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2010 Ethics Conference

Frederic Reamer on Ethics: Dilemmas in Clinical Practice

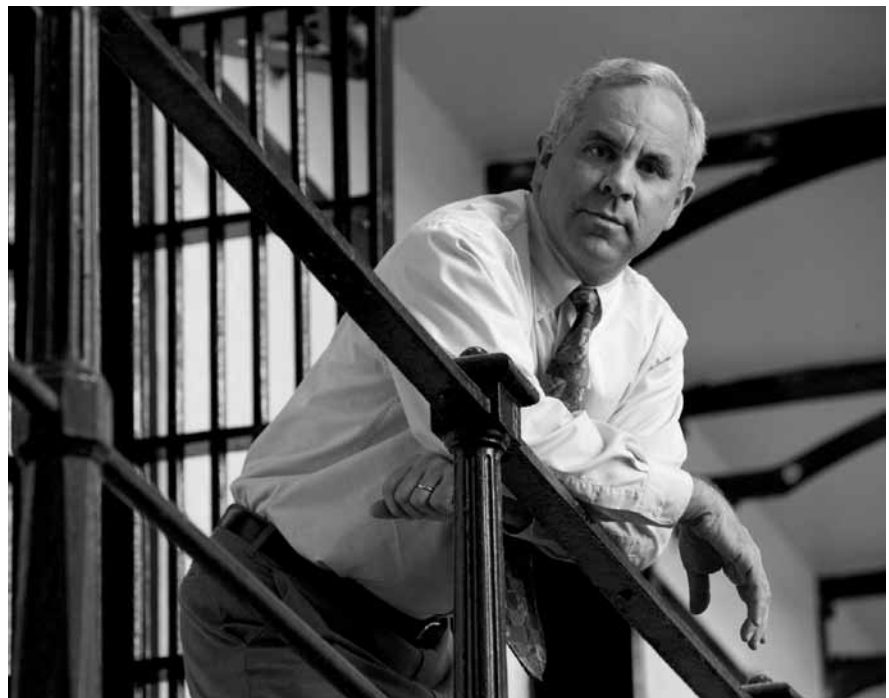
Margot Aronson

Frederic Reamer—distinguished ethicist, researcher, scholar, expert witness, professor, and author—will be leading a day-long discussion of ethics dilemmas in clinical practice on Sunday, October 24, 2010. This will be his fourth conference for GWSCSW.

Like those extra-special *Saturday Night Live* hosts who return to SNL over and over, Dr. Reamer always earns rave reviews. Were you thinking of ethics as a tedious, dry topic? Not with Dr. Reamer. Post-presentation evaluations tell the story: “Please have Dr. Reamer return yearly; I’ll attend even if I don’t need the CEUs.” “What a wonderful combination of erudition, experience, rapport with the audience, and humor.”

Since receiving his PhD at the University of Chicago in 1978, this extraordinary social worker has worked in a wide range of human service settings,

continued on page 4



Reamer Ethics Registration ~ p. 5

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Email articles to angela0614@gmail.com

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President's Message

Sydney Frymire



It seems like I just got back from a month long trek in Mustang, Nepal. Mustang is the last kingdom in Nepal. Geographically, it sticks out like a thumb, east towards Tibet and China. Nepal is known for its diversity, spirituality, and having the highest mountains in the world. There are eight mountains over 18,000 feet and, of course, Everest which is 25,000 feet. It is a magical place. Something unexpected is always happening. Going to Nepal always reminds me of what is important in life.

On Day 6 of the trek, at 10,050 feet, after entering the restricted area of Upper Mustang, I slipped on some scree walking down a step wash. Not only did I break my arm, I badly bruised my leg. This was a turning point. I had travel insurance and could have taken a helicopter out to go back to the states for treatment. I decided to continue the trek. I'm surprised that people have been inspired by this decision. Breaking my arm and continuing the trek was a transformative experience. As Anna Wintaur reminds us in the August issue of *Vogue*, "Unexpected events remind us of our most inspiring expectations for ourselves and others."

I was able to trek for another 23 days because the sherpas helped me. The sherpas are highly competent leaders. They lead the way, making sure a trekker is safe and goes the right direction. Like a Sherpa, Susan Post continues to carefully and thoughtfully lead the way. Because of the changes in the field of social work, our members who volunteer to be heads of committees and reliable volunteers, GWSCSW has grown and transformed. We have nearly 700 members now. A growing percentage work in agencies solely and others work in agencies and have a private practice. More and more recent graduates of social work programs are unable to get good clinical supervision and guidance on the job. There is less time for volunteerism now. Many of the tasks that committees traditionally performed are being done Jan Sklennik, our remarkable office manager.

I've been a member of GWSCSW on and off for over 20 years. Whether or not I was a member, I always appreciated knowing GWSCSW was part of the community. About three years ago, I called the office for some information. Jan answered the phone. She found the information I needed. I rejoined immediately—I was so appreciative.

In 2009, I attended the potluck supper and meeting. I enjoyed seeing old friends and reconnecting. As I was leaving, I reintroduced myself to Susan Post (we were classmates in the MSW program at Catholic University) and mentioned that I'd like to become more involved with the Society. At that time, I was thinking of retiring from my job as a therapist for Montgomery County Government. Then last March, Susan invited members to a wine and cheese "get together" in her home. A few weeks later she called me to ask if I was interested in being the next president. The timing was perfect! I said, "YES!"

Susan and I met informally last summer. A board retreat is planned in September. This will be a wonderful opportunity to plan for our future. We will continue to focus on our purpose, "Education, Advocacy, and Community." We have outstanding members in our community. We plan to continue the effort to break down the work that is needed into smaller pieces so more members can be involved.

I am quite confident in our future. I'm looking forward to an exciting and productive year! Thank you in advance for your contributions of time and talent as well as for the past years of dedicated work that so many of you have given. ❖



GWSCSW Brown Bag Workshops

The GWSCSW Brown Bag Lunch series will be held again this year. This series enables our members to share their expertise with other members and interested colleagues. Workshops are held four times a year in Maryland and four times in Northern Virginia.

Brown Bag Workshops are FREE for GWSCSW Members!

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

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

1.5 CEUs per workshop

The 2010–2011 Brown Bag schedule
was not determined at time of printing.

Brown Bag workshops will be announced
on the GWSCSW Listserv, and registration
will take place via email.

If you are not a subscriber to the Listserv,
join by sending an email to the office:
gwscsw@gmail.com

If you are concerned about the volume of
emails on the GWSCSW Listserv and want
to try a "lite" version of the listserv, ask to
join the INFO listserv. This is not interactive;
you cannot post (ask questions, seek refer-
rals, comment on other's posts) but you will
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Reamer, from page 1

particularly in the areas of mental health and corrections. In addition to being a professor in the graduate program of the School of Social Work at Rhode Island College, Dr. Reamer serves on the State of Rhode Island Parole Board and is series editor for the Columbia University Press *Social Work Knowledge Series*.

Research and Publications

Dr. Reamer's *Social Work Ethics Casebook: Cases and Commentary* (2009) provides a detailed guide for social workers navigating complex ethical dilemmas, with documentation information including citations from legislation, court decisions, and the NASW Code of Ethics. The chair of the committee responsible for the development of the NASW Code of Ethics adopted in 1996, his commitment to keeping the Code relevant to current practice is unquestioned, as demonstrated by his most latest publication, a 2010 update of *Ethical Standards in Social Work: a Critical Review of the NASW Code of Ethics*.

His recent research has focused on school and program options for teens who struggle with a variety of

mental health, behavioral, substance abuse, and academic issues. With Deborah Siegel, he has co-authored *Teens in Crisis: How the Industry Serving Struggling Teens Helps and Hurts Our Kids* (2008) and *Finding Help for Struggling Teens: A Guide for Parents and the Professionals Who Work with Them* (2006).

Dr. Reamer's other publications include *Social Work Values and Ethics* (1999); *Tangled Relationships: Managing Boundary Issues in the Human Services* (2001); *Heinous Crime: Cases, Causes, and Consequences* (2005); and, as editor and contributor, *AIDS and Ethics* (1991). He has also been a featured commentator on National Public Radio's *All Things Considered*.

All Ethics CEU Requirements Fulfilled

This year's conference will be held in Caldwell Hall at the Catholic University of America from 9:00 AM to 4:30 PM, with registration at 8:30 AM. Free parking is available at Caldwell Hall, and the Metro Red Line Brookland/CUA stop is an easy walk to campus.

Attendees will receive six Continuing Education Units (CEUs) in Ethics for this conference, satisfying the District of Columbia ethics requirement, and more than fulfilling the ethics requirements for Maryland and Virginia licensees. Conference fees (\$175 for members; \$195 for non-members) include continental breakfast and lunch as well as CEUs. As with all GWSCSW activities, scholarship funds are available in cases of need.

This is an ideal time for non-members to join the Society and enjoy the member discount for the conference. We urge you to encourage colleagues to join. ❖

Margot Aronson, LICSW, was GWSCSW president from 2002 to 2005, and has continued to take a leadership role in the Society's legislation and advocacy efforts. She maintains a private practice in the District of Columbia.

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The Center for Spirituality and Social Work will be offering a 30 CEU Certificate Program in **Spirituality In Clinical Social Work**

We will join with the GWSCSW for Frederic Reamer's workshop on Ethics in October, then begin our clinical seminars in November with application of ethics in spiritual issues. We will offer other workshops as well as small seminars for application to our practice.

For further information,
contact Cathie Gray, Director
Center for Spirituality and Social Work
NCSSS, Catholic University
(202) 319-5458 Gray@cua.edu



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Frederic Reamer, PhD

Social Worker, Distinguished Ethicist, Scholar, Expert Witness, Author, Professor, Dynamic Speaker

on

Ethics in Clinical Social Work

Based on Clinical Social Work Standards of Practice

"New and fresh every time we hear him."

"Dr. Reamer leaves everyone wanting more—even after six hours!"

"He brings in all the audience, keeps them engaged and participating throughout."

"He responds to questions with profound insight and an extraordinary breadth of knowledge."

"Who would have thought an ethics conference would have us at the edge of our seats?"

Sunday, October 24, 2010

8:30 AM Registration / 9:00 AM – 4:30 PM

Catholic University of America (Caldwell Hall) Washington DC

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Registration includes Continental breakfast and lunch

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Questions? Call 202-537-0007

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- Non-Member\$195
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- Groups of 5 or more, paying together, each \$150
(Use a separate registration form for each person, but mail in one envelope)

GWSCSW is an approved sponsor for Category I Continuing Education activities for Social Workers in Maryland, Virginia and the District of Columbia. This conference will satisfy the Continuing Education requirements in Ethics for Maryland, Virginia, and DC.

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

Internal Family Systems Therapy: Empowering Therapist and Client Alike

Keith Miller

Bob Newhart once did a comedy sketch in which he played the role of psychotherapist. When his phobic client explains her problem, he calmly says, “I want you to listen carefully because there are two words that will address this issue. Are you ready?”

“Yes,” the woman eagerly responds.

“Ok, get ready, because here are the two words: Stop. It.”

A bit unsure of whether to be confused or insulted, the stunned woman banters with Newhart, but his reply remains the same, which he repeats emphatically at each punch line.

“Stop it!”

The Newhart gag is funny for its absurdity. After all, we can’t tell our depressed, anxious or phobic feelings to just stop. Or can we?

Internal Family Systems (IFS) therapy uses a method that allows people to interact with, and fundamentally change, automatic thoughts and feelings. It gives people an experiential method to make new neural connections to their emotional life, even if it’s nothing like the Bob Newhart school of therapy.

Natural Multiplicity Meets Systems Theory

IFS recognizes that our psyche is made up of different parts (feelings, thoughts, beliefs, behavior patterns or somatic sensations), sometimes called sub-personalities. For example one part of you might be trying to lose weight and another part might want to eat whatever you want. This is called *natural multiplicity of the mind* and is a concept threaded through many contemporary psychological theories.

Richard Schwartz was a family systems therapist at the time he began to develop IFS, over twenty years ago. He recognized that his clients’ internal psyche acted much like a family; some parts constantly interrupted others and each served certain functions for the larger system. To maintain balance, some parts evolve to serve in a role that protects the person from pain and other parts are exiled and hidden away.

When clients are invited to name various parts within them and interact with them as though they are real people, a real family, something dramatic often happens. With some guidance at first, they feel a sense of control and calmness—and there is often a relaxation of somatic complaints that corresponds. With time, the client can learn the positive intent of their parts that behave in unproductive or destructive ways and learn to move them into different roles.

Therapist as Student and Guide

Schwartz, who honed IFS interventions treating victims of trauma, describes finding unexpected resources for healing and change in his clients. Notably, he reported having to trust himself enough to trust his clients’ power and potential. He learned to get out of the way, just enough, of the client’s own natural impulse to heal and grow while remaining supportive and directive when needed. The significance of this lesson for us as therapists is enormous. He writes:

The lesson I’ve repeatedly learned over the years of practice is that we must learn to listen to and ultimately embrace [our] unwelcome parts. If we can do that, rather than trying to exile them, they transform. And, though it seems counterintuitive, there’s great relief for therapists in the process of helping clients befriend rather than berate their inner tormentors. I’ve discovered, after painful trial and much error at my clients’ expense, that treating their symptoms and difficulties like varieties of emotional garbage to be eliminated from their systems simply doesn’t work well. Often, the more I’ve joined clients in trying to get rid of their destructive rage and suicidal impulses, the more powerful and resistant these feelings have grown—though they’ve sometimes gone underground to surface at another time, in another way.

In contrast, these same destructive or shameful parts responded far more positively and became less troublesome, when I began treating them as if they had a life of their own, as if

they were in effect, real personalities in themselves, with a point of view and a reason for acting as they did. Only when I could approach them in a spirit of humility and a friendly desire to understand them could I begin to understand why they were causing my clients so much trouble. I discovered that if I can help people approach their own worst, most hated feelings and desires with open minds and hearts, these retrograde emotions will be found not only to make sense and have a legitimate purpose in the person's psychological economy, but also, quite spontaneously, to become more benign. (Quoted from www.self-leadership.org.)

Self Leadership

Specific mindfulness techniques are used to guide people through the process of developing healthy internal relationship with their parts. The goal of IFS therapy is to differentiate internal parts from one another and re-balance the system in a way that best suits the person's external environment. Like other experiential or imaginal models of therapy, IFS techniques can quickly open up the client's awareness to new information needed to create change. Careful attention is given to the specific structure of each person's internal system so that when exiled material is accessed, it is done safely. This is an important distinguishing feature of IFS, known as self leadership.

Self leadership is the idea that you are more than your parts and that everyone has a central center, the self. When given the opportunity, the self can be a spiritual agent of compassion, leadership, healing, and creativity. Most clients can be taught to recognize their innate self-leadership capacity quickly. They begin to take an active role to mediate internal imbalances that cause somatic or psychological symptoms. For many people, this discovery is life-changing.

Respect for the Protective System

A primary focus of IFS therapy is to honor the person's protective system of parts. Exploration of exiled (unconscious) parts is not done without first befriending and respecting protective parts that keep the person safe and grounded. The genius of Schwartz was to embed powerful and creative experiential methods like guided imagery within the structural framework of a systems model. Most IFS work does not focus directly on external family members, but is aimed at internal

components of the individual's personality. The result is a system of therapy that seems to mirror the complex elegance of the mind and is versatile enough to be used effectively with both high-symptom and low-symptom populations.

Self as the "I" of the Storm

As we get comfortable interacting with and embracing our many parts more directly, our parts become more harmonious with each other and with our leadership and will. When this starts to happen, people report feeling a tremendous sense of peace and calm very similar to that experienced from meditation or spiritual experiences. But unlike meditation, which seeks to empty the mind or create a singular zone of focus, self leadership allows you to experience calmness while being very mentally active at times. Much like "flow," it is often described as an active spiritual experience, a sort of "I" in the storm of emotions and thoughts that creates the space needed for more healing, clarity, confidence and compassion to arise.

Thankfully, IFS couldn't be more different than Bob Newhart's sketch of therapy. My own experience using IFS, professionally and personally, continues to surprise and delight me, like a simple machine, in its ability to create big changes with relatively little effort. This may just be why I appreciate the comedy of Newhart also, its simplicity. But that discussion will have to wait—stop it!!!

To learn more about IFS, including an interest list for training in the DC area, go to www.selfleadership.org. ❖

Keith Miller, LICSW, is an IFS therapist specializing in relationships, who teaches a six-week introduction to IFS class called *Experiential Mindfulness and Self-leadership Basics*. More info at: www.keithmillercounseling.com.

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Kimberly D. Hock
President

ADHD and Anxiety: Anthropologically Speaking

Adam Randolph

As a society, our most basic values, notions, and ideals grow out of the carefully time-tested, socially accepted matrix of our gradually evolving socio-cultural textile. This baseline allows a society to operate, function, change, adapt, and endure. For many, however—and for purposes here, many with ADHD—there exists a cumulative nagging feeling of cultural disenfranchisement often accompanied by a low-grade chronic anxiety and some small measure of resignation.

Imagine being born with a neurological pace, speed, and selectivity that is accompanied by behavior and habits considered inferior, problematic, oppositional, even disordered. Imagine then that that negativity is reinforced from day one by consequences and misperceptions.

The norms established by this non-ADHD culture can often appear shortsighted, boring, confusing, illogical, unattractive, and unjust. When the one with ADHD questions or challenges these norms, as their nature wills them, they are usually viewed in one of two ways: creative and “outside-the-box” or brash and disrespectful. Either way, there is no mistaking their inner response: they know they are different.

The overlap of stress and ADHD is more than common; it is usual. Which one predominates is sometimes more obvious than others, but treating them together successfully, many clinicians and educators agree, is among our current bigger challenges.

Stress resulting from ADHD is often mistaken for, but of a different nature than, the anxiety experienced in a chronic anxiety disorder. It originates from a logical set of triggers that reinforce over an extended period of time. It is a logical response to feeling overwhelmed by things out of one’s control, internally and externally.

The mounting literature in this area of study, incisive as it is, has yet to attempt to discriminate between the differing types of stress and/or anxiety that a person with ADHD lives with daily. There is fear (anxiety) of consequences, dread (anxiety) of habitual poor academic performance, dread (stress) of becoming “known” socially as a poor student, logical fear (social anxiety) of not fitting in with a peer group, anticipatory fear (stress) of expecting the worst, fear of one’s own impulsive behavior, and of not understanding one’s own response to situations. Consequences incurred as

a result of impulsive reactions and inattention, unfortunately, become a considerable part of daily maintenance, creating more stress. These are just a few of the many nuances of tension familiar to one with ADHD.

We are not yet thinking of the logical stress as an inherent piece or part of the disorder itself. Viewing it as a cultural dilemma might be a more practical and useful empathic model.

On a daily basis and in myriad ways, the subtle, seemingly insignificant decisions typical within our society do not make sense to someone with ADHD. Everything from the design of transportation systems in a city, chosen routes of city buses, entrances and exits to and from buildings, to the design of how to organize checking accounts and payment plans can mystify the neurological aptitudes of a differently wired mind.

Just as Kay Jamison has done with bi-polar disorder, and many before her have done with other aspects of mental illness, projecting backwards through history to unearth notable artists, musicians, doctors, and all such personalities who may have had ADHD acknowledges and normalizes them and their illness to us as a society. It is a concrete validation that as a society we can live very successfully with mental illness, when we embrace it, learn with it, from it, in spite of it, and because of it.

This type of perspective and appreciation allows us to embrace as a whole the inherent goodness of people and things unknowable to us that might otherwise present some kind of threat. We have much positive exploration to look forward to with the ADHD mind, its clusters of aptitudes and abilities. It will, in the long run, provide substantive insight into many puzzles neurologically, emotionally, and behaviorally that we now face a bit uncertainly.

This collection of thoughts is by no means complete, nor is it meant to be. There is great value in assimilation and in celebrating differences. Those within the culture of ADHD might be able to celebrate it more fully as they feel more fully assimilated into our society as a whole. ❖

Adam Randolph, LICSW, recently married and moved back to Washington, DC, is seeking work as a hands-on program coordinator.

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Child & Family

Candidate must have experience in individual, family and group therapy with children. Should have working clinical knowledge in treatment of ADHD, depression, and anxiety in children. Training in CBT with children preferred. Experience with treatment of early childhood population, a plus. Must also possess a strong informational knowledge of community based resources in and around the Northern Virginia community. LCSW and some evening hours required.

Part time
LCSW-C / LCPC
Montgomery County/
Fallsgrove
Child & Family

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Full time
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Montrose/Rockville
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Candidate must have LGSW with hospice experience during graduate school field placements or post-MSW.

Part time
LCSW-C / LICSW / LCPC
Fallsgrove/Rockville
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Candidate will be an experienced, organized professional with strong clinical skills to represent JSSA in area synagogues in Maryland and the District of Columbia. Consult with rabbis, staff, and congregants about interpersonal and organizational issues. Provide outreach, assessments, short term counseling, workshops, referrals to JSSA and community resources.

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An EOE

Rigorous Honesty: Questions to Consider in Work with LGBT Clients

An Interview with Mike Giordano, LICSW

Angela Fowler-Hurtado

As therapists we know that, when working with clients, the practices of self-awareness and introspection are important to evaluate our biases, stereotypes and countertransference. Though necessary for work with all clients, "the practice of self-awareness and self-evaluation is particularly important for a therapist working with LGBT folk," says Mike Giordano. Mike has a private practice in Dupont Circle where one of his specialties is working with LGBT folk and family.

In an interview with Mike, he reflected on some questions that straight therapists might consider in their work with LGBT clients. "It is important for the therapist to explore their own biases and privileges with love and relationships: How you have expressed them and how they have been repressed? How have your love and relationships been celebrated? How do you let your experience inform your work with the LGBT community?"

"Society sends strong and sometimes oppressive messages about sexuality and identity. What does that mean for the person whose sexual or gender identity are congruent with what society expects versus someone whose is not?" asks Mike. These types of reflections allow the straight therapist to understand their own biases related to sexuality as well as to understand an aspect of the client's experience.

For LGBT and straight clients alike, sexuality and sexual identity may or may not be a reason for seeking therapy. However, regardless of whether or not this is a reason for treatment, the clinician should consider what messages he or she has internalized about sexuality and identity. "Evaluating and understanding our biases and internalized homophobia allow us as therapists to sort out what is good clinical judgment versus our feelings or reactions to our client's experiences."

Internalized experiences and societal messages impact both therapist and client alike. For the straight therapist, it is helpful to imagine what societal messages may have been internalized for the LGBT client and how this may impact him or her. "It's like the person who says I was overweight as a child and people called

me fat and even though now as an adult I am thin, I still feel like I'm overweight," describes Mike. For the LGBT client, there may be internalized experiences or societal messages related to sexual and gender identity that impact their sense of self and experience in the world.

For a population that has been largely marginalized because of sexual and gender identity, the topic of sex may be particularly relevant. As therapists we can ask ourselves what our level of comfort is in talking about sex and sexuality with clients in general. "In many ways society has demonized sexuality," Mike describes. "It is important for LGBT clients to know that their sexuality is not offensive. Rather it is an important part of their experience. Clinicians need to be comfortable talking about sex and sexuality with someone who has been marginalized."

Another question to consider is how the experience of shame impacts a client. Shame is a common theme for all clients including those in the LGBT community. "There are great issues of shame in our culture about identity in general. For LGBT clients, there may be underlying issues of shame about who they are. Ignoring that would be a mistake," shares Mike. Mike describes that he will often listen for underlying issues of shame about identity and will gently explore these themes in his work with clients.

These questions about our privileges and biases, comfort in discussing sex and sexuality and the impact of shame can be challenging yet they are necessary. Though by no means all encompassing, these are some important questions to reflect on for therapists working with LGBT clients. Answers to these questions may help begin to create a framework from which to draw when working with this community.

For more information, questions or comments, Mike Giordano can be reached at www.WhatIHearYouSay.com or mike.giordano.msw@gmail.com. ❖

Angela Fowler-Hurtado, LICSW specializes in relationship work in her private practice in Dupont Circle.

It's Time to Renew Your GWSCSW Membership!

GWSCSW Membership Renewal forms will be mailed the first of September

On this year's form you can:

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

You can pay by check or credit card.

Renewals are due by October 1, 2010. The information you provide is needed in order for us to publish the new membership directory, so please send in your renewal form promptly. We'd like to send out the directory in December. That means we will need your information by the end of October. If you are late renewing, you will miss out on appearing in the directory.

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

Renew by October 1, 2010

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

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

202-537-0007

2011 Referral Panel

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

Prepaid Legal Plan

Our Prepaid Legal Plan will be serviced by the same attorneys as this past year, and members can subscribe at the same time they renew their GWSCSW membership.

The plan will be in effect from January 1, 2011 to December 31, 2011.

The opportunity to subscribe to the 2011 Prepaid Legal Plan closes October 31, 2009. Be sure to renew no later than October 31 to be eligible to subscribe to the PPLP. There are no mid-year subscriptions and no prorations.

The cost for subscribing is \$125 for the year. This covers two hours of legal services. Any further consultation will be at the attorney's usual fee, and can be negotiated between the subscriber and the attorney.

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An Interview With Sydney Frymire

Connie Ridgway

Sydney Frymire is a woman of many talents and interests. She just returned from Nepal, a place she has visited since 2000, doing treks and interacting with the people, learning about their way of life and spirituality. At this transition in her career, she has begun "The Trek of Your Life," a coaching program that takes people to Nepal, where they engage in voluntourism—a combination of travel, education, and service—with the goal of helping people discover the joy and meaning of their lives in the second half of life. This is just one example of how Sydney has acted on her passion, seemingly a side interest to her career in social work, and integrated it into her professional life, to serve others as well as to grow professionally.

Sydney grew up in Pittsburgh, Pennsylvania, the eldest of five children. Her father was an ob/gyn and her mother was an at-home mom. She learned many values from her parents. Her father had a large medical practice and accomplished many things before dying of Lou Gehrig's disease at age 58. Sydney says he taught her to live a full life without regrets. In the 1960s he traveled to Columbia, South America to treat poor mothers and children. One of the reasons she chose social work as a career is because it was similar to medical training, very practical and hands-on, learning through doing internships and receiving mentoring on the job. Sydney's mother taught her good business and money management skills, and the value of living within one's means.

Sydney went to Catholic University for both her undergraduate and graduate degrees. She majored in journalism and had various jobs including working for an environmental group doing lobbying. She married at age 25 and had two chil-

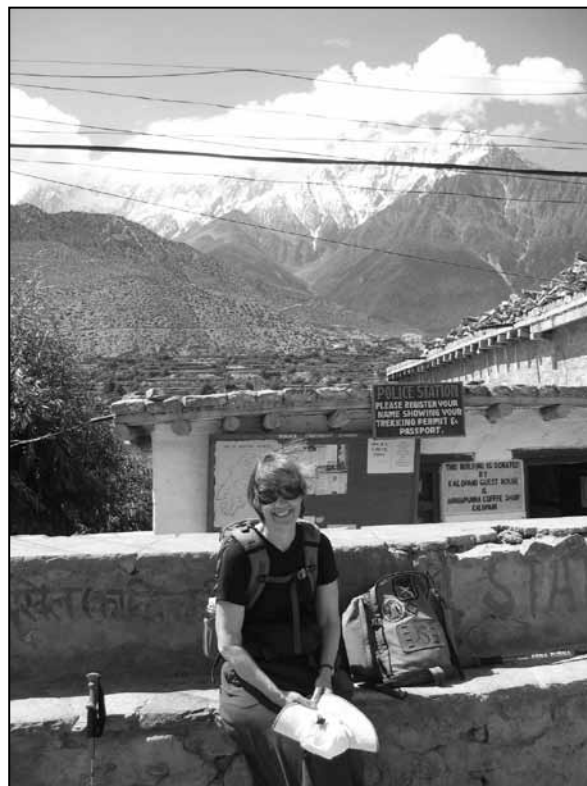
dren, Andy (now 34) and Dana (33). She lived in Tunisia for two years as a Peace Corps staff wife, which furthered her interest in learning about other cultures.

Sydney noticed that people would be drawn to her to talk about their problems. She recalls that once at a dinner party, a woman she didn't know came over to talk to her and ended up telling her about her separation and divorce. Sydney thought, "I have to do something about this." She began talking to people about becoming a social worker and got lots of encouragement from friends, colleagues and bosses. She also heard from people who said social work wouldn't make enough money and that there were too many already. She didn't listen to them, and says that she has truly loved her career as a social worker. Sydney was the first person in her family to get a masters' degree.

At Catholic University she encountered many wonderful teachers (including GWSCSW member Marilyn Lamert). She was challenged to manage many different things—her marriage was ending and she had two children. She went part time to school and graduated

in three years. She had wonderful internships including a stint at Family Services, where she met Anthony Huff, who still is a mentor, and where she concentrated on object relations.

Sydney began her social work career at For Love of Children (FLOC), where she received excellent supervision on the job. She then started with Montgomery County's mental health services, and has had a 22-year career there. She has worked with children and adolescents in many capacities including working with managers to start several programs. She also had excellent in-house training including supervision by Mauricio Cortina,



an area expert in attachment theory. She benefitted from excellent training provided by the County. She realizes how rare this type of supervision is these days and cherishes her good fortune to have benefited from training in family therapy, solution-oriented therapy, addiction, trauma-focused CBT, motivational interviewing, attachment theory, solution oriented therapy, and early childhood consultation and treatment.

In 1989, Sydney became a shop steward for the Montgomery County Government Employees Union (MCGEO). She was elected by the members in 1994 as vice president to represent her colleagues in HHS on the board of directors. Her union colleagues have supported and encouraged her innate leadership ability, which she didn't know she had. She is known throughout the county for her service. Sydney sees how this has helped her in getting referrals for her private practice, which she started 15 years ago.

In private practice she has worked mostly with adults, rounding out her child and family experience. Recently she has expanded her practice to include associates, Walter Knauff, MSW, MEd and Rebecca Whitmore, LICSW, MEd to work with families. Positive Development for Your Child is the name of their group practice.

Sydney also began exploring the mind-body-spirit connection 15 years ago. She studied to be a Polarity Practitioner, a form of body work in Energy Medicine. Again, her personal interests have enhanced her career—she now has a psycho-spiritual practice that

incorporates principles of Polarity therapy, as people are interested in a more integrative focus in therapy. She did some further training with Steve Gilligan to integrate the talk portion of body work into Polarity therapy.

In 2000, when Sydney was turning 50 and on a plane to visit her son in college, she saw an ad for trekking in Nepal and knew she had to go. She didn't know how she would do it, being a single parent and having no extra money or time, but a way opened. Then in 2004 Sydney fulfilled a life-long dream and went to the Ukraine with the Peace Corps. Upon returning she became a Certified Life Coach, seeing that her experience in cross-cultural work, her passion for trekking in Nepal, and her background as a therapist are leading her to help people in the second half of life, to do things they think they can't do, to have the "Trek of Your Life," her current passion.

In the fall Sydney is leaving her 22-year career at Montgomery County and devoting herself full time to her private practice of therapy and coaching, as well as being our new president for GWSCSW. Now she sees how all the things in her life have come together to bring her to this point. Thank you, Sydney, for being an inspiration, and for being of such service to your colleagues. ❖

Connie Ridgway, LICSW, LMT, is a clinical social worker, a body-work therapist and a singer. She enjoys leading groups and individuals to find their unique path through an integrative approach that combines psychotherapy, cranio-sacral therapy and music.

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GWSCSW Course Offerings 2010–2011

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

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

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

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

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

■ **QUESTIONS** If you have any questions regarding a particular course please contact the instructor. Please contact the Chair for scholarship information: Eileen Stanzione, estanzione@xecu.net, 240-409-4590

■ Grief Support Group Development and Implementation

This two-part workshop will focus on the creation and implementation of a 6 week grief support group. It is designed for both the agency worker or for those in private practice that are desirous of initiating grief-related group work into their practice. The first session will provide information about what needs to be done to initiate the group, including: week by week templates; detailed information about the cognitive, emotional, physical and spiritual responses to grief; and a model proposal to take back to your agency or to inform your private work. The second session will provide a forum for reviewing your progress in initiating the group into your agency or private practice; marketing tips and procedures; and how the therapist can best facilitate the group's dynamics and process.

Date: **Fridays, October 1 & November 12, 2010**

Time: 11:00 AM – 2:15 PM

Location: 3000 Connecticut Avenue, NW Ste 434
Washington, DC 20008

Instructor: Eileen Stanzione, PhD

Info: estanzione@xecu.net 240-409-4590

Cost: Members \$90 / Non-Members \$150

CEUs: 6 hours

■ Families of Increasing Complexity: Helping Families Navigate Separation, Divorce, and the Beginnings of Stepfamily Formation

Traditional family therapy models and techniques are based on the idea that families have a rigid "homeostasis" of structure and communication patterns, and the therapist's job is often seen as breaking up and reorganizing such patterns. But many families are literally breaking up and reorganizing already; nearly half of all marriages end in divorce, and many spouses who divorce remarry and enter into stepfamilies. Working with families through the separation and divorce process requires knowledge of the dynamics of the separation process, as well as techniques for helping families reorganize and redefine family relationships in the interest of establishing stable and functional family structures. Likewise, working with stepfamilies in their early stages requires an appreciation of the complex nature of stepfamily relationships and an understanding of specific techniques aimed at facilitating the process of stepfamily integration

Date: **Friday, October 29, 2010**

Time: 8:45 AM – 1:00 PM

Location: 3930 Knowles Avenue, Ste 200
Kensington, MD 20895

Instructor: Jonah Green, LCSW-C

Info: Jgreenlcswc@aol.com 301-466-9526

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

CEUs: 4 hours

■ What is Imago Therapy, Its Theory and Practice

This one day workshop will provide you with an introduction to the theory & practice of Imago therapy. Imago therapy is a form of objects relationship therapy, in which the couple uses their relationship to help in healing themselves and each other. The natural consequences of such healing are, of course, personal growth, as well as a strong, deep personal connection. Couples learn to restore and repair their connection through this therapy.

Date: **Monday, November 1, 2010**

Time: 9:30 AM – 4:30 PM

Location: 6000 Executive Blvd., Ste 530
Rockville, MD, 20852

Instructor: Gail Guttman, LCSW-C

Info: gailgpa1@comcast.net 301-984-0322

Cost: Members \$90 / Non-Members \$150

CEUs: 6 hours

■ **Navigating the Workplace: Helping Our Clients Create a Healthy and Happy Work Environment**

Workplace tension is a considerable problem for the clients we work with and is affecting their home life, health and overall well-being. The following course, will address common workplace issues and how clinician's can help their clients manage and cope with them and become healthier and more effective at work. In this workshop we will first define the elements of a "toxic" workplace and how to identify when clients are experiencing burnout. Next, we will learn techniques and exercises that can be used to help clients communicate more effectively. Furthermore, we will gain knowledge of certain CBT and solution focused techniques that can help our clients deal with workplace stress. Last, we will review the characteristics of different generations in the workforce and how it affects the workplace satisfaction.

Date: **Friday, February 4, 2011**

Time: 10:30 AM – 12:00 NOON

Location: 3000 Connecticut Avenue NW, Suite 434
Washington DC 20008

Instructor: Laurie Emmer-Martin, LICSW, LCSW-C

Info: emmermartinccc@gmail.com 571-282-3733

Cost: Members \$25 / Non-Members \$40

CEUs: 1½ hours

■ **Death of a Loved One: Walking with Young Families Through the Experience of Loss**

The death of one of its members can be one of the most jarring, and profound experiences a family can have. Though bereavement does not always require therapy, families often seek help in understanding what they are going through and learning how to best support each other as they grieve. This course will address the tasks of mourning, the differences between childhood and adult grieving, the developmental needs of griever, and the relational context in which grieving occurs. Throughout the course, there will be a focus on family connection and how to promote it during a time of loss. Though this course will primarily focus on the loss of parents of dependent children, the concepts are easily generalized to other losses.

Date: **Friday, February 18, 2011**

Time: 9:00 AM – 12:15 PM

Location: 11161 New Hampshire Avenue, Ste 307
Silver Spring, MD 20904

Instructor: Erica Berger, LCSW-C, LICSW

Info: bergererica@yahoo.com 301-593-6554 x 27

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

CEUs: 3 hours

■ **Downward Facing Dog: Using Yoga to Turn the Face of Clinical Therapies Upside Down**

This training will offer interactive opportunities for therapists to learn about the powerful the body-mind connection. You will learn how to use effective techniques with yourself and clients to reduce stress, anxiety and transform depression in the body. You will learn how to weave some mind-body techniques into your therapy sessions and how yogic understanding of the movement of energy centers in the body. The body is often more receptive than the mind to change so it is with yoga and yoga's wisdom that clients often learn how to change their own psychological barriers and issues. You will come away from this training having learned to move energy effectively in your own body, how to reduce stress and fight or flight in the body, how to use specific asana and breathing techniques to help with specific psychological issues and with a deeper understanding of how the body and energy can improve the mind. You must come prepared to move your body (any preexisting injuries are fine) and be prepared to open your hearts even more fully!

Date: **Friday, February 8, 2011**

Time: 9:00 AM – 1:30 PM

Location: 5808 Midhill Street
Bethesda, MD 20817

Instructor: Sharon Hyman, LCSW-C, RYT

Info: sharonhyman@in-joy.org 201-320-2022

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

CEUs: 4 hours

■ **An Introduction to Contextual Family Therapy**

Contextual family therapy is a unique approach to family treatment that builds on the utilization of family strengths and untapped resources within the context of "relational ethics". It replaces blame and pathologizing of family members with an appreciation of each member's context and struggles. Developed by Ivan Boszormenyi-Nagy, Barbara Krasner and Austin Joyce, it has been very successfully implemented with a wide socioeconomic and clinical range of families. This course will introduce students to this underutilized approach; its basic tenets and interventions. Participants will be encouraged to bring in their own cases for illustration and discussion.

Date: **Fridays, March 11 & 18, 2011**

Time: 3:00 – 4:30 PM

Location: TBD

Instructor: Adina Shapiro, LCSW

Info: adinsh@aol.com 703-761-3939

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

CEUs: 3 hours

continued on next page

■ Emergency Coverage of Your Practice: Practical and Ethical Considerations

If you suddenly were to become incapacitated, due to injury, illness or death, who would contact your clients? Just as it is important for an individual to write a Will to protect personal assets and provide for his or her dependents, it is also prudent for a clinician to prepare for an untimely or unanticipated inability to carry out their functions at work. The purpose of this course is to help clinicians anticipate the needs of their clients and their business or the organization where they work, should such an emergency arise. The goal of the course is to enable participants to identify individuals who could step in if needed, write instructions for their backup personnel, and distribute these instructions. Qualifies for 6 Ethics credits.

Date: **Fridays, March 25 & April 8, 2011**

Time: 10:00 AM – 1:00 PM

Location: 8830 Cameron Street, Suite 503
Silver Spring, MD 20910

Instructor: Melinda Salzman, MSW, LCSW-C

Info: salzmanmsw@starpower.net 301-588-3225

Cost: Members \$90 / Non-Members \$150

CEUs: 6 hours (Ethics)

■ A Day at the Office of a Sex Therapist

This workshop is about sex therapy. Beginning with a description of various clients/patients Hani may see in one day, and their presenting problems and issues, she will then discuss what is sex therapy, the training one has to receive in order to become a sex therapist, and the AASECT certification process. The presentation will end with a discussion about any of the clients/patients Hani describes in the beginning of the presentation, their presenting problems and issues, and ways to evaluate and treat them. Participants are welcome to bring their own cases for discussion.

Date: **Saturday, May 14, 2011**

Time: 2:00 – 5:00 PM

Location: 6917 Arlington Road, Ste 202
Bethesda, MD 20814

Instructor: Hani Miletski, PhD, MSW

Info: hani@drmiletski.com 301-951-6592

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

CEUs: 3 hours

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

GWSCSW COURSES REGISTRATION FORM

Name _____

Address _____

City _____ State _____ Zip _____

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

E-Mail _____

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

PAYMENT INFO

Check (payable to GWSCSW) \$ _____

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Billing Address _____

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or if paying with credit card,

you may fax to 703-938-8389

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■ 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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2010 Annual Meeting & Potluck Dinner Draws Record Crowd!

More than 80 GWSCSW members gathered on June 11 for a lively annual dinner meeting, held again in the spacious back yard of our gracious host, Janet Dante. We were incredibly fortunate to have a clear, balmy evening after one of the hottest weeks on record, and the scene was beautiful with purple tablecloths and flowers gracing the tables scattered throughout the yard. Two guitarists from B-CC High School played as we enjoyed plenty of cool white wine and the company of our friends and colleagues.

Outgoing membership chair Melinda Salzman toasted the many new members in attendance, and we all met lots of wonderful people we hadn't known previously as we feasted on grilled steak, fresh salads and pasta of all kinds.

During the brief meeting, new officers were introduced by nominations chair Tricia Braun, and Susan Post gifted departing board members and thanked them for their outstanding service. Margot Aronson congratulated the membership on its successful advocacy for social work this past year, and Diana Seasonwein

toasted outgoing president Susan Post with a plaque and beautiful set of jewelry. Five of our members who had given many years of devotion and leadership to GWSCSW—Margot Aronson, Joel Kanter, Diana Seasonwein, Alice Kassabian, and Dolores Paulson—were recognized with special plaques for their extraordinary contributions. Past president Nancy Nollen thanked all in attendance for their active participation and enthusiasm. Jan Sklennik was invaluable in helping to organize the dinner, and many members contributed to the ease and success of the evening by coming early to set up or staying late to clean up.

As always, the raffle, run by Naomi Greenwood, was a hilarious highlight of the evening, with lucky members winning massages, manicures, and garden consultations.

The June gathering has definitely become a cherished and enormously fun society tradition—a delightful way of appreciating our accomplishments and each other. ❖



Judy Gallant and others enjoy the bountiful buffet.



Melinda Salzman welcomes new members.



A record turnout for a beautiful evening in Janet Dante's backyard.



Kelly Sokolower, Kim Schwiger and Margot Aronson.



Susan Post thanks outgoing board members.



Mary Lee Stein and Diana Seasonwein chat.



Marilyn Lammert and Lisa Snipper man the raffle table.



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IPI Metro serves the DC metropolitan area and provides a variety of programs in connection with the International Psychotherapy Institute. We are a leading resource for continuing education of students, residents and professionals in the mental health field and allied professions. We study a contemporary multidimensional perspective derived from psychoanalysis and from individual, couple, and family psychotherapies. We come together as teachers and learners in many formats—in person, by telephone, by video link, and through our website. We welcome you to join our vibrant learning community to further your professional growth!

2010–2011 Schedule

PSYCHODYNAMIC MODULES

(8 hours CE each) Linked to IPI Weekend Conferences (Approx. 15 hrs CE each) Each module is designed to accompany each IPI Weekend Conference, listed below. (All held in Bethesda except for the March 25–27 conference.) Each 8-hour module consists of 4 consecutive Tuesday evenings (2 hours per evening session).

Participants will work with national and local IPI faculty to integrate the conference readings and thereby gain an in-depth understanding of the advanced material covered at each conference. Participants may elect to participate in one or more modules over the course of the year. Adjunct Seminar Series (Module), \$175 each. Individual Weekend Conferences \$485, 21 days in advance; \$505 thereafter. Pre-registration required.

Module linked to IPI Weekend (November 12–14, 2010)

Weekend Conference: The Work of Transformation in Psychoanalytic Practice, Jorge Canestri, MD (Rome)
Module: November 2, 9, 16, 23, 2010 (Tuesdays, 7:00–9:00 pm)

Module linked to IPI Weekend (January 21–23, 2011)

Weekend Conference: The Mysterious Leap from Soma into Psyche, Marilia Aisenstein (Paris)
Module: January 11, 18, 25 & Feb. 1, 2011 (Tuesdays, 7:00–9:00 pm)

Module linked to IPI Weekend (March 25–27, 2011)

Weekend Conference: Why has Psychoanalysis Lost the Person? Neville Symington (Australia)
Module: March 22, 29 & April 5, 12, 2011 (Tuesdays, 7:00–9:00 pm)
(Note: This weekend conference will be held in Indianapolis)

Module linked to IPI Weekend (April 29–May 1, 2011)

Weekend Conference: Countertransference, Neutrality and the Analytic Field, Claudio Eizirk, MD (Puerto Alegre, Brazil)
Module: April 19, 26 & MAY 3, 10, 2011 (Tuesdays, 7:00–9:00 pm)

CONTEMPORARY DYNAMIC PSYCHOTHERAPY PROGRAM

Monthly on 8 Saturday mornings, September 25 thru May
16 hrs CE \$650

This monthly seminar is designed for new psychotherapists or those new to psychodynamic thinking. Through readings and discussions of clinical case material, participants will learn theoretical concepts and psychotherapy techniques that they can apply directly to their psychotherapy work. Seminar leaders are national and local IPI Metro faculty. (Future dates TBA)

MASTER SPEAKER SERIES

Fridays, Monthly beginning September 24, 2010, 9:00–11:00 AM)
\$90 per session (2 hours CE) *or*
\$650 for full 9-session series (18 hours CE).

This once monthly 2-hour seminar features outstanding therapists and analysts from across the U.S. and abroad who join students from around the U.S. and abroad, united by videoconference technology. Participants are linked between Chevy Chase, MD (IPI Metro), Salt Lake City, UT, Indianapolis, IN, Long Island, NY, and Omaha, NE, and students in other locations who can join from their own computer, or via streaming video or by telephone (contact info@theipi.org for details). The video conference seminars are 2 hours each, one Friday a month from 9:00–11:00 a.m. ET. Speakers present on a selected topic with group discussion across the participating sites facilitated by IPI faculty. Advance readings provided.

FOUNDATIONS OF PSYCHOANALYTIC COUPLE THERAPY SERIES: *The Theory, Technique, and Practice of Couple Therapy in the Early to Middle Stage*

Wednesdays, September 22, 2010 – December 15, 2010, 9:45–11:45 AM
14 hours CE – Course of 7 two-hour sessions

Presented jointly with the Tavistock Centre for Couple Relationships in London (TCCR), focusing on issues and problems frequently encountered in the early stages of therapy, but which can then emerge at any stage of the work. Teachers will be drawn from the IPI faculty and faculty of the TCCR. Participants may join the course at several IPI videoconference sites including Chevy Chase, MD, Indianapolis, IN, Long Island, NY Salt Lake City, UT, and Panama City, Panama, or may join individually by videoconference program or by phone or video streaming.

CLINICAL ETHICS FOR PSYCHOTHERAPISTS

Saturdays, November 6 & December 4, 2010, 10:00–11:30 AM
3 hours CE Cost: \$150

This course will explore typical ethical issues encountered in psychotherapy. Clinical cases will be used to think ethically about transference and countertransference issues as well as the desirability of various interventions. After attending this session, participants should be able to identify some typical ethical issues encountered in psychotherapy; appreciate commonly unacknowledged moral aspects of the therapeutic relationship; differentiate the analyst's dispositional role responses (virtues) from his/her normative judgments; and learn to reason ethically as well as technically about particular interventions. The discussion will be led by Ernest Wallwork, Ph.D., a psychoanalyst and professor of ethics. This course will be offered once each semester (Semester 2 dates to be announced).

For more information on any of our programs,
including to register, objectives, target audience, instructional level of the activity, schedule,
cost, refund/cancellation policy, instructor credentials and CE credit,
contact IPI at info@theipi.org or 301-215-7377 or visit

www.theipi.org/Pages/Affiliates/ipimetro.html

The International Psychotherapy Institute (IPI) is approved by the American Psychological Association to sponsor continuing education for psychologists. IPI maintains responsibility for the program and its content. IPI is an NBCC Approved Continuing Education Provider (ACEP™) and may offer NBCC approved clock hours for events that meet NBCC requirements. The ACEP solely is responsible for all aspects of the program. Application will be made on a per program basis to provide continuing education for social workers. IPI is a California Board of Behavioral Sciences approved continuing education provider for MFCC and LCSW licensure (approval #PCE 1508)

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.

Karen Brandt graduated from the Washington School of Psychiatry three-year training program in Intensive Short Term Dynamic Psychotherapy last June.

Jan Freeman was the newest addition to the creative writing team that has been following and commenting on the award-winning Showtime series *The United States of Tara* about a suburban housewife, mother and artist with DID (dissociative identity disorder). The writing team's purpose is to raise awareness about the psychiatric condition, dissociative identity disorder, and to educate the public and professionals about DID while striving to clarify misinformation and myths about this complex, long misunderstood yet very treatable condition. Jan joined the writing team for Season Two at the recommendation of Dr. Richard P. Kluft, the show's psychiatric consultant who is a pioneer in the field and one of her mentors and teachers. The project is sponsored by the International Society for the Study of Trauma and Dissociation (ISSTD).

Anne M. Garcia has been recognized for her work with the Latina immigrant community by the creation of a formal program called *Corazon* (heart, in Spanish) at Women Empowered Against Violence, (WEAVE). She has provided individual and group therapy for Latina immigrant survivors of domestic violence there for three years and has also done outreach in the Latino community.

Mary Branch Grove has been accredited as a teacher in the Basics Seminar in AIT (Advanced Integrative Therapy), a psychodynamically based energy therapy created by Asha Clinton, MSW, PhD. Mary Branch will be teaching this course for the first time in the Washington DC area in early October in Vienna, Virginia. Interested people can call her at 703-442-7735.

Marilyn Lammert, with her family (husband and two late-twenties young adults), presented at the Korean-American Adoption Network (KAAN) Conference in July on the topic: *I Didn't Mean It That Way: A Family Talks about Racism in Trans-racial Adoption*.

Beth Levine earned her Certificate in Advanced Trauma Treatment, Level One from the Institute for Advanced Psychotherapy Training and Education, Inc.

Judy Wendkos Liss presented the following topic to The DC Food Allergy Network: *Supporting your Food Allergic Child: Strategies of coping with anxiety and reducing stress*. In addition, she recently spoke to the Montgomery/Prince George's Pediatric Society about kids and families who are coping with food allergies.

Ruth Neubauer will be presenting *Psychoanalytic Ideas for Everyday Living*; teaching non-professionals at the International Forum for Psychoanalytic Education in Nashville next month.

Tracye A. Polson has relocated to Ponte Vedra Beach, Florida. Tracye built her career in Maryland over the last 15 years working for Montgomery County Child Welfare and the Reginald S. Lourie Center for Infants and Young Children, most recently as its executive director. In addition, she developed a private practice in Bethesda and taught at Catholic University, Smith College and guest lectured at the Washington School for Psychiatry. Tracye plans to spend the next year working on completing her dissertation from Smith College, getting her Florida license and then starting a private practice. Her email contact is tracyepolson@gmail.com.

Constance G. Ridgeway co-lead a singing, drumming and sharing day at StillWaters Studios in Marshall, Virginia last month. Her co-leader was Milagros Philips, a healer, musician and workshop leader. Connie will also be in the Christmas Revels this year as a singer/chorus member, at Lisner Auditorium the first two weekends of December. The theme this year is Thomas Hardy's England, and they do songs, dances and stories of that time. The Mellstock Band from England are the special performers.

Marilyn Stickle gave a presentation at the 5th North American Spirituality & Social Work Conference in Calgary, Canada in June and will be giving a paper and participating in a panel discussion at the International Forum for Psychoanalytic Education in October in Nashville, entitled, *Creative Listening: Treatment from the Perspective of Souls Having a Human Experience*. ❖

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

ADVOCACY & LEGISLATION

■ MARYLAND

Alice Neily Mutch

The Maryland General Assembly is made up of a Senate with 47 members and a House of Delegates with 141 members, all serving four year terms. The primary is September 14, 2010, and this fall every one of those 188 seats—and the Governor's office—will be in play.

The period known as the Interim (the time between the end of one year's session in April and the beginning of the new session in January) is of particular importance in an election year; it is an ideal time for an advocacy group like the Clinical Social Work Coalition (i.e., the Greater Washington Society and the Maryland Society) to make an impression. If we do our homework, legislators of the 2011 General Assembly, when they begin their 90-day session next January, will know who we are, what we stand for, and which of their pet programs we will support. We will then be able to build on those relationships as those elected—or re-elected—serve out their terms over the next four years.

During the Interim, we are monitoring the work of the Maryland Health Care Reform Coordinating Council, which has workgroups focused on a broad spectrum of issues: Health Insurance Exchange and Insurance Markets, to Public Health, Safety Net, Special Populations, Outreach and Education, and the Healthcare Delivery System, and more.

Nancy Cedar Wilson has been representing us at meetings of the Council on End of Life and Quality Care as it begins to implement the recommendations of the 2009 Workgroup. Ramona Wilson, our Howard University MSW intern, gives us reports on the meetings of two coalitions focused on Maryland's Medical Assistance Program: MMAP Oversight and Medicaid Matters are collaborating during the Interim to develop strategies for legislation in the 2011 session. Further, in addition to tracking the efforts of the Women's Caucus and the Legislative Black Caucus as they develop their 2011 agenda, Ramona also has a special project closely observing how important health issues are conveyed to the citizenry in a political campaign, and how the voters seem to be responding.

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Finally, we've developed an internet networking mechanism for identifying the legislators for each member of our two Societies, to prepare us—and you!—for sending grass roots communications as needed, before the election and once the 2011 Session begins. The most effective way for the Clinical Social Work Coalition to influence legislators, after all, is to let them hear from clinical social workers. ❖

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.

■ VIRGINIA

Christopher J. Spanos

One of the proposals for addressing the severe budgetary problems facing the 2010 Virginia General Assembly was closure of the Commonwealth Center for Children & Adolescents; it failed to pass, thanks to statewide advocacy focused on the need for the Center until adequate community-based alternatives are in place.

As a result of the strong citizen reaction against Center closure, the Assembly included language in the budget to direct the Commissioner of the Virginia Department of Behavioral Health and Developmental Services (DBHDS) to conduct a planning process of children's mental health services in Virginia. This process is to identify concrete steps to provide children's mental health services, both inpatient and community-based, as close to children's homes as possible. The final plan is to be comprehensive, ensuring that there are child-centered services, both inpatient and community-based, delivered at the community level in every Health Planning Region in the Commonwealth.

The Planning Process

DBHDS has established a process for completing this planning that builds on the work done by numerous other study group, including, among others, the Commission on Mental Health Law Reform, 2007–2010; and the Voices for Virginia's Children Forums, April–May 2010.

Three "expert input panels," comprised of state agency representatives, service providers (public and private), and family members and advocates, have met to discuss the specific questions posed in the budget

language. They have made, and ranked, recommendations for needed services and funding. DBHDS staff is currently gathering the panel input, analyzing products of prior reports and studies, and preparing the final report to the General Assembly by late August/early September. At that time, the expert panels will be called together to review the report.


While the budget language gives DBHDS until November 2011 to complete the process, Commissioner Stewart has decided to submit the final report by *this* October, so that the General Assembly will have more time to consider the recommendations and DBHDS will be able to implement recommendations that are supported by the legislators.

Budget Language

The specifics of the legislators' charge to the Commissioner of DBHDS are spelled out clearly in the budget language which can be found in Section M at <http://leg1.state.va.us/cgi-bin/legp504.exe?101+bud+21-304>. ❖

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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■ DISTRICT OF COLUMBIA

Margot Aronson

This June, as the mayoral race began to heat up, NASW DC-Metro sponsored a Candidate's Forum and Reception, and I was invited to participate as a panelist. We panelists prepared several major questions to share with the candidates in advance so that no one would feel blind-sided. As the candidates were speaking, more questions from the audience were collected, and we then selected from among these to ask the candidates.

Unhappily, Mayor Fenty was a no-show, but all in all it was a lively and very satisfying evening, and we were able to see the appeal of each of the four candidates who attended (Vincent Gray, Leo Alexander, Ernest E Johnson, and Sulaimon Brown). Perhaps it is not surprising that they all expressed strong support of social workers and pledged that, if elected, their administrations would involve social workers in significant advisory roles.

The DC Primary is Tuesday, September 14. In the District, winning the primary is tantamount to winning the election, because of the Democratic party's overwhelming majority. Our Society does not endorse candidates; instead, we urge members to read the local newspapers, go to meet-and-greet events, attend a candidate forum, and take note of how (or if) a candidate speaks out about mental health care and social work issues.

Reinstating the Exonerated Child Protection Workers

A public furor arose after the discovery in 2008 of the bodies of the children of Banita Jacks. Hopefully, by the time this issue is in your hands, the three child protection workers who were fired in the immediate aftermath of that tragedy will have been offered the return of their jobs and received their withheld back pay. The case has been through the Public Employee Relations Board review at two levels, and each time the District's Attorney General has appealed the order to reinstate the workers. The deadline for filing another appeal, this time to the DC Superior Court, would have been 30 days after the most recent ruling (in this case, mid-August).

We had assumed that these workers were reinstated after being exonerated in the first review, so the story

in the Washington Post in early July caused a major uproar. A number of our members wrote indignant letters to the Mayor, with copies to the Council and to Petula Dvorak, the reporter who broke the story. Then a group of students in a Virginia Commonwealth University (VCU) Social Justice class taught by long-time GWSCSW member Janice Berry Edwards decided to take grassroots action, and their spirit has been impressive.

The students are understandably concerned about the scapegoating of these social workers, but they have bigger concerns: what about the overall public image of social workers—after all, social work is to be their profession! Ralph Belk and Hal Lipton of NASW-DC Metro and I joined them for a class session to chew on these challenging questions, and several of the students will be joining me in meetings with Council members to discuss these concerns.

Progress toward Universal Coverage in DC

Mary Lee Stein has been following the progress of the Healthy DC initiative, which builds on Medicaid and the DC Healthcare Alliance to make comprehensive affordable and accessible healthcare available for DC residents who earn below 400% of the poverty line. The proposed rules for Healthy DC have been reviewed in draft form by a coalition of advocates (including GWSCSW) led by Families USA, and the Director of the DC Department of Health Care Finance is in the process of publishing them on the DC Register for a 30-day period of public comment before adoption. See www.dcregs.dc.gov. ❖

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.

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Addressing Concerns About the DC Board of Social Work

Pointing out that there are vacancies on the DC Board of Social Work and that the position of chair has been vacant for fully 18 months, we asked the candidates at the NASW-Metro DC Mayoral Forum two questions:

1. Will you restore the DC Board of Social Work to its full capacity of membership? If so, can we count on you to include the public and professional associations in the nomination process, and invite them to assist in identifying qualified candidates?
2. Do you support the return of the DC Board of Social Work to oversight under the Committee on Health?

That second question concerned a complex issue; we raised it not only to elicit a response, but also to educate the candidates about social work as a health profession.

After the last DC election, the Board of Social Work was removed from the oversight of the Committee on Health and placed under the Committee on Human Services. Of the 18 professional health occupation boards, only the Social Work Board was moved.

As much as we appreciate the work of Council member Tommy Wells, who chairs the Committee on Human Services, we have seen that cutting the Board of Social Work off from the Committee on Health has been a disservice to the profession and to the public.

The DC government employs a wide range of health care professionals, not just social workers, to ensure a responsive human services system of care for individuals, children, youth and families. Furthermore, social work licensing issues are by no means limited to welfare, social services, youth affairs and disability services.

When it comes to licensing, what is critical for the profession and the citizenry is that Council decisions on District health and mental health issues be made in the context of the full range of health and mental health providers, including social workers—maybe even especially social workers, who make up the largest number of mental health providers in the District of Columbia and across the United States.

We believe that the Board of Social Work should be represented when licensing changes are proposed to that committee by other professional health occupation boards. Equally, those concerned with the regulation of social workers—Board of Social Work members, professional associations, and others—should be able to approach a single committee to address issues involving any and all of the professional health occupations.

Ultimately, the decision to return the Board of Social Work to the oversight of the Council's Committee on Health will be made by the new chair of the Council. We hope social workers will take every possible opportunity to speak up on this issue to the chair and other Council members.

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Saturday December 4

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ICP&P received no financial support for this program.

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Insurance Reimbursement in DC

Danille S. Drake, PhD

We are poised to enter a next round of discussions regarding steps allowed by insurance companies to request private information about our clients for the purpose of determining authorization for reimbursement.

We had great success in formulating the outpatient treatment authorization form (facing page) which insurance companies are *required to use*. This applies to any of us who practice in the District, as well as to insurance contracts written in the District. Exempt from this requirement are federal plans. It protects our clients' privacy in adhering to the DC Mental Health Act of 1978 *which limits the amount of information we are allowed to provide to third parties*.

Next up is an official definition of *Independent Review*. Some, if not many insurance companies contract with subsidiaries to provide what does not accurately qualify as a true independent review, given their relationship with the subsidiaries. We have begun to work with the DC Insurance Commissioner's office to protest use of these contractors and to seek clarification of what should constitute an Independent Review.

Your continuing support on maintaining client confidentiality of treatment, the cornerstone of the work we do, is vital. Please keep us informed of your experience in using the treatment authorization form and of any requests by insurance companies for information beyond what is allowed by this form, including independent reviews. Emails including questions can be sent to ddrakephd@verizon.net. ❖

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District of Columbia

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Carrier or Appropriate Recipient:

CLIENT INFORMATION		PRACTITIONER INFORMATION	
CLIENT'S FIRST NAME	CLIENT'S DATE OF BIRTH	PRACTITIONER ID# or TAX ID	PHONE NUMBER
MEMBERSHIP NUMBER		PRACTITIONER NAME, LICENSE#, ADDRESS & PHONE (Fax optional)	
AUTHORIZATION NUMBER (If Applicable)			
		Date Client First Seen For This Episode Of Treatment	
Status? <input type="radio"/> Voluntary <input type="radio"/> Involuntary			
MULTIAXIAL DIAGNOSIS CODE* (PLEASE COMPLETE ALL FIVE AXES)			
*DSM, ICD or Other Recognized Code			
AXIS I	Dx Code		Dx Code
AXIS II	Dx Code		
AXIS III (if relevant)			
AXIS IV Severity of current psychosocial stressors <input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe			
AXIS V: GAF Score Highest Past Year		Current	
Current Medications and Prescribing Practitioner (if applicable):			
Reason for Continuing Treatment and Treatment Goals:			
Prognosis (limited to estimated duration of treatment):			
Authorization Request Details			
<i>Modality of treatment may be conveyed via CPT code or by describing in the field provided below. (Modality examples: individual psychotherapy, group psychotherapy, medication management)</i>			
CPT Code		Complete this section only if a second CPT/Modality is needed	
or Modality:		CPT Code	
Frequency (once a week, etc.):		or Modality:	
Requested Start Date of Authorization:		Requested Start Date of Authorization:	
<p>Client's Consent: By signing below, I agree to share this information with the designated 3rd party payer (administrator). I also understand that, The unauthorized disclosure of mental health information violates the provisions of the District of Columbia Mental Health Information Act of 1978. Disclosures may only be made pursuant to a valid authorization by the Client or as provided in Titles III and IV of that Act. The Act provides for civil damages and criminal penalties for violations.</p>			
Signature of Client		Date:	
Signature of practitioner*		Date:	
*My signature attests that I have consent from the Client to release this information.			

OUR ONLINE SOCIETY

Ann Wroth

From a spirited discussion on the GWSCSW listserv about taking credit cards as payments from patients:

Hi: I gather that many therapists are accepting credit cards as payment for therapy. I certainly don't see any problem with this for clients who are in good financial situations (apart from the relatively minimal fees), but what about the impact of this for clients in financial straits. It seems that the financial strain of the therapy relationship can be easily overlooked by both parties, leaving the client in a more difficult situation down the road. Any thoughts re this?

► I take credit cards at the request of many clients who seldom carry cash or check books and live by their plastic. It is certainly not the best situation for me since it adds to operating costs and the time it takes to enter all the information. I do have reservations about contributing to anyone's financial woes but I try to avoid parenting my clients. I would prefer to suggest that credit card payment be used in the event that cash or check is not available but not on a regular basis.

► I have to question why you make it easy for your patients who don't usually carry cash or checks. I actually feel that by doing this you in fact do parent your patients, while you may not intend to do so. They may live by plastic but you don't have to simply because they do. I won't use credit cards, perhaps to my deficit. I see credit cards as being used for commodities, for buying objects (yes, yes for services also, and we are a service). And, according to insurance companies, we are "product." Being a product makes me want to throw up. Which if I did more often I wouldn't have to worry about my weight.... But seriously we already do a lot for our patients in the therapy hour. Entering their data for a credit card is too much, in my mind.

► I have accepted credit cards for years. It has been convenient for clients and great for me. Payment goes directly into my account and clients appreciate the option. I don't see why it is any different from accepting any other form of payment.

► How does paying by a credit card create more pressure on the financially pressed client? With cash or checks we really don't know how our client gets the money to pay us or the things they do to secure the money. Loans certainly have fees and I don't know

which clients have debt from loans which may be cash flowing their lifestyles. If we know a client has financial constraints we can always offer a payment plan using cash, check or credit card for payment. Unless the client has credit card debt as an existing problem, credit cards make sense to me. I started accepting them about 6 months ago and have had only favorable responses from my clients.

► I guess in the end if you do offer this avenue of payment, it's just a wise thing to know that it may create an additional space for enactment that could get thorny, especially if, in fact, financial problems and/or money management are part of the client's difficulties. I guess I prefer to keep things as simple and clean as possible in that regard since therapy can get complicated enough as it is in so many other ways.

If I did choose to accept credit cards, I would just wonder both to myself as therapist and to the client wanting to "charge" the fee what exactly is the real reason for engaging in that sort of arrangement and are we both being honest and open about the reasons, both with the client and with ourselves?

► Actually in truth I think people like credit cards because they get miles. Pure and simple. If one wants to charge a surcharge for using the credit card, they can add a \$10 charge. Is anything wrong with that? Getting an extra 1,200 or so each month is really nice for many people. They talk about using miles to go here and there. I am not sure it is quite that complicated.

► This is a very interesting question. I have personally always steered away from accepting credit cards for just the reasons Joel presented. I found myself interested, however, in Linda and Dorcas' responses which got me to thinking about the other perspective; the point about not parenting the client is certainly valid.

I guess in the end if you do offer this avenue of payment, it's just a wise thing to know that it may create an additional space for enactment that could get thorny, especially if, in fact, financial problems and/or money management are part of the client's difficulties. I guess I prefer to keep things as simple and clean as possible in that regard since therapy can get complicated enough as it is in so many other ways.

If I did choose to accept credit cards, I would just wonder both to myself as therapist and to the client wanting to “charge” the fee what exactly is the real reason for engaging in that sort of arrangement and are we both being honest and open about the reasons, both with the client and with ourselves?

► Simply on the economics of this, accepting credit cards doesn’t make much sense for the therapist. Accepting credit cards involve fees that total 2-5% of one’s gross. For the most part, the miles are valued at approx 1% of the billed charge. (Sometimes, more points/miles are given for grocery, gas, restaurant purchases, but rarely if ever for professional visits.) So it doesn’t make sense for us to take a 2-5% hit so a well-off client can have a 1% benefit? That can easily add up to \$2K+ income annually for a therapist; enough to take our own vacations :) And for this group, writing checks is no big deal. That leaves the other group of clients who want to use credit cards because they are in the hole to begin with and are running up debts....

► And there are those clients who have financial resources but who have been blocked from accessing their resources until a later time. Some clients are (reluctantly, even) utilizing credit cards until divorce decrees and financial settlements are finalized, at which time they may reasonably expect to have access to finances, and freedom to make different choices about payment. I avoid the fees associated with offering credit cards by using PayPal (adding \$5 to my session fees to cover that cost), although I’m not generally a big fan of utilizing credit for many of the reasons cited in this very interesting listserv discussion.

Simply on the economics of this, accepting credit cards doesn’t make much sense for the therapist. Accepting credit cards involve fees that total 2-5% of one’s gross. For the most part, the miles are valued at approx 1% of the billed charge. (Sometimes, more points/miles are given for grocery, gas, restaurant purchases, but rarely if ever for professional visits.) So it doesn’t make sense for us to take a 2-5% hit so a well-off client can have a 1% benefit? That can easily add up to \$2K+ income annually for a therapist; enough to take our own vacations :) And for this group, writing checks is no big deal. That leaves the other group of clients who want to use credit cards because they are in the hole to begin with and are running up debts. ❖

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

Clinical Entrepreneurship in Changing Times

October 16, 2010

9:00 AM – 3:30 PM

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GWSCSW BOOK CORNER

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

Reviewed by Erin Gilbert

Understanding Bestiality and Zoophilia

By Hani Miletski

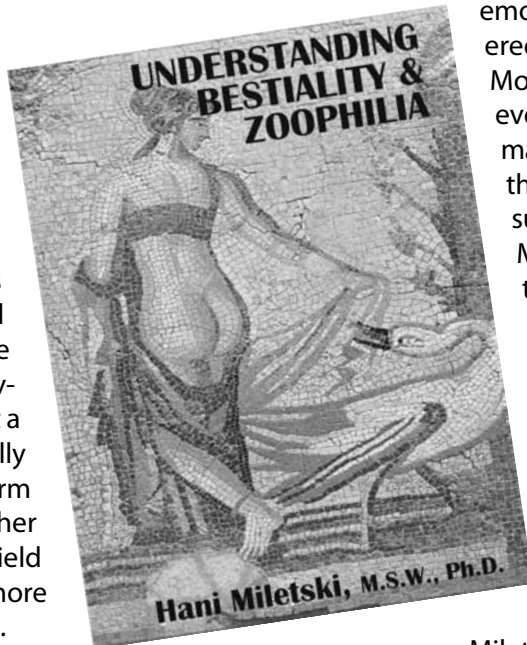


A list of sexual orientations often includes heterosexuality, homosexuality or bisexuality. In her book, *Understanding Bestiality and Zoophilia*, GWSCSW member Hani Miletski proposes another type of sexual orientation. Zoosexuality, or zoophilia, refers to those who have

sexual attractions and emotional attachments to animals.

Miletski described how she became interested in the topic of zoophilia in the mid-1990s as the result of a particular client. This man was deeply religious, and could not accept his desires and his sexual relations with several neighborhood dogs. When he met Miletski, he had seen several therapists who seemed at a loss to help him. Miletski initially dealt with his issues as a form of sex addiction, and when her usual approaches failed to yield results, she decided to gain more information through research.

She found a few studies that touched upon the topic of zoophilia, but did not focus on it and consequently were not very enlighten-



ing. Miletski became motivated to conduct her own study. Initially colleagues were surprised by the direction of her research, and many tried to discourage her. She stated that she has always loved a challenge, and she forged ahead despite outcry. Miletski's study ultimately became the first of its kind. Only two additional bodies of research were conducted following Miletski's work, and both supported her ideas.

As revealed in *Understanding Bestiality and Zoophilia*, Miletski eventually discovered that many self-proclaimed "zoos" did not want to change their emotions or behaviors, and they considered zoophilia to be a sexual orientation. Most loved their animals deeply. Some even married their animal partners, or maintained monogamous relations with their animals. Many wanted to give pleasure to the animals during intercourse. Most individuals let the animals penetrate them, and wouldn't proceed with sexual relations if the animals were not interested in order to ensure mutual consent. These findings helped Miletski shift the focus of her clinical work with the aforementioned client to helping him understand that perhaps his choices comprised a sexual orientation, and to identifying ways to help him cope.

Miletski noted that zoophiles are not common clients in her practice. However, several have met with her to deal with other issues, and find it important to be working a zoo-friendly therapist. Miletski added that she receives email inquiries asking about zoo-friendly therapists in other areas.

Miletski recommends *Understanding Bestiality and Zoophilia* to a varied audience—clinicians, zoophiles, family members. Ultimately it is a book for anyone interested in the subject.

When queried about future work, Miletski reports that she is toying with the idea of conducting a study on

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furries, people who believe they are animals or who like to dress as animals primarily for sexual reasons. She has received requests from individuals asking that she study this to raise awareness and provide information, and her attention is piqued. ❖

Sexual Issues in the Treatment Room: Retain or Refer?

During her training to become a sex therapist, Miletski participated in a Sexual Attitude Reassessment Seminar to help her determine whether she would be able to work with certain clients, or if it would be more appropriate to refer them elsewhere. Seminar participants were exposed to a variety of sexual ideas and behaviors, and then were asked to process the content in order to build awareness of thoughts and values related to sexuality. Miletski stated that her impressions changed over time about which clients she should refer, finding that she was able to work with certain issues that initially seemed beyond her ability or desire.

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Gwen Corley, LCSW

October 9

Fundamentals of Play Therapy, *Gwen Corley, LCSW*

October 23

Grief and Loss in Play Therapy, *Duane Bowers, LPC*

November 12

Treating Traumatized Children in Play Therapy
Jennifer Shaw, PhD

December 4

Kaleidoscope of Play Therapy Techniques
Sonia Hinds, PMHCNS-BC

2011

January 23 & 24

Child-Centered Play Therapy
Mary Ortwein, LMFT

February 5

Parenting Strategies for Play Therapists
Sonia Hinds, PMHCNS-BC

*Additional workshops will be posted

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COMMITTEE REPORTS

Legislative & Advocacy

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

One might think that this might be a quiet time for the committee, since the DC Council is in recess until mid-September and the Virginia and Maryland assemblies do not reconvene until January. But no, Interim is an important time for getting to know [and be known by] legislators and other advocates, following up on issues, and developing long-term strategies.

The happiest committee news is that our Virginia contingent has new members: Emily Brown and Jean Senseman are joining Alice Kassabian, who has been holding the fort on her own for way too long. The group has met with Chris Spanos, the lobbyist whose services we share with the Virginia Society for Clinical Social Work (VSCSW), and Mark O'Shea, the outgoing VSCSW legislative vice president; a second strategy meeting will have taken place by the time this newsletter is out.

We've been busy in the District and Maryland as well, as you'll see on the legislative pages. And recent lively discussions on the list serve have led to some expressions of interest in starting a work group focused on insurance, managed care, and/or Medicare issues. What do you think?

We ask you to join us in taking an active advocacy role—large or small. Your involvement makes a difference.

Membership

Jane Morse, Co-Chair
morsejanes@verizon.net
Sue Stevens, Co-Chair
snevetss1@gmail.com

As the new co-chairs of the Membership committee, our first official act is to say a big Thank You to Melinda Salzman, our outgoing chairperson. Melinda has led the committee with energy and devotion for several years. We are grateful for her leadership and her generous contribution of time to the Society.

Our second official act is to welcome new committee members Brooke Morrigan, Karen Brandt and Jolie Golumb. We look forward to working together in the coming year.

Autumn brings two annual activities for Society members. First, and most essential, is membership renewal. Keep an eye out for your renewal application and don't forget that renewing by the deadline assures that your listing will appear in the GWSCSW membership directory.

Our other annual autumn activity is the Fall Gathering for new members, which will take place this year on November 7. We hope you'll join us as we welcome our newcomers. If you'd like to help at this event by signing in, greeting or introducing people to each other, let us know.

Finally, our third official act is a two-part invitation. First, we invite you to become a member of the committee as we work to grow and support GWSCSW membership.

Second, if you are unable to join us but have an idea or want to help us in our activities, by all means let us know. We'd love to hear from you.

Professional Development

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

Karen G. Goldberg, Co-Chair
goldbergks@aol.com
301-680-9060

Rather than slowing down during these hot summer days, the Mentor committee has been gearing up for an expanded mission and new offerings to the Society membership.

Going forward into the future the Board has approved renaming the committee as the Professional Development committee. This renaming signifies the committee's more comprehensive objective of offering information, support, and resources for members at all stages of career advancement. In addition, the committee structure has been modified to allow Karen Goldberg to share its leadership with Sheila Rowny, in anticipation of our enlarged role.

The first offering from the restructured committee will be a panel discussion titled *Professional Issues for New MSW Grads* and will take place on September 26, 2:00-4:00 PM at the Bethesda Library. This workshop will be organized by Nancy Meyer and Marilyn Lammert and will focus on issues related to professional identity as a clinical social worker.

continued on page 34

Welcome New Members!

Full Members

Jennifer H. Bissell
Philip B. Callahan
Lenee Essig
Karla Fife
Melanie K. Flossman
Nadine Lavender-Petersen
Dorcas Lushetsky
Evan Marks
Rodney Orders
Christopher Paranicas
Erika Bugaj Petrova
Donna K. Tanner
John Thomas

Graduate Members

Judith Bernstein
Sophia Coudenhove
Rebecca L. Deku
Loretta Fredericks
Suzanne Koopmans
Debra Turkat

Student Members

Erika Carlson
Rosanna P. Farrell
Brooke McGahey
Teresa Méndez

Committee Reports, from page 33

The committee remains committed to providing mentors for any member desiring a one-to-one relationship with a senior level clinician from the Society. Mentors assist newer social workers in managing issues related to licensure, establishing a private practice, developing a professional identity, locating a supervisor, and other concerns related to professional development. By early summer, the committee had received ten requests for new mentors, mostly from new graduates and others who are preparing to start a private practice. Anyone interested in arranging for a mentor can fill out the application provided on the Mentor page of the GWSCSW website. Mentors and Mentees are matched according to location, interest, and types of experience. The committee continues to seek members willing to volunteer their expertise and act as mentors. Please help us out by filling out the mentor application found on the mentor page.

In addition, committee member, Susan Marks, is continuing to hold monthly support group meetings for members interested in starting a private practice. Contact Susan at 703-533-9337 or surobin@comcast.net for further information about the group and meeting times.

Ideas and suggestion for the committee are always welcome, as well as interest in joining our Committee. Please contact Sheila or Karen.

We wish everyone a good summer and look forward to seeing you in the fall!

Newsletter

Jen Kogan
jenko108@gmail.com

This is my last committee report as Caroline Hall and I say goodbye to our co-editor positions and welcome new co-editors, Angela Fowler-Hurtado and Lisa Wilson to the helm.

I want to express my gratitude to Margot Aronson, Susan Post, and Jan Sklennik for their tremendous support during my almost four years as co-editor. I am very proud of *News & Views* as it has consistently published timely and thought provoking articles about clinical practice written by you, our members.

Please continue to share what you find important and interesting by submitting an article to the newsletter. No idea is too small to consider and both Angela and Lisa will be happy to talk with you about your submission. Send your ideas to Angela at angela0614@gmail.com. The deadline for the December issue is October 20. ❖

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If you'd like to subscribe to the listserv, just include that request and we'll put you on the list!

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CLEVELAND/WOODLEY PARK – Bright, sunny freshly painted and carpeted spacious office. One full day and evening available plus extra time and parking included. Please contact Grace Riddell at 301-942-3237.

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NORTH ARLINGTON – Office space for rent in townhouse office building near Arlington Hospital. Flexible hours up to half-time use available. Contact Marilyn Stickle, mbstickle@aol.com or 703-533-1038.

SILVER SPRING – New office suite in downtown Silver spring, near Metro. Bright, comfortable, furnished offices, kitchen, convenient parking. Hourly or daily. Share space with collegial psychotherapists. Contact Kathy Richardson 301.588-4183 or richpoint@verizon.net.

SPRINGFIELD – Nice office space available for clinical social worker in Springfield medical building. Full days including evenings and smaller blocks of time available in office to be shared with another LCSW. Possible referrals. Perfect for someone developing a private practice or for part-timers. Contact Goldye Donner, LCSW at 703-569-6492 or gpdonner@aol.com

TYSONS/WEST FALLS CHURCH – Sunny townhouse office for hourly sublease in suite of therapists' offices with shared waiting room. Near Metro between I-66 and 495. Available 8–9:30 AM daily, evenings after 6:30 PM, Wednesday after 3:00 PM, and all day Friday, Saturday and Sunday. Free parking. Contact Beverly 703 821-3055.

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WOODLEY PARK – Spacious, sunny, furnished office for rent in townhouse steps from Metro. Available most days. Includes waiting room, therapist parking. Call 202-364-6156

EVENTS

SYMPOSIUM – The Baltimore Washington Center for Psychoanalysis and Georgetown University Hospital jointly sponsor *Pain, Poetry and Perception: a Symposium on the Convergence of Neuroscience, Literature and Psychoanalysis* on October 30, 2010, 8:30 am – 12:00 noon at Gaston Hall – Georgetown University. Free to the public. CEUs available for a nominal fee. More information available at registration. To register, visit www.bwanalysis.org and click on LECTURES AND SEMINARS – CURRENT. For more information, call (301) 470-3635 or (410) 792-8060.

GROUPS

FAMILY CAREGIVERS SUPPORT GROUPS – Facilitated by Flora Inghenysz, 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.

NEW GROUPS FORMING! – Reston, Va. *Adolescent Female Survivors of Sexual Assault:* Wednesdays, 7:00 PM. *Children of Divorce:* Mondays, 4:00 PM. *Parent Support Group:* TBD, AM. Call Lisa Snipper, LCSW 571-230-2349.

DISCUSSION GROUP ABOUT AXIS II DIAGNOSES – Suggested time would be Friday noon for 1½ hours, mid-DC location. If interested, contact Marilyn Austin, 301-570-9143, maaustin@starpower.net.

SERVICES

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.

UPCOMING GWSCSW EVENTS

September 26 Issues for Professional Development

Presented by: GWSCSW Professional Development Committee
Time: 2:00 – 4:00 PM
Location: Bethesda, Md.
Info: page 25
For new MSWs. Free for GWSCSW members.

October 1 GWSCSW Membership Renewals Due!

October 1 & November 12 GWSCSW Continuing Education* Grief Support Group Development and Implementation

Presenter: Eileen Stanzione, PhD
Time: 11:00 AM – 2:15 PM
Location: Washington, DC

October 24 GWSCSW Ethics Conference with Frederic Reamer

Time: 9:00 AM – 4:30 PM
Location: Catholic University, Washington DC
Info: page 1, Registration on page 5
6 Ethics CEUs

October 29 GWSCSW Continuing Education* Families of Increasing Complexity: Helping Families Navigate Separation, Divorce, and the Beginnings of Stepfamily Formation

Presenter: Jonah Green, LCSW-C
Time: 8:45 AM – 1:00 PM
Location: Kensington, Md.

November 1 GWSCSW Continuing Education* What is Imago Therapy? Its Theory and Practice

Presenter: Gail Guttman, LCSW-C
Time: 9:30 AM – 4:30 PM
Location: Rockville, Md.

November 7 GWSCSW Fall Gathering of New Members

Location TBD. Watch the Listserv for information

February 4 GWSCSW Continuing Education* Navigating the Workplace: Helping Our Clients Create a Healthy and Happy Work Environment

Presenter: Laurie Emmer-Martin, LCSW-C
Time: 10:30 AM – 12 NOON
Location: Washington, DC

February 8 GWSCSW Continuing Education* Downward Facing Dog: Using Yoga to Turn the Face of Clinical Therapies Upside Down

Presenter: Sharon Hyman, LCSW-C
Time: 9:00 AM – 1:30 PM
Location: Bethesda, Md.

February 18 GWSCSW Continuing Education* Death of a Loved One: Walking with Young Families Through the Experience of Loss

Presenter: Erica Berger, LCSW-C
Time: 9:00 AM – 12:15 PM
Location: Silver Spring, Md.

For current information on events, dates, times, locations go to our website at www.gwscsw.org and click on CALENDAR.
* Complete information for all the 2010–2011 GWSCSW Continuing Education courses can be found on pages 14–16