, and it was included in all the separate healthcare reform bills through the fall and winter. At this point, however, all bets are off; we simply don't know what we can expect.

Will Medicare reimbursement rates be cut?

As for the issues that affect LCSW Medicare reimbursement rates, these are the 21.5% proposed Sustainable Growth Rate (SGR) cut to reimbursement for Medicare providers and the delayed Medicare Improvements for Patients and Providers Act (MIPPA) 5% increase for all psychotherapy providers (which was approved by CMS and needs to be enacted by Congress).

As you know, insurance reimbursement rates are generally driven by Medicare rates, so all insurance rates could be lowered if these decreases are not addressed quickly. Grassroots action will help! Make Congress

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aware of how these cuts will affect LCSWs. Call your legislators! Tell them, "I am a member of the Clinical Social Work Association. Please pass the MIPAA restoration and permanently end the SGR cuts so that mental health clinicians can start to earn a fair income. I will not be able to continue serving the vulnerable Medicare patients I work with if reimbursement is not improved." ❖

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



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9:00 am to 12:30 pm

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Saturday, May 8, 2010

9:00 am to 4:30 pm

(Registration & Coffee begin at 8:00 am)

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■ DISTRICT OF COLUMBIA

Mary Lee Stein

Toward Universal Health Coverage

Families USA has been coordinating efforts of the broad coalition of community organizations advocating for universal coverage in the District; GWSCSW is a participant. Families USA Director Cheryl Parcham has alerted us to the good news that the DC Department of Health Care Financing is making its plans to implement Healthy DC. This program will help provide health insurance for DC residents with incomes between 200 and 400 percent of poverty (that is, income between about \$21,700 and \$45,400 for an individual or between \$44,100 and \$88,200 for a family of four).]

If you or anyone you know is uninsured, and might be interested in being part of a focus group about Healthy DC, please contact me at mlsmsw@aol.com.

Child Advocacy Dialogue

GWSCSW has taken an active role in the District on child welfare issues. We spoke out against the violation of children's privacy rights in Bill 17-247; we spoke out in support of CFSA social workers when they were unfairly scapegoated after the tragic Jacks-Fogle case; several CFSA workers were our guests at last year's Frederic Reamer ethics conference... and we've even been quoted in the Washington Post about a change in licensing policy affecting CFSA.

Last fall, Roque Gerald, Director of the District's Child and Family Services Administration, invited GWSCSW to join a select group of leaders in the child advocacy community for a semi-annual "conversation about strategic outcomes for children and families—both those on CFSA's current agenda and those we ought to consider for the future." His goal is to establish agency transparency and keep lines of communication open, and thus to strengthen the local safety net for DC's children. GWSCSW members interested in participating are urged to contact Margot Aronson (malevin@erols.com). ❖

GWSCSW Secretary Mary Lee Stein, LICSW, is active on the GWSCSW legislative committee; she represents the Society on a variety of DC healthcare and insurance issues. Mary Lee maintains a private practice in the District of Columbia.

■ VIRGINIA

J. Mark O'Shea, LCSW

Do you remember the old Woody Allen maxim about success? He said, "90% of success is showing up."

Early this winter I attended a hearing at the Virginia Board of Social Work (VBSW) to discuss pros and cons of a proposed "Clinical Course of Study" stipulating MSW-level clinical courses to be required for eligibility for an LCSW in Virginia. I presented my public comments, strongly supporting the adoption of the proposal and urging that the standards be made permanent in the Virginia regulations. (The standards were developed by Dolores Paulson, PhD, who serves on the VBSW and who for many years was chair of the GWSCSW Continuing Education Committee.)

I was glad to be able to point out that strengthening the clinical curriculum will lead to greater protection of the public, will make for greater clarification regarding our subspecialty of clinical social work and will result in clinicians who are better prepared to go into the public and practice.

I was disappointed, though, that I was the only one speaking at the hearing.

Robert Green, PhD, a retired Virginia Commonwealth University (VCU) research professor, wrote in *Professional Education and Private Practice: Is There a Disconnect?** that the schools of social work don't teach the necessary skills required by practitioners in private practice today. Other professors have expressed similar concerns. However, none of the schools of social work were represented in the discussion.

Guidance and representation from our lobbyist

Our lobbyist, Chris Spanos, has been invaluable in the way that he constantly shows up in the Legislature on behalf of our two clinical societies (Greater Washington and Virginia, working in partnership) and he does an outstanding job of representing clinical social work and our values. We could not wish for better professional lobbying.

We often have strategic help as well from Laura Groshong of the Clinical Social Work Association. With Laura's encouragement, we've developed a solid working

*Green, Robert G., Frank R. Baskind, Brandi E. Mustian, Laura N. Reed, and Heather R. Taylor. "Professional Education and Private Practice: Is There a Disconnect?" *Social Work* (Volume 52, Number 2, April 2007)

relationship with NASW-VA, finding the areas where our legislative goals agree, and working effectively to send a troublesome bill—HB1146—to the VBSW for study. The Board’s subsequent in-depth review of all our regulations has resulted in improved consistency with our code of ethics regarding sexual relationships with clients after treatment ends; clearer standards related to clinical supervision have been established; and the development of the proposed clinical course of study.

Exempt status and the need to show up in 2010

One major result of the two-year VSWB study mandated by HB1146 has been the recommendation to eliminate “exempt status.” At present, hospital and agency social workers are exempt from license requirements, and do not necessarily have any social work education. The VSWB report (www.dhp.state.va.us/SOCIAL) argues that these exemptions could injure and/or misinform the public.

Any effort to eliminate exempt status will take significant participation from social workers who care: legislators must be educated about the critical importance of social work licensure. Alice Kassabian, representing GWSCSW, and I have begun these efforts, and we will need significant support from Virginia members and licensees from both our societies.

Regarding the upcoming General Assembly, I anticipate that a great deal of focus will be on maintaining what we have, transitioning to a new political party, and watching closely what legislation is brought forward. Regardless of what bills are being submitted, I will proudly show up, and be there to represent clinical social workers. I hope you will be, as well. ❖

J. Mark O’Shea, LCSW, is Legislative Vice-President of the Virginia Society for Clinical Social Work. GWSCSW and VSCSW work together on legislative issues relevant to Virginia clinical social workers and our clients.

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■ MARYLAND

The “End of Life” Workgroup: Observations from a Participant

Nancy Cedar Wilson

Legislation proposed in the 2009 session would have required end-of-life counseling for terminal patients – that is, provision of information regarding “hospice care, the right to refuse life-sustaining treatments or to continue to pursue curative treatment, and the right to receive pain management and other palliative treatments at the end of life, along with the right to prepare an advance directive.” In response to the many questions and concerns raised, Delegate Elizabeth Bobo proposed a workgroup to study the issues and make recommendations.

When I agreed to participate, I didn’t realize how extensive the task would be. (The Workgroup on Hospice Care, Palliative Care and End of Life Counseling met monthly over the summer, and continued on into the month of December; there were numerous emails, articles and other readings between meetings.) Nor did I realize how interesting the experience would be.

Watching our very competent lobbyist in Annapolis, Alice Neily Mutch, in action is an inspiration. She is a lobbyist for hospice programs as well as for the clinical social work societies, and she had to be quite politic in her interactions. She was, indeed: she knows what works in Annapolis, and she knows the legislators very well. We are both wise and fortunate to have her “on the watch” in Annapolis, guarding our social work interests. (Of course, Margot Aronson is a most marvelous partner in this, and her alerts to us on several social work issues that we need to pay attention to that are coming up for consideration in the state and D.C. provide an invaluable service to our organization.)

Of the 50 listed participants, there were about 25 at each of the meetings, representing many different organizations. Interests intersected and collided. Our concern that counseling interventions (both for the individual and for the family) begin as early as possible in the course of a terminal diagnosis was met by reluctance on the part of the doctors to give such a diagnosis too soon. There was lively and detailed discussion on the differences between palliative care and hospice, and much interest in the rights of the disabled to be allowed to participate in the decisions around

their own end of life issues. (This was a major concern amongst nursing home personnel, especially for Alzheimer’s patients.)

The final report for the legislators outlines a broad range of barriers to higher quality end-of-life solutions, highlighting “the pervasiveness of a culture currently geared towards high-intensity treatment; the concerns of hospitals and providers about reputations and lawsuits; the beliefs and perceptions of patients; the beliefs, experience, and medical specialty of individual physicians; and economic constraints that affect hospital practices and staffing. In addition, an “End of Life Bill of Rights” was carefully crafted by a sub-group, to help patients who would be dealing with a terminal diagnosis to understand their rights.

Our participation made a difference

The importance of our clinical social work presence at the meetings became clear early on. We learned that social workers in hospitals and nursing homes are often discouraged from providing the end-of-life resource information, even at the same time other health professionals feel uncomfortable talking to patients and families about end of life. One doctor emphatically asserted that social workers are “not clinical enough” to counsel families around these issues, as we cannot possibly understand all the medical issues surrounding decisions for the person who is determined to be terminal. We were able to clarify the skills and training that are embodied in our profession, and to ensure that discussions acknowledged the value that clinical social workers can make as part of the end-of-life team.

Because we spoke up, the following is identified in the report as one of the barriers: “underutilization of treatment professionals such as clinical social workers who could assist physicians and patients with increasing awareness of hospice and palliative care options and facilitate referrals to such care as needed by applying their training and experience in:

Early identification of family needs and in dealing with complex family dynamics in time of crisis with an understanding of cultural diversity;

Relaying challenging information to the family, patient, or proxy, including knowledge about hospice services that are available to patients and family members; and

Facilitating collaboration among all interested parties, including physicians, care facility/hospice personnel, patient, and family members.”

Though I admit to being very interested in the whole issue of end-of-life care, I have no particular expertise in palliative care or hospice. Why did I agree to be the GWSCSW representative? Guilt! Frankly, I volunteered because no one with expertise came forward and it's important to me to feel that I am doing *SOMETHING* for GWSCSW – taking care of our social work interests.

And a footnote: just as this article is going to press, we've been asked to meet with legislators to discuss a pilot program proposed by the Workgroup to assess whether end of life counseling results in increased referral and utilization of hospice and palliative care services and increased family satisfaction with pain management and compliance with the patient's stated wishes for care at the end of life, and to enable reimbursement. ❖

Nancy C Wilson, LCSW-C, has been active with GWSCSW on a variety of health and licensing issues in Maryland. She is in private practice in Montgomery County.

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The Council Becomes the Coalition

Margot Aronson

Twenty-some years ago, GWSCSW joined with the Maryland Society, NASW-Maryland, NASW-Metro DC, and the Maryland Chapter of the Social Work Hospital Administrators Association, creating a Maryland Legislative Council of Social Workers to advocate in Annapolis on issues important to social workers.

Times have changed, and for almost a decade now, it has been the two Societies maintaining the Council. As our visibility increases in Annapolis, we want legislators to recognize that our focus is *clinical social work*: both the scope of practice and private practice issues, and also the broader issues of accessibility of high quality, affordable mental health treatment for all Marylanders. Thus the change in name: to Maryland Clinical Social Work Coalition.

During the Assembly session, our Coalition meets on alternate Monday mornings in Annapolis. Society members are encouraged to attend. Contact Margot Aronson at malevin@erols.com for more information. ❖

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OUR ONLINE SOCIETY

.....

GWSCSW member, Jan Freeman, recently posted a request for input: A colleague is scheduled to participate in a program in which there will be a debate on an ethical issue. The title of the program is: "Social workers adopting children off their own caseloads: the ethical and moral questions."

Apparently there are programs doing good work in efforts to find ways for older children to have a better chance of being adopted. However, one of their proposed strategies/avenues is to encourage social workers to consider adopting from their own caseloads and my colleague believes there is a conflict of interest inherent to this strategy.

... I am responding as a social worker in private practice, and someone licensed as a foster/adoptive parent. There are plenty of children in need of adoption who are under the supervision of numerous organizations. In order to avoid conflict of interest, why would a Child Welfare social worker not adopt from an organization with which they have no affiliation?

...But the term cherry picking comes to mind if they are permitted to select from their caseload or that of colleagues. They have the advantage of assessment skills and perhaps years of experience to help them select a child who would be a good fit for their family. This is a bona fide and ethical advantage.

...What a fascinating issue. I knew someone who had a child of someone from their caseload playing with their child and I had a very "odd" feeling about it and I think the situation probably hit on the issues this situation hits on. Thanks for posting!

...I like the analogy of adopting children to be similar or parallel to the situation of dating a client/being in a relationship with a client. The boundary crossing is still happening. I would say that the rules for being involved with a client apply to being "involved" with a child. Hope this makes sense and I am looking forward to the response of others.

...I believe that ethics and good practice require that the therapeutic frame be maintained, and adopting a child from one's caseload – though it might seem like a kindness – would irrevocably break the frame. Furthermore, transference and countertransference influences – though perhaps unconscious – would inevitably impact the therapist's consideration and judgment and complicate what would inherently be a pretty complicated situation anyway.

...I have a friend who moved to a small town. The one pharmacist knew what meds everyone was taking, and apparently other people in town knew as well. When my friend needed an attorney, she went to one

in the city 1½ hours away in order to maintain her confidentiality.

Doctors, rather than treat their own family members, make service swap arrangements with other doctors. Couldn't child welfare workers do something similar—adopt from someone else's caseload?

...About children playing with social worker's children. I wonder how our ethics/boundaries might vary depending on the role we have with our clients; if we are therapists versus Foster Care Workers versus Care Managers versus Hospital Discharge Workers versus Substance Abuse Counselor, etc. Does client confidentiality extend to the same extent for all of these roles? Some providers (many I believe) do not confirm whether someone is a client or not out of a desire to protect client confidentiality. The client is the one who determines if and when and to whom they share that information with.

In situations with children, who gives consent that the nature of the relationship can be shared? What do the social worker's children know about the relationship between the "client" and their own parent? If a child knows that their "friend" is a client of their parent, are they able to protect the confidentiality of the "client?" If so, what situation does that put the child in if another person asks, "How do you know each other?" Or might they be told that the "client" is a "friend?" What kind of situation might that present to the social worker's children to keep how they know the "client" private?

Does the child of the therapist share personal information with their "friend" about their own family? (i.e. the social worker's family?) Or is the child encouraged not to share much information because of the relationship differences? Since we are often involved in "borderline situations," it is very possible that the social worker could end up referring parents or children to Child Protective Services. How might this impact the therapist's child? (Whether they are told directly or indirectly?)

Is there then an "equal playing field" between children? Would the social work parent treat the two children differently? Would the parent of the other child (assuming they are in the picture) treat both children similarly?

Our ethics also mention not having dual relationships with our clients. This certainly gets more challenging when children are involved with children and also in small communities where say there is one physician, one therapist, one auto mechanic, etc.

"Normal relationships" are quite complex however we have the extra challenge of tending to the boundary and ethical issues that are paramount to our profession. ❖

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NASW DC Metro Chapter 2010 Continuity Series

NASW DC Metro Chapter is launching its 2010 "Clinical Continuity Series" over Saturdays in early 2010. The series will offer a wide-range of topics presented by expert speakers from the DC Metropolitan social work community. Each session will consist of relatively small groups, with an emphasis on discussion, application and continuity throughout the four months of the series. There will be 4 morning sessions and 4 afternoon sessions each Saturday, covering the following topics:

Sexually-Abused Clients

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The Newsletter Committee is looking for new members!

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We will be celebrating the expanding committee
with a spring dinner out to meet and plan.

Please contact Caroline Hall (Caroline.Hall@mac.com)
or Jen Kogan (Jenko108@gmail.com) to ask questions
and get further details.

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.

Erin Gilbert

“An Illustration of Science and Practice: Strengthening the Whole through Its Parts” by Eliana Gil and Nicole Jalazo in *Blending Play Therapy with Cognitive Behavioral Therapy: Evidence Based and Other Effective Treatments and Techniques*, edited by Athena Drewes



Nicole Jalazo

GWSCSW member Nicole Jalazo was invited by Eliana Gil, an expert on play therapy and sexually abused children, to help write a chapter to be included in a book about play therapy. Athena Drewes, the mastermind behind the project, collaborated with Jalazo, Gil and other authors to create *Blending Play Therapy with Cognitive Behavioral Therapy: Evidence Based and Other Effective Treatments and Techniques*. Chapters focus on subjects such as sand tray therapy, filial therapy and self-care for child therapists.

Gil and Jalazo’s chapter, “An Illustration of Science and Practice: Strengthening the Whole through Its Parts,” focuses on the early clinical work conducted with sexually abused children, including the clinicians’ observations, and the evolution of important components of treatment, effective interventions, and ultimately treatment models. Gil and Jalazo describe the loop that exists between clinical practice and research, and how evidenced-based treatment models such as

Trauma-Focused cognitive behavioral therapy (CBT) arose from this body of clinical work. Gil and Jalazo assert that some clinical work has not been supported by research yet, unlike Trauma-Focused CBT, and this does not indicate that this work lacks efficacy or value. They believe that multiple models of treatment should be respected, including Trauma-Focused CBT but extending beyond it, as different children may benefit from a variety of approaches.

In particular, Gil and Jalazo explore the use of integrated play therapy with sexually abused children. This type of play therapy and Trauma-Focused CBT share treatment goals but integrated play therapy utilizes different methods, incorporating more expressive arts and sand tray work. The chapter features two case vignettes which illustrate how to use integrated play therapy to achieve therapeutic goals. While Jalazo acknowledged that this model is not evidenced-based yet, she noted that she, Gil and others are working on research to test the model’s efficacy.

Jalazo observed that a divide often seems to exist between clinicians who support Trauma-Focused CBT and those working with other models. She enjoyed co-authoring this chapter as she hopes to encourage all practitioners regardless of model orientation to share their work and learn from each other, rather than focusing on differences and pitting models against one another.

Gil currently is working on her own book—one amongst many that she has written—and Jalazo is taking part by writing a chapter for that book. It is scheduled to be released next year. ❖

**CHESAPEAKE BEACH PROFESSIONAL SEMINARS
PLAY THERAPY SUMMER INSTITUTE**

July 12–24, 8:30 AM – 4:30 PM

Attend our training and obtain didactic information as well as hands-on experience and intensive supervision with actual clients at our therapeutic summer camp.

Topics include: Art-based interventions, group therapy with children, sandplay therapy, Child-Centered Play Therapy and Filial Family Play Therapy.

Earn over 40 CEUs in addition to clinical supervision hours toward Registered Play Therapy credentials.

**Space is limited! Call 410-535-4942
or send e-mail to cbps2006@yahoo.com**

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A purchase from Amazon.com made through the GWSCSW website results in a contribution to your Society! Go first to

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and click the Amazon button!

COMMITTEE REPORTS

Legislative & Advocacy

Margot Aronson, Chairperson
malevin@erols.com
202-966-7749

You are reading this newsletter smack dab in the middle of the legislative session of the Virginia Assembly and of the Maryland Assembly. Both run from January to April, and during these sessions, several thousand bills are considered.

Our lobbyists try to identify for us all the bills that could have a bearing on our profession or our clinical interests, and then, working with our sister societies in Virginia and Maryland, we determine where our efforts are most needed, and where we can most effectively take a stand.

We know we can only concentrate on one or two issues per session, but we try to keep an eye on some of the others and register our "right on!" or our opposition when appropriate.

In the District of Columbia, where we don't have a lobbyist or a society partner, the Council tends to be accessible. And again, we try to limit our focus to the issues that seem most critical.

Whenever possible, we partner with NASW. Sometimes they take the lead, but just as often we do. And this is the third year for our Maryland coalition working as a field placement for Howard University: Ramona Wilson is our second-year macro MSW intern.

Burnout alert! Our committee is very small, and the same few

people have been doing the bulk of the work for several years. We would welcome your participation in any of our jurisdictions at any level—from learning the ropes to helping out on a particular issue. With more input, we can be more effective, and more visible; more visibility gives us more stature with the legislators. Please get involved!

Membership

Melinda Salzman, Chairperson
salzmanmsw@starpower.net
301-585-7352

Save March 21 on your calendar because you won't want to miss our annual Membership Tea. This event is a chance for folks to slow down and connect with others. You'll see old friends ("I've been meaning to call you!") and meet new ones ("I've always wanted to talk to you!"). All this, plus wonderful food and news about Society doings. So come, relax and connect. See you there!

The Membership Committee is always looking for answers to two important questions: how can we attract new members and how can we enrich the experience of membership. Our Fall Gathering for new members and the Spring Membership Tea have become warm traditions. We reach out to area social work schools, hosting gatherings for students and connecting with clinical faculty. Pam Thielman heads up our phone outreach to welcome members as they join. Jane Morse has helped us keep you informed of our activities by editing newsletter columns like this

one. Nancy Meyer has researched promotional items we can give out along with pens and magnets.

We'd like to add your strategies for strengthening the sense of "community" in our social work community. As always, we are tapping into the energy and creativity of our membership. We invite you to share your ideas for drawing new members into the fold and enriching the experience of Society membership in general. We welcome your inspirations, innovations and passing thoughts!

Mentor

Sheila K. Rowny, Chairperson
sheila@rowny.com
301-365-5823

The Mentor Committee would like to invite those members beginning private practice or otherwise interested to a panel/workshop called "Getting Started in Private Practice." The workshop will be held on Sunday, March 14, 1–3 PM at the Bethesda Library, which is near Metro and has free parking. A panel of GWSCSW members, representing different kinds of practices (e.g. group practice, solo practice, locations and specialties) will each speak for about 10 minutes, share paperwork/forms, answer questions and participate in discussion. The workshop is free to members and offers 2 CEUs.

Members new to private practice can also participate in a peer support group, facilitated by its organizer, Susan Marks, LCSW-C. The group meets in a member's office

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Welcome New Members!

Full Members

Len Adler
Sally Breggin Burman
Mary Heston Cooper
John Dobricky
Erin E. Gaudreault
Susan Ikel
Patricia McCallum
Judith Peres
Franca S. Posner
Jane Whitaker

Graduate Members

Philip Conklin
Kathryn R. Gerhard
Gail Schumann
Jan Steele
Cheridan L. Young

Student Members

Melissa Cuerdon
Christine Jin Park

Committee Reports, from page 21

in Downtown, DC, where the discussions provide an opportunity to address concerns, generate strategies, and receive information from periodic guest speakers. New colleagues are always welcome to join and can contact Susan Marks at 703-533-9337 or surobbin@comcast.net to obtain further information.

The Committee continues to offer the opportunity for a 1:1 relationship with a seasoned mentor from the Society. Mentors assist newer social workers in managing issues related to licensure, establishing a private practice, professional identity, finding a supervisor, and other concerns related to professional development. Mentors and mentees are matched according to location, interest, and types of experience. Issues and related strategies are explored in the course of a mutually determined time frame.

To arrange for a mentor, look on the Mentor page of the GWSCSW website for an application.

New mentors are needed to meet our ongoing requests. Please consider sharing your expertise with a newer colleague and fill out the mentor application found on the mentor page.

The New Year brings with it the opportunity for branching out in new directions. The Mentor Committee is open to new members, as well as input and ideas you would like to pass along to us by contacting Sheila. Contact info listed above.

Newsletter

Jen Kogan, Co-Editor
jenko108@gmail.com
202-215-2790

Caroline Hall, Co-Editor
caroline.hall@mac.com
703-812-0963

The Newsletter Committee is looking for two new members to join our team. We will be celebrating the expanding committee with a spring dinner out to meet and plan. Please contact (emails above) to ask questions and get more details. ❖

The GWSCSW presents a Meet the Author event

Shankar Vendantam

author of

THE HIDDEN BRAIN:

How Our Unconscious Minds Elect Presidents,
Control Markets, Wage Wars, and Save Our Lives

Friday, February 26

3:30–5:30 PM

Bambule

5225 Wisconsin Avenue, NW

Washington DC

(near the Friendship Heights Metro)

Happy hour reception with cash bar to follow.

No charge, but RSVP (gwscsw@gmail.com) required.

Guests are welcome.

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**

ADVERTISEMENTS

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

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

OFFICE SPACE AVAILABLE

BETHESDA – Part-time office available. Free parking for patients, therapists. Near Metro. Kitchen, waiting room. Tony, (240) 460-6818, huffmsw@gmail.com.

BETHESDA – Office space to share. 7830 Old Georgetown Rd. Available Tuesday, Wednesday, Friday. Garage parking available. Call Dr. Fitzgerald at (202) 726-8022. Email: dizzydoc2@hotmail.com.

BETHESDA DOWNTOWN – Office available half- to full-time. Cozy office in lovely three-office psychotherapy suite with shared waiting room. Reasonable rent. Available 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 to cjaugust2005@comcast.net.

COLLEGE PARK/GREENBELT – Furnished office for every day but Tuesday with attractive waiting room in prestigious medical building. Part or full-time. Call (301) 345-9384.

SILVER SPRING – Brand new office suite in downtown Silver Spring, near Metro. Comfortable, bright, furnished offices, kitchen, convenient parking. Hourly or daily. Share space with collegial psychotherapists. Contact Kathy Richardson (301) 588-4183 or richpoint@verizon.net.

SILVER SPRING – Office available for sublet Friday mornings until 1:30. Five to ten minutes to Red Line. Well-appointed, calm decor in suite of three with kitchenette. Ruth Ann Stoltzfus, (301) 565-5920.

CLEVELAND/WOODLEY PARK – Wonderful, sunny and spacious office available all day and evening on Wednesdays; also until 3 pm on Mondays and Fridays. Located at 3000 Connecticut Avenue, NW which has just been newly renovated. Collegial relationships with suitemates a plus. Contact: Grace Riddell at GRiddell@aol.com or (301) 942-3237.

DUPONT CIRCLE – Office space for rent. \$13/hr. The office is available Monday through Thursday, 7 AM–12 PM, Friday evenings, and all day Saturday and Sunday. For more information, please contact Jennifer Rochel, LICSW at (202) 714-0181.

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

WOODLEY PARK – Looking for a room of your own? Large, attractive light-filled psychotherapy office available full time. Share waiting room, kitchen, bath. Peaceful, quiet atmosphere. Reasonable rent. mhilken@herosjourney.com.

EMPLOYMENT

PART-TIME OPPORTUNITY FOR CLINICIAN IN GROUP PSYCHOTHERAPY PRACTICE – LICSW needed to provide psychodynamic psychotherapy to couples and individuals for Counseling & Psychotherapy Services of Washington, DC established in 1984. Minimum 2 evenings a week, daytime also available. Group health insurance can be purchased. Interest and experience in couples tx. Send resume to fboykinmsw@aol.com. Visit www.cpsowashington.com.

SERVICES/GROUPS

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.

ETHICS SEMINAR – Using the Voice Dialogue Process to make good ethical decisions. Experiential. March 26, June 25, July 16 (10 AM to 5 PM). Presenter: Ann Dobberty. Hyattsville, MD. \$185. 6 CEUs. (301) 422-0101. www.anndobberty.com.

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.

VOICE DIALOGUE: THE PSYCHOLOGY OF SELVES – Level One Training (4 days, 27 Category I CEUs). November 12, 13, 14, fourth day TBD. \$800. Ann Dobberty, LCSW-C. Hyattsville, MD. (301) 422-0101. www.anndobberty.com.

ADOLESCENT THERAPY – Individual, group, family, and DBT. Expert adolescent treatment. (301) 230-9490. www.rathbone.info.

HOW TO SURVIVE AND THRIVE AS A STEPMOTHER – Biweekly evening group for stepmoms in downtown Bethesda. Contact Amy Scott, afscottmsw@verizon.net or call (202) 244-8855 x 2.

SUPERVISION – Northern Virginia domestic violence/family abuse, and stalking peer supervision: openings available for individual or group peer supervision. Board Certified in Domestic Violence, I assist therapists in navigating the complex treatment issues that are often present in working with clients who have experienced violence and abuse, with the goal of unlocking key areas that may have become barriers for forward movement with clients. Call for details. Susan Folwell, LCSW, LICSW, BCDV (703) 591-5912 x 118.

WOMEN'S PSYCHOTHERAPY GROUP – Immediate openings. Focus on insight, growth, self advocacy, empowerment and healing in areas such as self-esteem, separation/divorce, abuse survivors, life transitions. Wednesday afternoons in Fairfax, Va., 12:00–1:30 PM. For more information, call Susan Folwell, LCSW, BCDV, (703) 591-5912 x 118.

UPCOMING GWSCSW EVENTS

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

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

February 26 Meet the Author: Shankar Vendantam

Time: 3:30–5:30 PM
Location: Bambule, Washington DC
Info: page 22

**March 1 GWSCSW 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: 9:00 AM – 1:30 PM
Location: Bethesda, Md.

**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.

**March 12 GWSCSW Dinner Meeting
Our Creative Members**

Presenter: Peggy Heller, MSW
Time: 6:30–9:00 PM
Location: Rockville, Md.
Info: page 1

March 14 Getting Started in Private Practice

Time: 1:00–3:30 PM
Location: Bethesda Library, Bethesda, Md.
Info: page 10

March 21 Spring New Member Tea

Time: 2:00 PM – 4:00 PM
Location: 5519 Carolina Place NW, Washington DC
RSVP: gwscsw@gmail.com

**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 GWSCSW 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.

**May 14 Brown Bag Lunch Series
Motivational Problems in Young Adults:
A Family Consultation Approach**

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

**October 24 GWSCSW Ethics Conference
with Frederic Reamer**

6 Ethics CEUs, Info TBA