Greater Washington Society for Clinical Social Work

Education ♦ Advocacy ♦ Community

June 2010

news&views

President's Message 2

Revised Maryland Continuing Education Regulations 3

Understanding Trauma and Dissociation 6

The ADAPT Program 8

Flirting With Group Therapy 10

Advocacy & Legislation 12
- Maryland 12
- District of Columbia 14
- Virginia 14

In Praise of Feeling 16

Private Practice Mentoring Group 16

Growth for Your Practice 17

Our Online Society 18

Out & About 19

Book Corner 20

Committee Reports 21

Welcome New Members! 22

Classified Ads 23

Upcoming GWSCSW Events 24

GWSCSW
Annual Meeting and Potluck Dinner

Friday, June 11
6:30 PM

Friends • Wine • Potluck Dinner
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Info on page 24

Remembering Martha Chescheir

Cathie Gray

We lost one of our founding mothers of clinical social work with the death of Martha Chescheir on March 27, 2010. Although Martha and her husband, John Boren, had moved to Chapel Hill, North Carolina, in 1999 to retire, Martha never quit working; she just changed locations.

I first met Martha in 1973 at a small agency called Potomac Foundation for Mental Health. Martha had recently moved to the area to begin teaching at the National Catholic School of Social Service as she was completing her PhD from Smith College. In 1975, Martha encouraged me to apply for a position teaching casework at NCSSS. I wasn't very interested, since I was only working part time and had two young children at home. But, in a way that became familiar through my years with Martha, she planted a seed and kept watering it until she got the outcome she wanted. In the end, I took Martha's advice and in so doing launched my teaching career. We shared an office at the university, and went on to share practice offices for over twenty years.

Martha remained on the faculty of NCSSS for sixteen years, and was an Associate Professor. She was the epitome of a clinical scholar. Her passion and mission were to bring clinical social work to the doctoral level and to fully integrate theory into clinical practice. Martha worked closely with Betty Timberlake, now a professor emeritus at NCSSS, on a grant from NIMH to train clinical social workers at the doctoral level.

In a conversation I had with Betty remembering Martha, she recalled that Martha's clinical research focused on the process as well as the outcomes of clinical practice.

Over the years, Martha taught many eminent clinical social workers in the Washington area. One of them is Alice Kassabian who is in private practice, and who was one of the early presidents of the Greater Washington Society for Clinical Social Workers. Alice fondly recalls Martha as her teacher of clinical practice and

continued on page 4

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

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

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The next issue will be published
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Email articles to jenko108@gmail.com

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President's Message

Susan Post

This is my last letter as president of GWSCSW. It's hard to believe that three years have gone by since I took this job with a great deal of trepidation. My experience working with the Board, the committees and the membership has been rich, rewarding and a learning experience—in the most positive sense of the term—beyond imagination, so it's with a mixture of relief and sadness that I step down.

It took me some time to be able to answer the question, "What does the Society do?" Before I became a committee chair, and thus a Board member, I was aware of only bits and pieces of the Society's activities. There was no listserv then. I occasionally went to CE events, read bits and pieces of the newsletter, and didn't know many other members. My guess is that many of you are like I was—you joined because someone told you it was a good idea, but you're not totally sure what it's all about.

So what does GWSCSW do? It does so many things, some necessary, some discretionary. Our motto is: "Education, Advocacy, Community," and it is from these concepts that we derive our purpose. In the area of education, we are certainly not alone in offering courses and workshops to social workers in the DC area—we are surrounded by educational organizations of various stripes. But we do some things that others don't. We provide continuing education to our membership at a vastly reduced cost, and we promote our own ranks by mentoring our members to teach those courses themselves.

As advocates for the interests of social work and social workers, we have achieved a significant presence at the local and state levels, making our views heard and influencing policy. We have several members representing us in Annapolis and DC, and others will become more active in Richmond. In the past few years we have had a number of successful advocacy campaigns thanks to those who led us and to the many who responded and made their voices heard.

We are an awesome community! GWSCSW brings a kind of access and support to its members—new and seasoned—that few organizations offer. Our mentor and membership committees provide specific supports to new social workers. Through the listserv, our newsletter, social gatherings and peer support or study groups, we connect with one another in ways both professional and personal. One of the greatest pleasures of serving as president has been meeting and working with so many wonderful and talented people.

I believe that organizations have stages of development just as individuals do, and each stage requires certain tasks and abilities among those who step forward to lead. It seems to me that we have been fortunate in having a long line of leaders who have met the needs of each sequential stage. No organization can survive without active participation by its members at all levels of enterprise. Many of you have volunteered to serve on a committee or at an event. Others have given of themselves by writing

for or helping with the newsletter or by teaching classes and leading discussion groups.

But times and life are changing. Our members are busier than ever, with less time to devote to volunteerism. Many of the tasks that committees traditionally performed have devolved to our dedicated and able office manager Jan Sklennik, without whom we would be lost. In an effort to make active participation easier, we are learning to break down the work that is needed into smaller pieces so that more of us can be involved.

It has been an honor to work with the dedicated Board we have had for the past several years. Now a number of us who have been serving in the capacity of officers, directors and committee chairs for probably too long are stepping down, and we will see a big transformation of the Board this coming year. A new and able group will take the reins of the society in June, bringing fresh ideas and their own individual talents. Sydney Frymire will bring her very special brand of energy, creativity and leadership to the position of president, as others will bring to their new roles. So it is with enormous confidence in our future that I write this final president's letter and thank all of you for the time and gifts you have shared with us. ❖

Social Work Licensing Boards

A round of applause, please, for GWSCSW members Dolores Paulson and Susan Horne-Quatannens, completing their terms serving on the Virginia Board of Social Work.

Kudos also for Willa Day Morris and Eileen Dombo, who are serving on the DC Board of Social Work.

Revised Maryland Continuing Education Regulations

Joel Kanter

After a lengthy process involving input from many social work organizations, including the GWSCSW, the Maryland Board of Social Work Examiners issued revised regulations for Continuing Education in March 2010. The revised regulations can be found on the Maryland Board website and on the GWSCSW website.

Some of the changes include:

- Category I CEUs no longer require a three-hour block of time. Any class, workshop or lecture from an approved sponsor (i.e. GWSCSW) is now eligible for Category I CEUs. For example, our dinner meeting lectures and brown bag workshops, lasting 60 to 90 minutes, can now count toward the Category 1 requirement of 20 Category I CEUs in a two-year period.
- Attendance at programs offered at "professional or scientific meetings of local, state, regional, national and international professional or scientific organizations" is assumed to be Category I sponsors. What this apparently means is that if you attend, for example, a psychoanalytic meeting in another state, then credit for participation would be given even though there was not a specific relationship between the organization and the Maryland Board.
- You can earn Category I credit for agency-based "staff development, professional training and invited in-house speakers" related to "professional social work practice."
- Category II activities can count for up to 20 CEUs of the 40 needed for license renewal in a two-year period. Some options for earning these CEUs include the following:
- Participating in peer case conferences and "journal clubs" with licensed social work colleagues. (Make sure to check the regulations for appropriate documentation: i.e. a listing of topics, dates, times, and names of participants)
- Preparing approved "face-to-face programs of instruction; one Category II CEU for each hour of preparation (up to 12 hours).
- Preparing and presenting a paper at a meeting of a professional organization; one Category II CEU for each hour of preparation (up to 12 hours).
- Authoring a professional publication (including peer reviewed journals and books); one Category II CEU for each hour of "authoring" (up to 12 hours).
- Completing home study and online courses provided by an "approved sponsor."

If you have questions about these regulations, please check the regulations and raise any issues on the GWSCSW listserv. ❖

Martha Chescheir, *continued from page 1*

the chair of her doctoral dissertation, and after more than thirty years continues to reflect on Martha's many gems of wisdom.

Martha was active in establishing licensing protocol for social workers in the seventies, and very active in the formation of the Greater Washington Society for Clinical Social Workers. She brought her wisdom and unending energy to every project. Martha was widely recognized as an expert on the theory of D.W. Winnicott, and she recognized the many contributions of Claire Winnicott as well. In practice, Martha truly embraced theory as she worked with both children and adults. Often, since we shared a practice suite, Martha would be the therapist for a child while I was seeing the parent. She may have been my colleague, but more than that she was a gentle teacher and mentor. We were in a peer group for many years, but the participants all knew that this was actually an informal class with Martha.

Golnar Simpson, founding dean of the Clinical Social Work Institute, was recalling recently her long history with Martha, which started when Golnar was in the doctoral program at NCSSS. Golnar's comment was that Martha embodied Clair and Donald Winnicott's "holding environment" even while guiding a dissertation. Martha, Golnar, and many other prominent clinicians worked tirelessly to establish the Clinical Social Work Institute. The original task force for the Institute met once a month for five years at Golnar's dining room table. In these meetings, Martha was the gentle, contained, yet strong guide for curriculum development.

While I have attempted to summarize some of the many professional contributions to the clinical social work field that Martha has offered, her presence went well beyond her work. Martha was always fun to be with. She had a wonderful, light sense of humor and always considered life to be good.

Martha introduced me to my position at NCSSS and I introduced her to her second husband, John, who was a psychology professor at American University. I then was the maid of honor at her wedding at St. Albans. It was an easy match, as Martha and John shared so much intellectually—except that John was a behavioral therapist to the core. This made for fun dinner conversation. They shared hiking, travel, and great food. For them, life was a great adventure. Martha was into buying local and growing your own produce long before it was in fashion. Dinner at Martha and John's always involved great food, including whatever was in her garden at the moment—which was sometimes really interesting.

Martha was not only a professional mentor to me and others; she was a mentor on how to mother—and how to be a "good enough" mother. As her children Cecy and Chip were about ten years older than my two older children, I could always get free advice and support. She offered expert advice without judgment: a great clinical combination!

Martha lived, taught, and practiced in Washington for about twenty-six years. In that time she advanced the teaching of clinical social work, the licensing of clinical social work, and the theory-driven practice of clinical social work in ways that none of us could have imagined. She was our good mother who fed, nurtured and pushed us onward.

Martha will be personally and professionally missed by so many of us, yet her thoughts, research, and words will be passed on through the future generations of clinical social workers. Martha, the seeds you planted are flourishing, and we thank you. ❖

Cathie Gray, LICSW is Associate Professor, NCSSS, Catholic University in Private Practice in DC, and GWSCSW member from the beginning.

Memories of Martha Chescheir

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Understanding Trauma and Dissociation

Tally Tripp

Belfast, Northern Ireland—More than 450 clinicians and researchers representing at least 30 different countries gathered April 7–9 on the campus of Queens College in Belfast, Northern Ireland to discuss and exchange leading edge information on the topic of trauma and dissociation.

The three-day event, sponsored by the European Society for the Study of Trauma and Dissociation (ESTD), set an appropriate frame for the meeting with a theme of "Psychological and Societal Perspectives on Trauma and Dissociation." As an attendee and presenter at the conference, it was difficult not to connect the venue, a city recovering from decades of violence and civil strife, with the pervasive societal tension still felt as a result of what is euphemistically referred to as "The Troubles."

Poignant Trauma Example

One of the poignant reminders of past trauma was an all day workshop I attended facilitated by a retired Belfast police officer who lost both arms 20 years earlier to an IRA bomb attack. The workshop was a testament to the possibility of healing and the resiliency of the human spirit, as well as to the important work carried out by mental health professionals specializing in the treatment of trauma.

The conference highlighted writing, research, and clinical innovation in the field of trauma and dissociation and demonstrated how best practice therapies are increasingly informed by neuroscience research, interpersonal attachment theory, mindfulness, and body based treatments. My presentation entitled "Every Picture Tells a Story: Art Therapy and Trauma Processing" was one of a number of presentations describing approaches and techniques to address the impact and treatment of trauma. Presenters spoke on a range of topics including EMDR, psychodynamic therapy, group therapy, ego state therapy, somatic and sensorimotor treatment, DBT, and solution focused brief therapy.

Conference Connections

The conference confirmed and enhanced much of what clinicians already know about trauma. First, ongoing traumatic experiences in the early years of life change the brain and are detrimental to the development of a basic sense of self. Sustained, early developmental trauma can result in pervasive disturbances in affect regulation, difficulty with attention and concentration and contribute to a negative self-image, problems with impulse control, aggression and excessive risk taking. Second, it is imperative for clinicians to understand that the client's natural responses to traumatic experiences are essentially efforts to cope and survive. In other words, when a client reacts to a new or stressful situation with symptoms of hyper arousal or dissociation, he is influenced by an internal view of the world which is experienced as unstable and unsafe. This leads to the third point, that emotional regulation will be the most difficult and most important aspect of trauma treatment, and that before trauma processing can begin, the focus must be on creating a therapeu-

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tic environment that can contain and regulate these overwhelming affects.

The timeliness of these discussions, in light of the proposal to include Developmental Trauma Disorder in the forthcoming DSM V, cannot be understated. Trauma informed treatment has made great progress in the last 20 years and further knowledge will come from continued study and research.

Power of Expressive Therapies

Trauma happens from the outside in, caused by random, negative actions or events in the external world that become part of an individual's internal identity. Trauma is not a cognitive problem; therefore top down approaches that rely on a cognitive understanding of the issues are not particularly effective in shifting the enduring underlying beliefs. Trauma is held in the brain in images or in the body as sensations. Trauma is not readily expressed in words, it lacks coherent narrative. The expressive therapies (art, dance, drama, play) and body based treatments (sensorimotor, somatic experience) can be extremely powerful in accessing and processing traumatic memory.

On the way to the airport, I mentioned to the cab driver that I was an art therapist studying trauma. He smiled and asked me if I would like to see a "wee bit" of the local art therapy. He drove me to the outskirts of town where the "Murals of Belfast" are painted on rows of brick houses. These huge paintings were originally created to glorify the paramilitary groups and their leaders, inciting hatred and glorifying violence. In recent years, however, even these iconic art pieces have become subdued. Now, there are murals depicting scenes of peace and images of a different kind of hero such as a local soccer player, suggesting the emergence of a new generation of non-violence. This is a wonderful reminder of the power of art to tell a compelling story and its unique ability to reframe it, in order to heal the hurt and pave options for the future. ❖

Tally Tripp is a Licensed Clinical Social Worker, a Registered, Board Certified Art Therapist, and a Certified EMDR practitioner with a private practice in Washington DC and Alexandria VA specializing in Complex Trauma. She is the Director of the Art Therapy Center at the George Washington University, a clinic devoted to providing low fee art therapy services to the community. Tally can be reached by e mail at ttripp@gwu.edu or telephone 202 785 2124.

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The ADAPT Program

Cassie Arnold

ADAPT is not an acronym. It is a program requisitioned by the judges of Arlington County, Virginia to serve substance-abusing males with relatively short prison terms by providing substance abuse education and support in an effort to help them adapt to a clean and sober life beyond prison. I was hired to create and run this new group.

The first group of ADAPT men was launched in mid-October 2009. The curriculum is diverse yet grounded in six successive teaching modules including:

- Criminal Thinking and Behavior
- Disease Concept of Addiction
- Drugs in the Brain
- Spirituality
- Anger Management
- Happiness

I have used various means to find members for the ADAPT groups. Most recently, I recruit right from the Substance Abuse unit, where I also facilitate a weekly Narcotics Anonymous meeting. I have also received referrals from former group members, or speak to the deputies about potential participants. I have also been approached directly by an inmate while I was on a unit, or have received a referral from a co-worker and followed that up.

By now, enough men know about the ADAPT program, that they come up to me when they see me and directly request entrance into the program for themselves. Gradually, I have become more savvy and more efficient at interviewing for the group. I have also developed better instincts for who would be a good fit based on the stages of change model. I seek individuals who are ready to bridge the gap between active contemplation of change and the action phase that follows contemplation.

ADAPT cycles run for a period of six weeks. We meet for three 1½-hour sessions per week. The inmates, who quickly get into the routine, are ready to go at 5 PM when the deputies receive the call from central.

I use many sources to keep momentum up in the ADAPT classes, including cutting-edge instructional videos that are inspiring, informative and credible to the men. Some are better than others, but they all make important points, which are hard for the men to deny. These videos then become a basis for discussion, which is lively and at gut-level.

Therapeutic writing and discussion are essential parts of the program. As an environment of confidentiality and mutual support is established, the men share increasingly openly and authentically from their writings. I make use of other media including printouts of materials that make points that I wish to introduce for contemplation. These include everything from the golden rule, to the serenity prayer, health matters, pertinent articles that I find from diverse sources, poetry, and segments from appropriate books and music. I teach and practice breathing and basic meditation techniques and create a flow of information and experience in which everything gets tied in and tied together.

The fundamental mandate of the ADAPT group is that members write. I hand out a journal and a manila folder to every new member before the start of each cycle and introduce the idea of journaling in the first meeting. All handouts are collected in the manila folders so that each member will have source material to which he can refer back to long after the group is over, if he so chooses.

Each week, I assign a specific writing assignment and members read out loud as they are willing. Most eventually become more than willing and they share their thinking in this manner, while responding to a probing topic, which remains food for their own independent thought and growth.

I have found that even though ADAPT was created as a substance abuse education program, in actuality, participants at times, have more than a SA problem. It is difficult to know where along the continuum substance abuse blends into substance dependence. Although ADAPT is in no way a treatment program, on occasion, I find it appropriate and easy to introduce recovery concepts and language into the groups. I generally touch on the availability of 12-step support groups as well as a description of the use of the 12 steps as one possible foundation for a sober way of life beyond the walls. This adaptation to the original ADAPT prospectus evolved out of the reality of most members' drug-using lifestyles—as a way of preparing

them to think about how they will maintain sobriety once their prisoner status no longer makes that task a non-issue for them.

ADAPT has grown into a very successful and popular program at the jail and the results are encouraging. There is a palpable shift in the energy of the groups over time as the members begin to turn their focus inward and learn about themselves and each other in a way that would never occur on the units. I have received informal evaluations/feedback on the ADAPT program at the end of each cycle, which inspire me to work harder, each time deepening my own commitment to this work and this population. ❖

Cassie Arnold, LCSW works at the Arlington Detention Center as the group leader of ADAPT as well as an occasional worker in the ACT program (a six-month in-house treatment program). She is also a therapist at the DC Rape Crisis Center.

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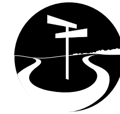

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ADJUNCTS TO THERAPY

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

Flirting With Group Therapy

John P. Thomas

Many of us clinical social workers flirt, from time to time, with the idea of starting a psychotherapy group but, as is so often the case with flirtations, nothing comes of it. Attractive as the possibilities may seem at first, we think about the actuality, the particulars, the potential downside, then sigh and pull back, returning to the familiar routines of our established practices. In doing so, unfortunately, we forfeit unique, stimulating, and rewarding possibilities for clients' personal growth and therapeutic gain.

Why do we pull away? I think there are many reasons, but will highlight here just a few of the most significant; some conscious, some not so conscious.

At the conscious level, we anticipate (correctly) that the clients to whom we propose the idea will resist it, will experience it as a threat to their special relationships with us; and to a great extent, we're right. For the client, "sharing" us with six or seven others is going to feel at first like a major loss. There is a loss for us, too. The therapeutic dyad is enormously gratifying to us as well as to the client. Over time we see the changes in their inner experience as they grow stronger and more in touch with themselves. (Group work, as I will explain below, offers comparable satisfactions in this regard.) Patients also fear exposing themselves to others; "I don't want to talk about my problems with a bunch of strangers" is a common reaction to the idea of a group.

For those practitioners with a strongly analytic orientation, the dilution of the transference inherent in group therapy may appear to be giving up a significant therapeutic tool without a corresponding gain. This, in fact, was a core source of psychoanalytic resistance to group therapy decades ago.

Furthermore, since many of us lack personal experience as psychotherapy group patients, these considerations, the client's and ours, can feel persuasive, and constitute formidable obstacles to embarking on group work.

At the not-so-conscious level, other factors mitigate against getting started with groups. For one thing, there is the anxiety about being able to follow the complexity of the group process. Making sense of the multiple threads of ideation and fantasy in an individual patient can be hard enough. How can we track the process(es) of six or more?

Then, there is often deep apprehension (something like our client's) at making one's self vulnerable to the scrutiny of so many eyes and ears, where our mistakes, whether technical or countertransferential, not to mention our foibles, will be picked up.

Given all these considerations, it's easy to say "who needs this?" and to walk away. The answer to this question is that, for almost all our clients, their fundamental problems in living are interpersonal problems. We live out our lives in groups: the family, the class, the team, the congregation, the social circle. Our inner experience is shaped by our very first relational encounters, and continues to be powerfully influenced by the interactions we have every day with other people.

Given this fundamental truth, group therapy is an ideal setting, one might say the ideal setting, within which our clients can learn how it is that their relationships so often make them unhappy or end badly. In large part, this is because the feedback they receive from other group members is very different from what they typically hear in individual work. Whereas part of a therapist's job in the dyad is to metabolize untoward reactions to the client in the service of greater empathic attunement, group members are not so constrained. They will react spontaneously to one another's maladaptive interpersonal tendencies, in ways similar to those the patient experiences in the "real world". But in a therapy group, where the commitment of all concerned is to honest exchange in the service of personal growth, the sting of negative feedback can be modulated and contained with the leader facilitating the process.

Through this give and take the group becomes a powerful agent of change, as members not only confront one another, but encourage one another as well. At its best, a therapy group becomes something like a good family and a source of enormous support to the members as they "try out" new ways of living and relating. Earlier, in mentioning the loss for therapists of the pleasure of participating in a patient's personal growth in the dyadic setting, I spoke of a comparable satisfaction in the group. It lies in seeing that growth actualized in the group interaction. One no longer wonders how the client functions with others; one sees it.

Supposing that the foregoing analysis is persuasive, and that the reader can see the benefits of group therapy, what is to be done about the obstacles within her or him self which have stood in the way of taking the plunge? The answer is, simply, training. We can all remember a time when working with a single client, or couple, filled us with apprehension. Then, via experience and continuing education, our confidence grew and apprehensions faded. The same steps can lead us from apprehension to competence in group work as well.

Finally, readers may have wondered if their temperaments or personalities are well suited to working with groups. If that describes you, I can suggest a fine article on the subject, "The Making of a Group Psychotherapist," by Beatrice Liebenberg, MSW, well known to many of us in the Society, in *Smith College Studies in Social Work,* November, 1994, Vol. 65, Number 1.

So, if you've been through a few flirtations with group work, you might consider taking another look; and the first step just might be finding resources for training and supervision that will embolden you to make it happen. ❖

John P. Thomas, MSW, CGP, is former vice president of the Society for Professional Affairs, and is currently chair of the Group Psychotherapy Training Program and the National Group Psychotherapy Institute at the Washington School of Psychiatry.

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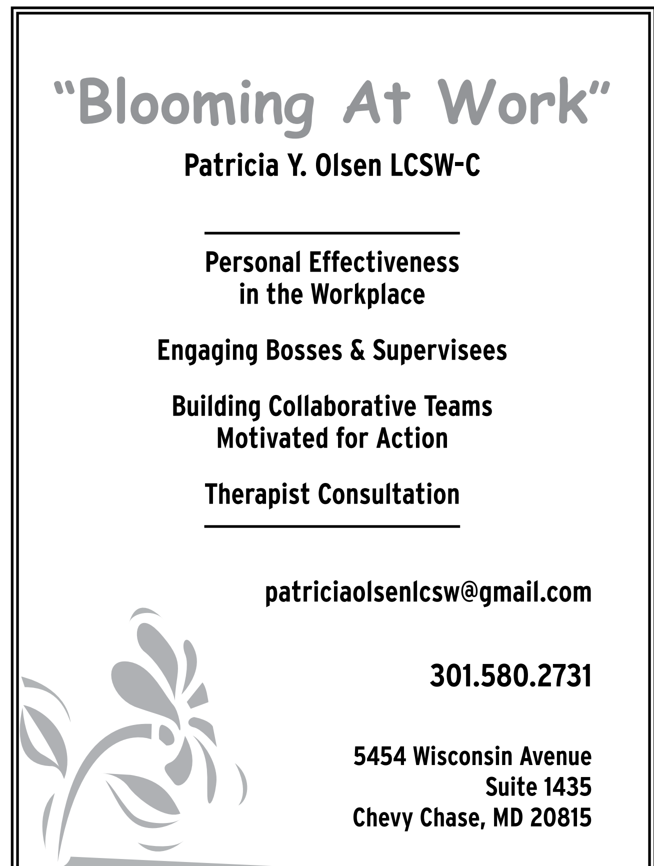

■ MARYLAND

Alice Neily Mutch

"Sine die"—Annapolis veterans will tell you they are the two sweetest words in Latin. That is the term used to describe the last day of the 90-day legislative session (this year, January 13 through April 12). Several thousand bills were in play as the session drew to a close.

Because of the dismal fiscal climate, most of the legislation that passed involved cost containment measures or policy changes intended to address the economic situation. Issues such as concern over the increasing shortage of primary care physicians played out in legislative support for greater use of physician assistants and nurse practitioners to fill the projected manpower gap.

The Public Mental Health System Budget

Before the 2010 session began, huge cuts to the public mental health system had already been put in place by the governor. Even more drastic cuts were on the horizon, but grassroots reaction from the public (including our Coalition) convinced the Assembly to change course. Instead of more cuts to the RICA programs (Maryland's two residential treatment centers for severely troubled children and adolescents), legislators decided the Mental Hygiene Administration and stakeholders should provide reports to their budget committees. As for the proposed cuts to Core Service Agencies (CSAs), the Senate agreed to a $750,000 reduction rather than the proposed $1.5 million, while also mandating a review to determine funding priorities.

Perhaps the most far-reaching budgetary initiative went forward without much attention. We testified in support of establishment of what we see as a fair methodology for reimbursement of Community Mental Health Services, based on updating the formula equivalent to the cost adjustments in the Governor's proposed budget. Without an established methodology, the reimbursement for community mental health services would have continued to be substandard, leading, ultimately, to the erosion of services.

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As expected, the popular "Lorraine Sheehan 10 cent tax bill"— ie, the taxing of alcoholic beverages to provide funding for mental health and substance abuse programs - did not pass, in large measure because of intense lobbying by the beverage and entertainment industries. It is expected that this bill will be reintroduced and that its time will come next year or the year after.

Finally, all professional licensing boards took a 3% across the board reduction to help address the state's 2 billion dollar shortfall. Even though this is, in effect, a double taxation for licensees, the legislation that was introduced to require a payback would have tied the hand of the Governor in an economic crisis, and so never saw the light of day. Welcome legislation that did pass (SB-454) requires justification statements for future fee increases to licensees.

Parity and Insurance/Managed Care Issues

The bill that sought to bring the state mental health parity law into conformity with the federal parity law was heavily amended to align with health care reform changes. During the Interim, the Maryland Insurance Administration (MIA) plans to develop legislative proposals for various aspects of the federal health reform law as it evolves in 2012, 2013, and 2014. It is the position of the MIA that any attempt to alter the benefit plan in advance of the Essential Benefit Plan in 2014 would jeopardize the grandfathering of current benefit plans and cause chaos among the carrier industry.

We will need to be mindful of MIA concerns, but be vigilant in addressing the benefit package as changes occur. This could be the time to explore the possibility of improving mental health reimbursement for those in out-patient settings. Even after the passage of the parity bill, tiered payments and certain limits on number of visits per calendar years remain under 19-703.1 of the Health General Article. We would ask for consideration that new legislation address the small groups which currently are not affected by the parity law, and recommend elimination of tiered payments and visit limitations.

Several bills this session looked toward greater transparency from insurance carriers. We strongly supported a bill sponsored by Senator Brian Frosh (D-Montgomery) that would have mandated that carriers post specific information on their websites, and although it failed, it will be reintroduced in the next session. We vigorously opposed a bill (which thankfully also failed) which would have *non-participating* health care providers to disclose *carrier* information to clients in advance of treatment – not only was the requirement unreasonably burdensome but the required information would have been virtually impossible to figure out.

Scope of Practice Issues

Our Clinical Social Work Coalition has worked hard to raise the visibility of clinical social workers, with the result that we are being included as stakeholders in task group deliberations on end of life, Alzheimers, and cultural competency in practice.

Some concerns about scope of practice include the passage of the Physician Assistant licensing bill, unfortunately without our proposed amendment specifically prohibiting PAs from practicing in the scope of other licensees. (Only nursing, psychology, optometry, and physical therapy are to be protected.) Another bill, which would have allow alternative health care workers to be exempt from regulation, failed; however, the concern remains that this group will continue to seek authorization to provide counseling services without licensure.

Reciprocity for Social Workers

We were pleased that the social worker licensure and reciprocity bill, HB 927, passed. The result of many hours of work on the part of the Board of Social Work Examiners, HB 927 stipulates that to obtain a certified social worker license or a certified social worker - clinical license, an out of state applicant must meet the requirements of 19-302(a) and be licensed or registered to practice in another state at a level of licensure that is equivalent to a similar licensee in Maryland; have passed an exam in the state, and have performed 1,000 hours of compensated social work practice per year for 5 years out of 10 preceding years.

Interim

This Interim will be very busy: legislators will be "up for" reelection. Remember that legislators need to know who and what you represent so that when they consider policy change, they think about the implications for you and your clients. Plan to be involved! ❖

Alice Neily Mutch of Capital Consultants of Maryland is lobbyist for the Greater Washington and the Maryland Societies for Clinical Social Work, representing our interests in Annapolis and guiding the advocacy efforts of the Clinical Social Work Coalition.

■ DISTRICT OF COLUMBIA

Margot Aronson

Since 2001, the DC Healthcare Alliance has offered a free health care program for uninsured low income District residents. Alliance benefits include hospital and outpatient medical care, prescription drugs, rehabilitative services, home health care, dental services, specialty care, and wellness programs. Mental health services are not covered.

With the passage of the national health insurance reform bill, federal funding will be available to supplement the Alliance program, and it will gradually be opened to residents with higher (but still low) incomes. Carriers will not be allowed to turn down those able to pay for insurance based on their health or so-called "pre-existing conditions." Families will be able to cover their children up to age 26.

Because mental health coverage is considered an essential health benefit in the healthcare reform bill, and because a number of mental health and substance-abuse services are included in the reform package, we will follow insurance-related news in DC closely in the coming months. In the meantime, special thanks to District Council members David Catania (At Large) and Mary Cheh (Ward 3) for their effective leadership on health issues.

Advocacy and Visibility, Hand in Hand

Back in September, Child and Family Services Agency director Roque Gerald convened a small group of child advocates - including GWSCSW - to raise community awareness of the progress the agency is making in fulfilling its mandates; we met again in February. A number of us in the Society come from backgrounds in child protection; we know the critical needs of the children, but also understand the stresses felt by line social workers who are often stretched to capacity during their investigations. By participating in the Advocacy Group, we can speak up in support of our colleagues, and at the same time raise awareness in the community about clinical social work.

Visibility is critically important if we want our DC Board of Social Work to rejoin all the other professional health/mental health boards under the oversight of the Council's Health Committee. With the mayor and several council seats coming up for election this November, we must demonstrate that clinical social workers are a significant constituency, and we may need to do some education, as well, about the role we play in mental health diagnosis and treatment. ❖

Margot Aronson, LICSW, is GWSCSW Vice President for Legislation & Advocacy. Her experience includes work in the international sector, in child protection, and in residential treatment; she is currently in private practice in the District of Columbia.

■ VIRGINIA

Christopher J. Spanos

The 2010 session of the General Assembly convened Wednesday, January 13, 2010, and adjourned on Sunday, March 21, 2010. Most notably, members of the General Assembly were consumed with matching declining state revenues with state programs and services.

There was no legislative action that would alter the basic Virginia statutes on social work licensure. However, two bills relevant to clinical social work scope of practice were filed by Senator Puller (D-Fairfax) at the request of the Department of Corrections. They both passed and are currently awaiting the Governor's signature.

One of these bills, Senate Bill 528, amends current law to extend authority to administer sex offender treatment programs (authority that is limited at present to a licensed psychiatrist or a licensed clinical psychologist) to a "licensed mental health professional who is a certified sex offender treatment provider." Similarly, the second bill, Senate Bill 529, amends current law to include authorization for a certified sex offender treatment provider to perform a screening for an initial determination of whether a prisoner meets the definition of a sexually violent predator, when there is no specific scientifically validated instrument to measure the risk assessment of a prisoner.

Health Insurance and Parity

Legislation clarifying the Virginia Law of Parity as related to the federal statute, Senate Bill 706, was introduced by Senator Edward Houck (D-Spotsylvania), was passed by the General Assembly and is now before the Governor for his action. This bill removes the benefit limitations applicable to coverage for inpatient, partial hospitalization, and outpatient mental health and substance abuse services under large group health insurance policies. Under this measure, coverage for such

services under large group policies will not be more restrictive than for other illness. Existing limitations will continue to apply to individual and small group policies.

Virginia's parity provisions provide that benefits will be within parity with the medical and surgical benefits contained in the coverage, in accordance with the Mental Health Parity and Addiction Equity Act of 2008.

Reductions in the Public Mental Health System Budget

The Appropriations Act affects the public mental health system budget in several key areas.

Therapeutic day treatment coverage will be reduced by 3% in state FY2011 and 4% in state FY2012. If the proposed federal government increases to the federal Medicaid assistance percentages are approved, the state FY2011 funding will be restored.

Psychiatric residential treatment facilities budgets will be reduced by 3% in state FY2011 and 4% in state FY2012. Again, if additional Federal Medicaid Assistance Percentages become available, the reduction in state FY2011 will not occur.

The Virginia Department of Medicaid Assistance Services is directed to work with the Virginia Department of Behavioral Health & Disability Services (DBHDS) and the Virginia Association of Community Service Boards (VACSB) "to establish rates for the Intensive In-Home Service based on quality indicators and standards, such as the use of evidence-based practices."

Happily, state mental health services for children have not been reduced; the state budget continues to provide acute inpatient services for seriously emotionally disturbed children and adolescents at the Commonwealth Center for Children and Adolescents in Staunton.

Professional Social Work Month

Finally, the General Assembly passed Senate Joint Resolution 23 designating March 2010 as Professional Social Work Month and each succeeding year thereafter. ❖

Christopher J. Spanos is Government and Public Affairs Counselor for the legislative committees of GWSCSW and the Virginia Society for Clinical Social Work; he provides guidance for our legislative strategies and assistance with our lobbying efforts in Virginia.

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In Praise of Feeling

Marilyn Stickle

Washington is filled with thinkers, high achievers who know how to get things done, or not, depending on the issue. People come from all over the country and the world to participate in politics and government at the highest levels.

Many of these people enter treatment not because their work lives are in trouble as they have often developed their job skills brilliantly. They are motivated and willing to make remarkable sacrifices to be successful at what they do. The rewards for their diligence are power, money, and the satisfying, invigorating experience of using their full capacities. They seek therapy because while their talent and capacity for work and achievement are boundless, they often pay a high price for their choices.

What is often lost, and why they enter treatment, is that they have difficulty with introspection, quieting their minds and listening to their feelings. Losing touch with their inner wisdom, their ability to reflect on their lives and relationships is compromised. Their inner compass becomes foggy and they come to see themselves mainly from the trajectory of their work lives.

It is often when that trajectory shifts that they come to appreciate how much they have lost their balance. The vulnerabilities of times of change provide the opportunity to slow down, re-examine long established thought and behavior patterns, and to make more balanced choices. Shifting job responsibilities, divorce, family illness, the death of a parent, each crossroad provides the opportunity for re-examination and change.

Nurturing the wisdom and intelligence of the heart requires a different set of skills than managing the outside world. The heart and mind are often at odds. The heart is much more subtle than the mind and can be silenced if it is not nourished. The challenge therapists face is to help highly achieved patients learn to access their feelings, clarify them, and to honor them. The therapeutic goal is to help these patients live more consciously in their private lives and to help them appreciate the choices they are making. Small steps may be necessary at first, but clients can learn to make different choices even though the stakes may be high and the burdens of responsibility great. Change is always possible, inevitable, and preferable when chosen consciously.

The integration of heart and mind is worth pursuing in striking a balance between the inner life and the outer world. This is an ongoing challenge of adult consciousness. The integration comes about through allowing ourselves to know our feelings and to honor them, a challenge that is easier said than done, but worth the work.

Marilyn Stickle, PhD, LCSW is in private practice in Arlington, VA.

Private Practice Mentoring Group to Meet on June 6

Lisa Wilson

The Private Practice Mentoring group, led by Susan Marks, has been providing support to interested members for two years now.

Susan shares her deep experience and empathy, developed over 30 years in private practice, while drawing out peer input to address the concerns (both logistical and psychological) of clinicians at the beginning of their private practice careers.

The group currently meets once per month, on Sunday afternoons, with attendance between 3 to 7 members. Thus far, two participants have launched thriving private practices, having utilized the group's support to travel the path from initial anxiety to success.

The next meeting is scheduled for June 6, followed by a summer hiatus before reconvening in the fall. Contact Susan at (703) 533-9337 to learn more.

More Growth For Your Practice: Advice from GWSCSW Clinicians

Jen Kogan

In the March issue of *News & Views,* we wrote about creating a website to market your practice. In this issue, we will explore specific ways to draw clients towards your website and most importantly to your private practice.

News and Views contacted six GWSCSW members who are successfully promoting their practices and asked for their input on this topic. Google the names of our six contributors so you can check out their websites.

Why do you think potential clients are turning to the internet to find themselves a therapist?

Brooke Ugel: In my experience, more and more potential clients are using the internet to find a therapist because it puts them in the driver's seat. They can browse therapist profiles, areas of specialty, training, theoretical orientation, and perhaps equally important, they can see a picture of the therapist. This demystifies the idea of therapy in a way that isn't possible when one asks a friend, colleague, or doctor for a referral. Using the Internet also allows people privacy when they may feel embarrassed about wanting or needing therapy.

What can you tell us about creating an online letter, newsletter, or blog? Supposedly it can be an effective ways to connect with potential clients.

Karen Schachter: When I am writing for clients, I like to imagine a client I really enjoy working with and imagine I am writing "to" them specifically. That way, it really feels like I'm talking to someone and the writing generally feels more conversational, it can then resonate with others who may be my "ideal" audience.

Marilyn Lammert: I start with a concept that I've been thinking about or something that happened with a client and then use one of those as a take-off point. I put in any workshops or announcements I have and sometimes showcase someone else's practice. I use Constant Contact (www.constantcontact.com) to send it out and have hired a Virtual Assistant to help.

Marie Caterini Choppin: I'm going to be doing a newsletter which people can sign up for on my website. I began my research on this by looking at others in similar fields, buying a book about e-mail marketing and I plan to attend a workshop by Constant Contact.

Connie Ridgway: I decided to try Constant Contact for their 3-month trial, and found that, with some of their tech help, it wasn't too hard. I designed it myself and send it out myself, although I'm looking into getting a "Virtual Assistant" to help with this.

One effective way to get your exposure for your practice is to get quoted by the media. Any suggestions?

Karen Schachter: A good resource is Help A Reporter Out (www.helpareporter.com) or HARO. The way it works is you sign up online for requests for interviews and quotes from reporters and then if you see something related to your work, you can contact the reporter directly.

News & Views: The National Association of Social Workers site, www.helpstartshere.org, is another good way to get yourself published. Once you write a piece for them, staff will field requests from reporters and contact you if someone requests your specialty.

Have you come up with a program or service that can serve as a complement to your practice and actually make a profit?

Jonah Green: I don't see any of the things I do—teaching CEs, writing blog posts, hosting continuing ed. at my office, hosting a list serve--as making money--some of it costs me money. But if I serve the community and connect people, it will develop my practice.

Connie Ridgway: I used Lynn Grodzki's book *Building Your Ideal Private Practice* to help with focusing my vision on what I love and what I want to do. I met weekly with two other social workers to get support and accountability. Then I started trying out things. I started the "Sounding and Centering" group based on an exercise that asked us to come up with a way to meet our own needs—it naturally led into offering it to others.

Karen Schachter: I've put programs out that picked up so quickly I was shocked—often that happens when I really trust my intuition. Also I am always thinking about my clients or potential clients when I market something—how can I best serve them? What will help them most? ❖

OUR ONLINE SOCIETY

Ann Wroth

There was recently a spirited discussion on the GWSCSW listserv about the use of SKYPE when doing therapy with patients who may be out of town. Below are some of the comments.

… I have two questions about using Skype for interactions with clients: 1) Does anyone know how secure Skype is? Since this is a form of Protected Health Information (PHI) covered by HIPAA, doesn't it have to be very secure? 2) Does anyone bill insurance for therapy they do by Skype? If not, I assume clients for whom the therapist is an in-network provider would have to explicitly agree in writing to forego using insurance. How do folks handle this?

… Here is one interesting post I found from the Center for Online Counseling and Psychotherapy (http://centerforonlinecounseling.com/node/91)

> Is SKYPE Secured for Online Counseling? If you are like many professionals who are toying with the idea of practicing online, you've probably been giving consideration to whether or not Skype meets requirements for security. You may know about the type of security required for electronic medication with or about patients by laws such as the Health Insurance Portability and Accountability Act of 1996 (HIPAA, Title II <http://www.cms.hhs.gov/HIPAAGenInfo/>).

… While it's true that we are under a mandate to protect patient confidentiality, and that HIPAA is the law that pertains to those requirements for protecting the privacy and confidentiality of our patients or clients, the truth is that HIPAA is so vague that many professionals are simply unclear about the requirements, or how they relate to online counseling.

… The bigger question is about Skype and whether it is adequately secure for the needs of any licensed professional inpatients who wants to use it for online counseling. The biggest problem with Skype is that it is proprietary technology, and as such it is not open source, so it is not subject to scrutiny by outsiders.

… I'm wondering if there are licensing issues since it isn't clear where you are actually doing the therapy.

… In 2008 I did some research into the licensure issues around telepractice for the organization Give an Hour. I didn't find any protocol or case law specifically about psychotherapy, but for other professions, including law and medicine, the "locus of practice" was determined by the physical location of the patient or client. So, a client can travel across state lines to be seen in your office, where you are licensed, but you are not permitted to treat a client in a state where you are not licensed. Given the emergence of Skype and other technologies that enhance remote communication, state licensing boards have most likely started to weigh in on these issues.

… The DC Board has discussed this and generally agrees that the practitioner should be licensed in the jurisdiction in which they are physically located. Also, if they are doing work consistently in another jurisdiction, they should contact that Board to let them know they are treating clients who are physically located in that jurisdiction via internet. However, as of now, there is no official regulation on the use of Skype or other type of internet communication by the DC Board of Social Work. Not sure about MD or VA.

… I have been silent because I am so opposed to "Skyping" the therapeutic relationship. However, I feel moved to add my thoughts. My experience with Skype is that this is a disconnected and relatively crude form of communication, perhaps alright for a one time session, but not for anything more than that. The therapeutic relationship, a connection between real people in real time, face to face, is so very important for the work we do that I cannot image Skype as being anything other than a distancing experience. Given that many of our patients (perhaps most) long for meaningful connection to another human being Skyping may be detrimental not only to the therapeutic relationship/ process but to our patients

… When psychotherapy is being degraded so much by the insurance companies, why should we jump on board by degrading our treatment skills and experience and our patients desire for meaningful emotional connection? ❖

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

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.

Alice Kassabian and **Margot Aronson** were delegates to the 2010 Social Work Congress convened by NASW, the Association of Baccalaureate Social Work Program Directors (BPD), the Council on Social Work Education (CSWE), and the National Association of Deans and Directors of Schools of Social Work (NADD). The purpose of the two-day gathering of 400 social workers from around the country was to identify challenges and develop common goals for the profession for the next decade.

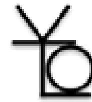
Beth Levine is providing consultation to therapists learning EFT (Emotionally Focused Couple Therapy) locally, nationally and internationally.

Jennifer Wofford appeared March 24th on *Let's Talk Live* on ABC 7–News. The topic was: "Relationships, Couples, and How We Choose Mates." She has been completing her certification in Imago Relationship Therapy. To view the clip, go to www.letstalklive.tv.

Helen Power was invited to present two spring seminars at Gallaudet University, to students in the MA in counseling program. The first seminar featured the use of "Art Therapy" in groups and the second focused on the "Theraplay" approach, for groups of younger children.

Gloria Mog, did a workshop entitled, "Meeting Your Selves: A Psychodramatic Introduction to Voice Dialogue." Voice Dialogue is a method of self-exploration and personal growth that begins with the acknowledgment that each of us is made up of many selves. It is a tool for communication and the exploration of consciousness that can be integrated into many different types of therapeutic systems. ❖

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



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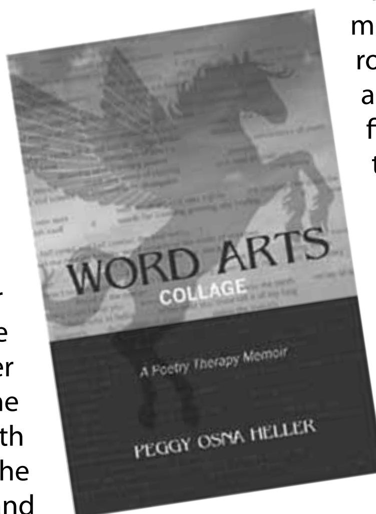
Erin Gilbert

Word Arts Collage: A poetry therapy memoir
Peggy Osna Heller

Peggy Osna Heller

GWSCSW member Peggy Osna Heller has a passion for poetry therapy, so the topic of her book, *Word Arts Collage: A poetry therapy memoir*, is no surprise. Her initial idea for the book was to combine a series of essays about her experiences with poetry therapy along with a training manual that she had developed for the Poetry Therapy Training Institute (later renamed the Wordsworth Center for Poetry Therapy Training). When the material didn't flow, Heller grappled with how to make the book work. Finally she decided to publish the essays only, and after about ten years of toil, *Word Arts Collage* was completed.



Similar to a training program that was offered at the Wordsworth Center for Poetry Therapy Training, *Word Arts Collage* is divided into five segments—entry, engagement, involvement, incorporation and initiative. Each segment includes multiple essays on a variety of topics, such as the definition of poetry therapy and how Heller found poetry therapy. Other segments cover how to form a group and choose literature, and how to contain one's own issues before introducing literature to others. In total, *Word Arts Collage* is comprised of ten essays, an interview, and a keynote speech that was presented for the National Association of Poetry Therapy. Along with the book comes a gift DVD featuring an oral account of this speech illustrated by collages.

One essay features an example of how to use action poetry therapy, a form of poetry therapy developed by Heller that is similar in some ways to drama therapy and psychodrama. In the essay, Heller provides suggestions on utilizing Antoine de Saint-Exupéry's *The Little Prince* with a group of troubled adolescents in an intensive care unit. In particular, she recommends picking one chapter and creating roles for various members of the group to act out. She stated that she found it difficult to locate literature that appealed to this population, but this story resonated with them.

Word Arts Collage was written for both a general audience and clinicians. Heller said she hopes the book will provide "perspective, guidance, and inspiration as well as practical strategies for applying literature in personal and professional life."

Word Arts Collage can be purchased at www.wordartscollage.com. ❖

Becoming a Poetry Therapist

The National Federation for Biblio/Poetry Therapy (NFBPT) oversees certification of poetry therapists. Various types of certification exist, including certified applied poetry facilitator, certified poetry therapist or registered poetry therapist. NFBPT publishes a "Guide to Training Requirements for Certification and Registration in Poetry Therapy," which is available as a free download from www.nfbpt.com. Also, while Peggy Osna Heller may be retired from her work with the Wordsworth Center for Poetry Therapy Training, she stated that she still is available for supervision.

COMMITTEE REPORTS

Legislative & Advocacy

Margot Aronson, Chairperson
malevin@erols.com

On the legislative pages of this newsletter, you will find the update on the status of those bills—out of the several thousand introduced in the Virginia Assembly and the Maryland Assembly during their 2010 sessions—that the legislative committee saw as significant to clinical social workers and our clients. Meanwhile, with the end of the Virginia and Maryland four-month legislative sessions, we come to the time for establishing relationships with legislators and their staffers, and advocating for what we would like to see, come 2011, in each state.

We are very happy to have Brooke Morrigan joining Nancy Wilson on our Maryland committee; two additional participants sharing in our efforts would be most welcome. It is always stimulating to work with our lobbyist Alice Neily Mutch, with our Maryland Society colleagues, and with our MSW intern from Howard University; please consider joining us. (Note: the Maryland legislature has considerable focus now on insurance and managed care issues; if you have concerns in these areas, this committee is for you!)

Our Virginia contingent, too, needs more participation if we are to stay informed and have an impact. Alice Kassabian will continue her efforts, but it is critical that others step up as well.

In the District of Columbia, we have a year-round Council to keep us busy. Our thanks to Mary Lee Stein for keeping us up to date on DC healthcare and insurance activity, to Bonnie Gallagher for taking a look at the effect of dual oversight of the Board of Social Work (by the Committee on Health and the Committee on Human Resources), and to Lisa Wilson for following school social work issues. We've also developed a supportive relationship with the Child and Family Services Administration, and would welcome your participation in briefings and/or hearings - in this, or in one of your other interests related to mental health concerns in the District.

Membership

Melinda Salzman

All had a lovely time as Society members enjoyed conversation along with cake and other goodies at our annual Membership Tea. Thank you to Patricia Garcia Golding for hosting the Tea and for providing such pleasant surroundings.

We've been quite active with student outreach. Much appreciation to Marilyn Lammert and Connie Ridgeway for representing the Society at the Catholic and Howard Job Fair. They relayed that they enjoyed talking with the students there. Graduation time is upon us and the Society has continued its tradition of presenting graduating social work students with a $50 gift certificate to use towards membership or educational events. Thank you to Debra Caplow who arranged for the letter to go out to VCU social work students, and to Connie Ridgeway for paving the way at Catholic and Howard. In our newest outreach endeavor, Bev Magida is heading up an effort to develop a relationship with social work students and clinical faculty of the new clinical track at George Mason's social work school.

I say my farewells as chair of the Membership Committee. I've had a wonderful experience working with the many Society members who have served on the committee over the years and helped out with events.

Mentor

Sheila K. Rowny, Chairperson
sheila@rowny.com

The Mentor Committee ushered in spring by holding a workshop/ panel discussion titled, "Getting Started in Private Practice" on 3/14/10 at the Davis Library in Bethesda. The session was well-attended and very informative. The committee would like to again express much thanks and appreciation to panelists: Amy Scott, Pam Thielman, Gail Guttman, and Larry Cohen for generously volunteering their time and sharing their expertise. The next workshop on "Getting Started in Private Practice" will be held in the fall of 2010. Please email the committee through Sheila if you have ideas for this workshop.

Mentor Committee member, Susan Marks, continues to hold monthly support group meetings in D.C. for members who are thinking about/beginning private practice. Contact Susan at 703-533-9337 or surobin@comcast.net, to obtain further information about the

continued on page 30

Welcome New Members!

Full Members

Robyn Berger
Meredith Gelman
Karen Turiel Klein
Keith Miller
Page Morris
Laurel E. Nelson
Carole Palmer
Adam Randolph
Giuliana Reed
Shane'a Thomas
Lois Valladares

Graduate Members

Jennifer Abramson
Heather L. Gary
Laelia Gilborn
Gaither Kyhos
Jennifer Lewis
Carol Mettus
Ruth Migler
Allison Henry Mooney
Amy Neumann
Kelly Sokolower

Student Members

Barbara Abrams
Christine Bates
Miriam Elwell
Courtney Fragala
Sarah Goodrum
Alanna Hay
Laura Hickey
Juleen Hoyer
Amy Melton
Candice A. Peggs
Kimberly Schwiger

***Committee Reports**, from page 21*

group, as well as the next meeting date and time.

Looking for a professional social work mentor? You can make arrangements for a one-to-one relationship with a highly experienced Society member by filling out the application provided on the Mentor page of the GWSCSW website. 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. New mentors are always needed to meet our ongoing requests. The only qualification is a willingness to share what you know! Please consider assisting a newer colleague by filling out the mentor application found on the mentor page.

With the spring season re-growth underway, the Mentor Committee is looking to expand it membership. Anyone interested in joining the committee or who has ideas for supporting the mentoring needs of our GWSCSW community can contact Sheila at srowny@aol.com or 301-365-5823.

Programs

Joel Kanter, Chairperson
joel.kanter@gmail.com

The Program Committee is concluding its Brown Bag series on Friday May 14 with a workshop on "Motivational Problems in Young Adults: A Family Consultation Approach." Other recent workshops have included presentations by Geraldine Jennings on "The Psychological Aspects of Obesity" and by Sabine Cornelius on "Helping Individuals and Communities After Collective Violence."

Kudos to Dalal Musa and Lisa Snipper for organizing the Northern Virginia events and to Adele Redisch and Tish Reilly for organizing the Maryland workshops.

Other recent activities have included a book talk by Shankar Vendantam of the *Washington Post* and a wonderful dinner meeting presenting our members' creative talents in poetry, music and photography. Organized by Peggy Heller, the presenters included Beth Altman, Cassie Arnold, Martha Dupecher, Eileen Ivey, Wendy Kaplan, Connie Ridgeway, and Kate Rossier.

Also, for members needing ethics CEUs for upcoming VA and DC license renewal, we are planning a June ethics seminar. Look for announcements on our website or in the listserv .

Members interested in joining the committee to help plan activities for the coming year should contact me at joel.kanter@gmail.com.

Newsletter

Jen Kogan, Co-Editor
jenko108@gmail.com

We want to welcome our new committee members Angela Fowler-Hurtado and Lisa Wilson. Caroline and I look forward to getting to know them and working together starting with this issue.

As always, GWSCSW members are invited to share knowledge and interests by submitting an article for publication in an upcoming issue of News & Views. Please email us with your ideas. ❖

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 3⅜ x 4½ $100
Eighth page 3⅜ x 2¼ ....$ 50
Half page $175
Horizontal: 7 wide x 4½ high
Vertical: 3⅜ wide x 9¼ high

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 – Office space available in lovely Bethesda suite on Mondays. Contact Sara Lieberman (301) 718-8531.

CHEVY CHASE, DC – Inexpensive, bright, conveniently located office available in building on upper Connecticut Ave. Share professional suite with two other therapists which includes furnished waiting room, kitchen and bathroom. Long time therapist has recently retired. Please contact Rachel at 202-248-4479 or e-mail rachel.ann.cohen@gmail.com.

DC – Connecticut Avenue, NW at Davenport Street, large, newly renovated office in two-office suite, street entrance, parking. Available immediately. 202-363-4333.

DOWNTOWN BETHESDA – 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.

ROCKVILLE, MD– Nice office space for rent part time or full time, near Montgomery College. Free plentiful parking, first floor, kitchenette, suite pleasantly shared with other therapists, very reasonable rent. 301-442-3750.

SERVICES/GROUPS

ADOLESCENT THERAPY – individual, group, family, and DBT. Expert adolescent treatment. Groups meet over summer. 301-230-9490. www.rathbone.info.

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

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

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

Name ____________________

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Home Office (________)____________________

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City/State/Zip ____________________

Office Phone (________) ____________________

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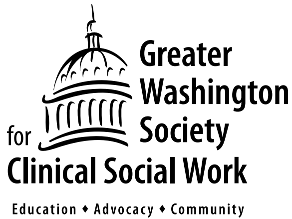

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NEW MEMBERS! This is a great opportunity to meet and network with GWSCSW members. We hope to see you there!

GWSCSW Annual Meeting Party & Dinner

Friday, June 11
at 6:30 pm

At the home of Janet Dante
5207 Hampden Lane
Bethesda, Mayland

Fabulous Potluck Dinner!

Choose one to bring:

- ❑ **Appetizer**
- ❑ **Entrée**
- ❑ **Side / Salad**

Wine and soft drinks will be provided

RSVP by June 6
gwscsw@gmail.com
or 202-537-0007
Let us know what you will be bringing!