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It's a Long Time Until Lunch

Sydney Frymire

Since I've left my job in the public sector, I've had occasion to reflect on my experience as a clinical social worker working in the one remaining child and adolescent community mental health clinic in Montgomery County. Many of our clients were foster children in the Child Welfare System. In my experience, I found that, unfortunately, the Child Welfare System, a system created to protect and serve children, often contributes to the suffering and traumatic experiences of children because of inefficiency, bureaucracy and delays.

The Adoption and Safe Families Act (ASFA), passed in 1997, was created to ensure that reunification with biological families be pursued vigorously. It also created time limits for doing this. However, in spite of these regulations, delays, red tape and continuances still allow children to remain in foster care for extended periods of time. To a child, waiting for lunch is a long time. A few months is a very long time to a child. When a child is moved multiple times in the time he or she is in foster care, the impact on the mental health and well being of the child is profound.

The principal way in which children can be negatively affected in foster care is when they are moved from foster home to foster home with little consideration to the mental health needs of the child. In a stable, caring, structured foster home, children often become bonded to their foster parents. For many of them, this is the first time in their lives they have experienced a stable, structured home. Sadly, children are sometimes moved from a foster home for trivial reasons.

James Kenny, PhD and Lori Groves, write in their book, *Bonding and the Case for Permanence*, "Far from a finished product, the child is going through a process which will determine what kind of adult s/he will become, and to what extent s/he will be capable of working and loving. Life pathways for the child are still being fashioned... Basic needs for a secure attachment, health, and safety must come first and provide the foundation for growth. When society removes a child from an unsafe home, society assumes an obligation to make the situation better, to make the birth home a safe one or to find an alternate permanent placement for the child. As society's most vulnerable citizens, foster children should have a primary claim on our collective conscience."

Children's developmental needs endow them with certain basic rights: 1. the right to safe surroundings, 2. the right to uninterrupted significant

continued on page 10

GWSCSW Brunch Meeting

Sunday, March 6

Chef Geoff's Downtown
1301 Pennsylvania Avenue NW
Washington DC

10:30 AM – 1:00 PM

From Clinical Social Work to Clergy: A Professional and Spiritual Journey

Speaker:

Rabbi Stephanie Bernstein, MSW, LCSW-C

Rabbi Stephanie Bernstein will share the story of her mid-life transition from clinical social worker to Rabbi.

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

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GWSCSW NEWS & VIEWS

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

Articles and letters expressing the personal views of members on issues affecting the social work profession are welcome and will be published at the discretion of the editorial board. Signed articles reflect the views of the authors; Society endorsement is not intended.

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

The next issue will be published
June 2011 and the deadline is April 20
Email articles to angela0614@gmail.com

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President's Message

Sydney Frymire



As we stand on the brink of a new decade, we have a lot to look forward to! I thought I'd kick off the new year with ten things coming up for the Society in 2011:

- 1. Our New Website:** Thanks to Irene Walton (vice president of development) and her committee, our new website will soon be launched. This website is designed to be user-friendly, save Jan Sklennik countless hours of work, enhance our programs, and equip us to be better clinicians.
- 2. A Working Budget:** Our bookkeeper, Lori Laporte, and our treasurer, Flora Ingenhouz, have teamed up to produce our first working budget, which goes into effect July 1. This is quite an accomplishment! They depended on the efforts of the newly-formed Budget Committee and input from committee chairs to make it happen.
- 3. New Workshop Leaders:** Our education program, composed of Ruth Ann Stoltzfus (vice president of educational affairs), Marie Chopin (director at large), Joel Kanter (director at large), and their committees, continues to define a loose structure and create systems to enhance offerings of workshops, brown bag lunches, conferences, and social events. They are ramping up efforts supporting members to become workshop leaders. We have created a proposal template (available through the website) to help ensure credentialing and also assign a mentor to work with each workshop leader. We are exploring new technologies for obtaining CEUs for interested members.
- 4. Increased Legislative Impact:** Margot Aronson (vice president of legislation and advocacy) and her committee work tirelessly in the legislative arena, and have made important contributions in DC, Virginia, and in Maryland. The committee has monitored issues related to social work education, public health social workers, mental health clinicians, child welfare, and schools. This year, I'd like us to achieve growing impact, possibly weighing in on a national level on behalf of social workers.
- 5. Focus on Members in the Public Sector:** The fastest-growing segment of our membership works in the public sector. In addition to cuts in salary and benefits, many are struggling to maintain a full-time job while beginning a private practice. Often, they don't have a social worker for a supervisor and need to pay for supervision outside of work. This year, the Society will seek to provide real help for these challenges.
- 6. Increased Member Involvement:** Irene Walton (vice president) and her committee are planning more informal get-togethers, based on areas of expertise and similar interests. These will offer members a chance to meet and support one another. Topics of interest include public health, school social work, child welfare, couples ther-

apy, adult therapy, chronic illness, child and adolescent therapy, and complimentary therapies.

7. **New Nominating Committee and Hospitality Committee:** We will establish a committee to find new officers and committee members, to ensure that we keep growing and developing new ideas.
8. **Fun!** I'm enjoying working with the Board and others. It is rewarding to be involved with such a motivated, effective group.
9. **Networking:** I look forward to getting to know more members personally, and seeing relationships form throughout the membership, as people become increasingly involved in our programs.
10. **Hearing from You:** Please let me know about your ideas and challenges. ❖

GWSCSW Members Who Want to be More Involved

Please join GWSCSW president, Sydney Frymire for an informal
Wine & Cheese Get Together

Thursday, March 10 • 4 – 5:30 PM

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AGENCY ENDEAVORS

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As clinical social workers, the kinds of work we do is varied. While a large number of clinical social workers work in private practice, still a significant number works in agency settings. Though similar in foundation and approach, the populations, presenting problems and tasks of private practice and agency work can differ greatly. This column features a member of our society that currently practices clinical social work in an agency setting and the unique challenges and experiences that encompass that great work.

The Threads of Life

Pat Cole

My life path to becoming a clinical social worker has probably been different from most members of GWSCSW. After college, I was a high school social studies teacher until the birth of my first child (of four). I chose to be a stay-at-home mom and I am thankful for that opportunity. However, to paraphrase Dickens, "It was the best of times (being a mother), it was the worst of times." (I do not miss the carpooling and driving everywhere!)

I have always loved learning and am by nature very energetic and outgoing. As I began the second half of my adulthood, I knew that I wanted to go back to school. I had finally decided (at age 52) what I wanted to be when I grew up—a psychotherapist. After research and networking I started toward my goal at NCSSS at Catholic University. I graduated in 1998 and began working where I had completed my second year field placement—Catholic Charities Family Services Department, Diocese of Arlington, Virginia. Presently, I have been employed here for over twelve years as a psychotherapist and assistant program director.

We are an outpatient mental health agency serving the community regardless of religion, ethnicity, race, disability, or ability to pay. Our agency mission states: "Catholic Charities seeks to implement the church's mission of social justice in the Diocese of Arlington in ways that strengthen individuals, families and communities." Hooray! I had found my place to make a difference in this world.

As in most non-profit settings today, the demand for services is increasing at a faster pace than our resources. Our waiting list has grown, while the community resources have decreased. We are also seeing an increased severity in the presenting problems of our clients. It seems that the economy has been hardest on the most vulnerable of our community. Why, then, would anyone want to work in this demanding and

stressful place? In a word, the answer is the people—both the people who work here and the people whom we serve.

Working with others who share a common vision and goal is inspirational. We are over 20 clinicians working in five locations and represent numerous mental health professionals. We are psychologists, licensed professional counselors, licensed marriage and family therapists, licensed clinical social workers, and a consulting psychiatrist. We have weekly staff meetings, weekly supervision, and agency provided continuing education opportunities. The collegial spirit creates a welcoming work environment. This supportive work atmosphere helps us as therapists be fully available and present with our clients and also provides a safety net to avoid compassion fatigue and burnout.

As an accredited agency we are committed to the highest quality of professionalism. Our clients receive professional, competent therapy of the highest standards rooted in the dignity of the persons we serve. Being employed by an agency facilitates collaboration and collateral contacts with the larger community. We receive many referrals from within the Catholic community, such as local priests and parishes, and Catholic schools, but also from other local community service providers.

In many ways my life experiences as a mother and grandmother have prepared me well to be a therapist. I strive to create a safe holding environment for my clients and nurture the therapeutic relationship as the cornerstone to meaningful change. I especially value working at Catholic Charities because the agency mission and my own personal vocation are congruent. Interestingly, my prior teaching career has also proven to be a valuable skill. Over the years I have supervised second year graduate students from area schools. One of the aspects of my job that provides me tremendous

joy and personal satisfaction is the ability to give back to our professional community by helping graduate students develop their professional identity and competency.

Looking back, it seems to me that the threads of life have a way of interweaving to create a tapestry that was not evident at the beginning of our journey. Working as an agency clinical social worker at Catholic Charities Diocese of Arlington has tied up the loose ends of my life and provided me with a deep sense of purpose and accomplishment. ❖

Pat Cole, LCSW is a psychotherapist and assistant program director at Family Services, Catholic Charities Diocese of Arlington. She graduated from Marymount College in 1966 and obtained her MSW from Catholic University in 1998. She has four children and six grandchildren. Her email address is pcole@ccda.net.

GWSCSW Members Working in Agencies and the Public Sector

Please join GWSCSW president, Sydney Frymire for an informal
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ADVOCACY & LEGISLATION

■ MARYLAND

Alice Neily Mutch

The 2011 legislative session is now underway, and thus far it looks to be a productive 90 days. Happily, we've done enough planning to be ready to respond as the session heats up.

Although our Howard University intern, Ramona Wilson, is now a graduate with an MSW, she continues to be actively involved on the Maryland Clinical Social Work Coalition as a GWSCSW committee member. It will be a pleasure to have her energy and enthusiasm.

We anticipate having a new Howard intern next semester. In the meantime, however, we have the help of two professionals who are interning with your lobbyist: Sally Lane Smith, whose expertise lies in managed care with the Massachusetts health system, and Maureen Dodd, whose primary expertise is law, liability, and health systems. More about them can be found on the Capital Consultants of Maryland website.

As you know this session is expected to be very challenging for all providers in health care. Part of our preparation has been our grassroots letter writing initiative to introduce clinical social workers and your issues to the newly-elected legislators: 47 senators and 141 delegates. Many of you took part, and quite a few legislators responded with interest, providing us with visibility and the potential for developing working relationships as specific issues arise.

A second initiative is one we hope will become an annual event. Our coalition is co-hosting a private dinner at the Annapolis Yacht Club for two key legislators who have been good allies in the past: Melony Griffith of Prince George's County (a clinical social worker) and Shirley Nathan-Pulliam from Catonsville west to Ellicott City (a leader of the Black Caucus). These delegates will speak on the challenges of the 2011 session, especially the budget, and what that will mean for clinical social workers, our clients, and mental health and substance abuse disorders treatment in general. Fifteen GWSCSW and MSCSW members who have demonstrated an interest in Maryland legislative affairs will take part as we ask questions, discuss issues, educate ourselves, and build good will.

The Maryland 2011 General Assembly will adjourn April 11. Coalition meetings are planned for the mornings of February 28, March 14, and March 28, with a wrap-up on April 14; the venue is the office of your lobbyist on Duke of Gloucester Street in Annapolis. Contact your legislative committee chair, Margot Aronson (malevin@erols.com) to take part or to come and learn. ❖

Alice Neily Mutch of Capital Consultants of Maryland is lobbyist for the Greater Washington and 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

As of this writing, the Virginia General Assembly has before it House Bill 2037 to provide for "Social Work Title Protection." The legislation, requested by NASW-VA, is intended to prevent the use of the title "Social Worker" by most, but not all, individuals who lack a degree in social work. Your Society, working with the Virginia Society for Clinical Social Work, intervened in the legislative process to separate the new provisions from those governing licensure of social workers, thus avoiding what could have created dangerous confusion.

HB 2037 was introduced in the House of Delegates by Delegate Chris Peace of Hanover County, and passed, on January 21, by a vote of 91 to 4. Before consideration by the Senate, however, the bill will be revised, as suggested by GWSCSW and VSCSW.

The official HB 2037 summary is as follows:

Provides that it shall be unlawful for any person not licensed by the Board of Social Work to use the title "Social Worker" in writing or in advertising in connection with his practice unless he simultaneously uses the clarifying initials signifying a degree in social work. The bill provides exceptions for federally required and defined social workers in nursing homes and hospices and has a delayed effective date of July 1, 2013.

The purpose of the initiative is described by NASW-VA: "To ensure that only professionals with Social Work degrees or licenses can hold the title of Social Worker. At present, individuals without a degree or license in Social Work may refer to themselves as 'social workers'

in many settings. Oftentimes, consumers are unaware that these 'social workers' may not actually be trained to provide the same level of services a degreed Social Worker can, which takes away the opportunity for consumers to make an informed decision about their care. This is especially dangerous for vulnerable populations such as children, the elderly, victims of violence, etc."

Addressing GWSCSW and VSCSW Concerns

The clinical societies of both Greater Washington and Virginia have, from the beginning, been strongly supportive of Title Protection. However, the designated placement of the Act, as originally proposed, was quite troublesome. It is critically important that the distinction between an unlicensed social worker with a social work degree and a licensed social worker with specific credentials and a carefully regulated scope of practice be crystal clear—to social workers, to employers, to administrators, and to the public at large. A social work education requirement and title protection should NOT create the impression that anyone who is a social worker is qualified to conduct mental health treatment.

The clinical societies' legislative committees worked tirelessly behind the scenes, separately and together, to ensure that gaining social work title protection would not threaten and ultimately undermine the social work licensing law. As a result of their efforts, Delegate Chris Peace has agreed, as of this writing, to designate a new section under 54.1-3600 for HB 2307, thus keeping the Social Work Title Protection Act separate and distinct from the Social Work Licensure Act.

[Editor's note: The effectiveness of the committees' advocacy came in large measure thanks to the extremely helpful guidance from Chris Spanos, our lobbyist, and equally helpful consultation with Laura Groshong of the Clinical Social Work Association, the national organization with which GWSCSW and VSCSW are affiliated. This effort to keep general social work title protection out of the LCSW section of Virginia Code also represented a real step forward in terms of collaboration between the two societies, in coordinating their strategy and communicating with each other, other groups, and legislators effectively.]

Unlicensed, but degreed, individuals may still be called Social Workers; the Title Protection Act does not address the issue of the many social workers in Virginia who—by Virginia law—are exempt from licensure because they work for Virginia social services, or for hospitals or non-profit agencies. (See the Virginia Board of Social Work's *Report on Practice of Social Work*

at <http://www.dhp.state.va.us/social/> for an excellent discussion of this issue.) However, HB 2307 is a major step forward in recognizing social work as a profession.

Virginia Health Reform Initiative

In another area, Virginia is moving forward to be ready to implement the national Affordable Health Care for America Act; the Governor's Cabinet Secretary for Health and Human Resources has made a presentation to the House Committee on Health, Welfare & Institutions and the House Committee on Appropriations on health reform initiatives. At the same time, in a separate branch of government, Virginia's Attorney General has joined several other states in an attempt to overturn the Act as unconstitutional.

Virginia, like all states, expects to experience a significant increase in the number of citizens who gain health insurance and will be covered under Medicaid. The Department of Medical Assistance Services, the medical agency for Virginia, expects close to a million individuals to be added to the Medicaid program. ❖

Government and Public Affairs Counselor Chris Spanos is the legislative lobbyist for the Greater Washington and Virginia Societies for Clinical Social Work.

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■ DISTRICT OF COLUMBIA

Margot Aronson & Mary Lee Stein

On the assumption that—notwithstanding a recent ruling by a Federal Court in Florida—the health care Act passed last year will be upheld, states and local governments are now looking closely at various benchmarks developed for use in designing the health insurance marketplace “Exchanges” mandated by the Act. Of particular interest are those developed by Families USA for use by states and consumer advocates to implement the Act. In the District, Council Member David Catania is to hold hearings late in February. We clinical social workers have a unique opportunity to be as involved in this process as we choose to be, by working and meeting with Families USA staff and other healthcare advocacy groups. Please contact Mary Lee Stein (mlsmw@aol.com) if you wish to get involved.

GWSCSW Offers Testimony

New leadership on the District of Columbia Council has opened a door for the Society to speak out about some serious social work issues.

Our first opportunity came on February 3, when Councilman Jim Graham, the new chair of the Committee on Human Services, asked community advocacy groups about their concerns with regard to the agencies over which the committee has oversight: Child and Family Services Agency (CFSA), the Department on Disability Service, the Department of Human Services, the Department of Youth Rehabilitation Services, and the Children and Youth Investment Trust.

Our testimony centered on CFSA and the importance of the extraordinarily difficult and emotionally draining services of social workers in child protective services. We wrote of our hope that Graham’s committee will be diligent in its oversight of the Agency, and will help the administration respond to problems with understanding, appreciation, and an investigative, problem-solving attitude. We noted, too, our distress over the treatment of the CFSA workers who were

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turned into scapegoats and fired precipitously by our former mayor in the immediate wake of the Jacks/Fogle family tragedy. Despite a series of rulings in favor of reinstatement of the workers, the case is still—three years later—awaiting hearing at DC Superior Court.

Board of Social Work Oversight

We have frequently written here about problems associated with the removal of the Board of Social Work, four years ago, from the oversight of the DC Council committee which has oversight on all the other licensed health professions.

GWSCSW has lobbied persistently, particularly during the transition period after last November’s election, and ultimately Councilman Tommy Wells, whose Committee on Human Services had been assigned the oversight authority, agreed to take action to restore the Board to the Committee on Health. However, with the reassignments of January 3, Councilman Jim Graham became chair of the Committee on Human Services – and, not surprisingly, he wanted to learn more before making any changes.

Graham has scheduled a hearing for February 22, and GWSCSW will, by the time you read this, have testified as to the importance to our profession, to the Council, and to the public of restoring our Board to its appropriate place with the other licensed health professions. It is our hope that, as you read this, the restoration will have been approved.

Danille Drake Appointed to Advisory Council

Longtime member Danille Drake has been appointed to the Clinical Subcommittee of the Advisory Council of the DC Department of Health. The Clinical Subcommittee reviews health and mental health cases for which insurance companies have denied authorization for continuing treatment. Their recommendations to the insurance companies are not binding now, but will be as of July 1, 2011. Clients/patients can appeal to the DC Department of Health once they have exhausted the insurance company internal appeals process, under the guidelines of limited information insurers can request. The phone number for Associate Health Care Ombudsman Charlita Brown at the DC Department of Health is: 202-724-7491. ❖

Margot Aronson, LICSW, a past president of GWSCSW and currently the legislative chair, maintains a private practice in the District of Columbia. Mary Lee Stein, LICSW, is Secretary of GWSCSW. She also has a private practice in the District.

GWSCSW Member Survey Results

By Joel Kanter

In December 2010, the GWSCSW did an e-survey of our members and received 161 responses. Below are some highlights of the responses.

Length of membership in GWSCSW

- Under three years: 34%
- Three to six years: 34%
- Over six years: 51%

81% of new members learned about GWSCSW from colleagues

When did you receive your MSW?

- Before 1980: 22%
- Between 1980–2000: 53%
- After 2000: 23%

89% of members are licensed at highest level in their state

GWSCSW membership benefits deemed “very important”:

- Listserve: 88%
- Continuing Education: 56%
- Newsletter: 48%
- Networking: 62%
- Legislative Advocacy: 52%
- Licensing Issues: 61%

How members communicate with GWSCSW:

- Listserve: 97%
- Newsletter: 87%
- Website: 17%

64% percent of members attended a GWSCSW activity in past year

96% of members who attended educational offerings stated it met or exceeded expectations.



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Long Time Until Lunch, from page 1

relationships, and 3. the right to a permanent home. A child has the right to the ability to maintain significant relationships, free from abuse and neglect. Bonding with significant attachment figures, like foster parents, may be more significant to the child than kinship. Moving a child from such a bonded relationship is traumatic.

There is statistical evidence to support an increase in mental illness, crime and homelessness when children are moved repeatedly and significant bonds are broken. When bonds are threatened or severed, trauma results for the child. Most of the children I've worked with have already experienced years of significant abuse, trauma, homelessness and exposure to violence, before entering foster care. Moving from foster family to foster family only adds to the traumas for the child.

Healthy bonding relationships, when they happen, are critical in child development. Ainsworth (1993), Mair (1994), Keck (1995), Holmes (1996) and Hughes (1997) all discuss the dire consequences of the disruption of bonding.

Iwaniec's 2006 review of research lists some of the dire consequences that follow disruptions: reduced capacity to form meaningful emotional bonds with others; development of a fragile self; negative self-evaluation; dysfunctional cognitions; and impaired repertoire of defenses and coping strategies.

The American Academy of Pediatrics issued a report in 2000 stating:

A child who is well adjusted in the beginning may give up after facing too many crises; they simply shut down. Why bother adjusting or bonding again? It becomes too painful to attach if one must face the crisis of loss again and again. The child may grow to anticipate rejections and loss. Each loss leaves behind incremental wounds that block the child and leaves a heavy toll on human health and well being. If at all possible, it is best if the child can remain in the same school as s/he is probably bonded to the school, teachers, counselors, and other children. Changing a child's foster home unnecessarily has serious consequences and long-term detrimental effects. Interrupting bonding again and

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again may cause serious and lasting damage to a child. Unresolved separation, delay, loss and multiple placements interrupt bonding which can lead to psychopathology, aggression, problems in school, problems in the community, loss of capacity for intimacy and mental illness in adolescence and adulthood.

Moving a child from a bonded relationship is traumatic even when handled therapeutically. If a child must be moved from one foster home to another, it is paramount that it be done in a planned, caring way. This would involve a team approach between child welfare workers, foster parents, mental health providers, and other people involved to insure the transition is as smooth as possible. Unfortunately, mental health providers are often not considered major players in the decision-making process, even though they are involved in treating the various childhood mental illnesses, supporting the foster parents, and often acting as a liaison between the mental health system, foster parents, courts, school system and child welfare agencies.

When a change in foster homes is necessary, the child needs to be prepared by visits between the child and

the new foster parents over a two or three week period of time. Ideally, the move should not occur around major events, such as the child's birthday, major holidays or during the school year. If possible, it is best for the child to remain in the same school, since s/he is probably bonded to the school, teachers, counselors, and other children. It is optimal that the child be encouraged to maintain relationships with the previous foster parents as well as her/his biological family. Even under the best circumstances, the child will be disoriented, confused and feel abandoned again.

As social workers, we are in a unique position to work together to advocate for the mental health needs of children. Now that there is considerable scientific research and knowledge available about how relationships function, how parents shape a child's developing self, how the brain develops, what fosters violence in children and how modern society dangerously disregards the mental health needs of our children, we can start to make changes to support the mental health needs for children. We need to listen to them and find the courage to advocate for them within the child welfare system. ❖

Sydney Frymire LCSW-C, Certified Life Coach & Associates, serves individuals, couples, and children. www.positivedevelopmentforourchild.com.

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Caravel Institute: Helping to Bridge the Gap Between Cultures

Malgorzata G. Booth

The Caravel Institute was launched two years ago by Multicultural Human Services, a program of Northern Virginia Family Services, with funding from the Robert Wood Johnson Foundation. The goal of The Caravel Institute is to create a collaborative training environment for human service professionals by establishing a nationally recognized online learning center and customized training programs that enable them to better serve multicultural communities. The Caravel Institute's primary aim is to teach the principles and "how-to's" of cultural competence to private practitioners, social services providers, mental health professionals, school guidance counselors, law enforcement officials, and family service providers.

The Caravel Institute's practical, experience-based solutions are designed to address a whole host of complex problems such as cultural barriers, language deficiencies, acculturation difficulties, and multicultural service delivery in health, mental health, and other human services settings. These solutions include:

■ **E-Learning:** Classes are taught in an interactive webinar format allowing participants from all over the country can discuss issues, ask questions, and receive valuable take-away materials. Pre-recorded lessons and self-study materials are also available, and past classes are posted online for purchase. A variety of workshops and tip sheets are available for a nominal fee.

■ **Online Knowledge Center:** Information is available on a wide range of culture-related concepts including, but not limited to, detailed information on specific ethnic communities, advice regarding interpreters, the reality of traumatic events and torture, and psychological traits. Valuable learning material will be regularly posted and updated on the website.

■ **Tip Sheets:** The Caravel Institute offers downloadable guides for working with cultural minority populations and addressing specific diversity topics, written by experts in the appropriate field of study.

■ **Message Board:** The ability to exchange experiences and unique knowledge is essential for human service professionals to stay current in their field of work. With this in mind, Caravel is establishing an on-line community message board where members will be able to share their knowledge and experiences with regard to their dealings with minority cultures.

■ **Continuing Education (CE) Credit:** For those seeking continuing education credits, The Caravel Institute will offer a unique and diversified portfolio of classes and the flexibility of fulfilling their educational requirements without ever leaving their office or home.

The ultimate beneficiaries of Caravel's educational programs and knowledge center are the minority clients of human services professionals and agencies. Caravel's goal is to empower these professionals and agencies to reach beyond cultural and language barriers. If you are interested in partnering with The Caravel Institute as a sponsor or trainer, please contact us at info@CaravelInstitute.org. ❖

For more information on The Caravel Institute, visit our website, www.CaravelInstitute.org, or email us at info@CaravelInstitute.org. Established in 1924, Northern Virginia Family Services is a private, non-profit community service resource dedicated to helping individuals and families find affordable housing, counseling and child-care, access low-cost medical and dental services, utilize foster and respite care, participate in job training, and more. For more information, visit www.nvfs.org.

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A Belated Response to a Thoughtful, Relevant Post on the Listserv

By Julie Lopez

On January 11, 2011 Joel Kanter posted the following to the listserv:

Hi: I know there are many in the GWS who specialize in "trauma". I'm curious what colleagues who work in this area think about the need to differentiate between different types of trauma histories in the treatment process: child abuse, torture, crime victim (non-sexual), crime victim (sexual,) incest, wartime refugee, accident victim, catastrophic events (fire, hurricane, tsunami, etc), sudden loss of loved one (i.e. murder), homelessness, sexual harassment. What are the similarities and differences in the treatment process for these diverse experiences?

As someone who specializes in the treatment of trauma, I remembered seeing this post (as I quickly scrolled through so many) and thinking, "Wow, this is a very thoughtful and relevant question!" So I kept it in my inbox, with the intention of sitting down to write an equally thoughtful response. That moment never came and then I noticed no one responded. I was puzzled, but then I imagined there were many like me who had a lot to say but, because the answer is complex, were thwarted in their attempts to respond.

Here is my answer.

Like trauma recovery itself, the answer to Joel's question lies in the gray. What I mean by this is that everyone who experiences trauma struggles with the dichotomies of life. It is a natural survival instinct. Will I live or die? Will I have power or be powerless? Are you a friend or a foe? Am I safe or unsafe? In the intensity of the traumatic experience, this is the way ones system postures for survival. Do I kill or be killed? Jump from the plane or crash? Decisions made in a split second become life or death; life giving or life taking.

The dysfunction that arises from PTSD or other traumatic responses can all be traced back to this essen-

tial dilemma: the dilemma of all or nothing thinking. Yet most of everyday life lies in the in-between. You are my friend and you hurt my feelings. A car could crash into you as you walk on the sidewalk but it probably won't. Someone could attack you at any time, but it is unnecessary and unhealthy to posture for that every second of the day because the essential elements of living become impossible.

However, for the trauma survivor, the three natural groupings of responses come up in a nanosecond. Our bodies get "stuck" in the most primal of drives—survival. Physically, emotionally, spiritually, our system responds. It responds in ways that are normal and can be put into three different categories: 1) avoidance response, 2) re-experiencing response, and 3) arousal response.

We avoid in order to stay on the "on" side of the switch, i.e. I won't go outside because then I can't be attacked. We re-experience in order to feel "safe" not "unsafe". Our bodies' innate drive to be healed always seeks to repair injuries, physical and emotional alike. In re-experiencing, the body is naturally trying to express the traumatic experience in the effort to heal and feel a sense of safety

in the world rather than feeling unsafe. The arousal symptoms also come out of the dichotomy of what it means to be traumatized. Because the only states available feel like alive or dead, anything even slightly representative of danger, i.e. the lights going out all of a sudden, a car backfiring, someone accidentally bumping into you, can trigger the body's limbic system (fight/flight) and the trauma survivor finds themselves in a state of arousal.

Please note that none of these responses are voluntary. They are instant and automatic responses of our system to trauma. These responses are rooted in an all or nothing paradigm that is normal. Ultimately, healing is about the integration of experience in order to facilitate a flexible and open posture as opposed to the contracted and rigid posture that naturally comes out of terror.

My answer to Joel's question then is that understanding the many possible normal responses to trauma is essential to successful treatment of trauma. Regardless of type of trauma history, understanding the common factor, which is the human experience and responses to traumatic events, is crucial. This truth would transcend the different

types of trauma histories. This then, would lend a vote towards the idea that it is unnecessary to differentiate between types of trauma history in the treatment process.

Being able to identify, normalize and treat any symptoms arising out of avoidance of stimuli related to the trauma will facilitate integration and healing. Being able to recognize the ways that the client is re-experiencing their trauma, regardless of type of trauma and then to apply techniques for minimizing those experiences would also facilitate healing. And lastly, seeing where the arousal symptoms are present, identifying what these are for the client, and then treating them is possible regardless of type of trauma history.

However, the process of normalizing, creating support, reducing the feeling of isolation, instilling hope and creating a general container for healing work is essential in the treatment process and this process is based on creating safety. The ability to share statistics, stories of survival and of healing that are specifically based on the client's specific trauma history greatly improves all of those factors related to creating safety.

My "simple" answer (HA!) to Joel's complicated question: There is not a "need" to differentiate between types of trauma history in the treatment process but it is very, very helpful to be able to do so. For each individual, healing from trauma is as complicated and unique as each individual experience, as each individual person.

How's that for gray? ❖

Dr. Julie Lopez is the founder and director of The Viva Center, an empowerment based, trauma informed treatment center that is dedicated to facilitating optimal living in those who enjoy services there.

SOUNDING BOARD

.....

This post inaugurates a standing column, and invites members to air impressions of popular culture including social work-informed responses to news, commentary, movies, books, and music.

Don't Wait for Superman

Lisa Wilson

Like many Society members, I work with urban children. This involvement motivated me to see *Waiting for Superman* - and also informed a strong reaction to the film. I share it here in hopes that other members might respond with their impressions of this or other messages in the media that are relevant to our work.

I went to the film hoping for new insights that could help improve our schools. I was disappointed, as the film seemed bent on offering up teachers as a scapegoat for failing U.S. schools - a simplistic notion that is neither new nor helpful. But the film also injected an implicit and toxic subtext: that parents are already doing all they can to equip children to learn, and are therefore powerless in the face of deadbeat teachers serving as the stingy gatekeepers of education.

15 years of working in public schools with underserved children provide me with ample anecdotal evidence that this is not the case. And in terms of hard evidence, the data walls maintained by every teacher in every DC public school to track student achievement exhibit a level of statistical integrity that puts the crayon-drawn graphs in the film to shame. The film offers "data" so stripped of context that it is meaningless - but lends a flimsy pretext of objectivity to support its point.

In reality, education is a complex proposition, and schools serve as a microcosm in which all of our most entrenched and difficult societal problems are played out in classrooms every day. It is unrealistic and counterproductive to single out teachers and hold them in the harsh spotlight without demanding equal accountability from administration, parents, children, and community members. Each plays a role in education, and each must do its part. When education truly becomes a shared undertaking, with every member assuming appropriate responsibility, there will be no need to turn the screws on teachers. And no need to wait for Superman, as we will find him already in our midst. ❖

Lisa Wilson, LICSW, began her professional life as a teacher and transitioned to school-based social work. She currently works full-time with military families and participates in DC Promise Neighborhood Initiative, serving Ward 7 youth (www.dcpni.org).

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OUT & ABOUT

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

Emily Brown was invited by Reach Community Services Society in Singapore to provide three days of training for therapists on addressing the issues involved in infidelity. She was also asked to present a half-day public forum in Singapore on strengthening the emotional connection between spouses. While there, she was involved in writing and editing a brochure distributed at the public forum, and did several PR interviews.

Danille Drake was appointed in January to the Clinical subcommittee of the DC Department of Health's Clinical Subcommittee of the Advisory Committee. This committee reviews mental health cases which have been rejected by insurance companies for authorization of continuing treatment. Danille has graciously stepped in to represent the Greater Washington Society for Clinical Social Work, and will continue to serve as our liaison to the Confidentiality Coalition.

Jan Freeman is now on the faculty of the Psychotherapy Training Program of ISSTD, the International Society for the Study of Trauma and Dissociation, and is teaching the year-long Standard Course on working with Complex Trauma and Dissociative Processes with Dr. Joan Turkus. The class of 12 filled up very quickly and has a waiting list for next year. An advanced course is being considered for next year.

Jan Freeman was invited by the Washington Center for Psychoanalysis to act as co-coordinator of their Annual Film Series this year. This year's theme is trauma and seven films were chosen on topics ranging from relational trauma to war trauma with expert discussants for each film.

Sydney Frymire gave four talks recently about the *Trek of Your Life* voluntourism trip to Nepal. She currently has enough signed up for the next trip in October.

Laelia Gilborn joined the social work staff at Children's National Medical Center in October, and is working in the cardiology intensive care unit with both inpatients and outpatients and their families.

Judy Wendkos Liss was interviewed for an article on kids with food allergies. The article titled "Get Serious About Food Allergies" appeared in the January 2011 issue of *Washington Parent Magazine*.

Julie Lopez opened The Viva Center this fall in Dupont Circle. It is a collaborative holistic clinical practice that is empowerment-based and trauma-informed. Offerings include massage therapy, EMDR, neurofeedback, cranial sacral work, movement therapy as well as low cost workshops for the community. Acupuncture and yoga will be coming soon.

Ruth Neubauer, now living in Denver, Colorado, gave an interactive presentation on *Teaching Psychoanalytic Ideas to Non-professionals* at the IFPE (International Forum for Psychoanalytic Education) conference in Nashville this past October. Topics covered include: *The Unconscious; Defenses; Repetition Compulsion; Family Systems and Its Impact; Transference; Resistance; Relationships between Grieving, letting Go and Moving On; Difference between Mourning and Depression; and The Importance of Putting Feelings into Words.*

Robert Scuka had an article published entitled "'That's Just Who I Am.' How the Ambiguities of Language Influence Our Concept of Personality and Negatively Impact Couple Relationships," in the *Journal of Couple and Relationship Therapy* 9.1 (January-March 2010): 16-30. Rob also had a second article published entitled "The Rationale and Principles of Effective Limit Setting in Child-Centered Play Therapy, Filial Therapy and Parenting Education," in *Play Therapy Magazine* 5.2 (June 2010): 10-14. The latter article can be downloaded as a PDF file under "Research and Resources" at www.nire.org. ❖

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GWSCSW Course Offerings 2011

This flyer describes the 2011 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: Marie Choppin, mchoppin.lcsw-c@verizon.net, 301-625-9102.

GWSCSW Study Groups

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

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

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

1. Learning objectives
2. Education content, including a bibliography
3. List of participants
4. List of attendees for each meeting
5. Evaluation forms from each attendee at the end of the academic year
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■ 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: 4501 Connecticut Avenue, Suite 223
Washington DC

Instructor: Adina Shapiro, LCSW

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

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

CEUs: 3 hours

■ 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)

■ What is Imago Therapy? Its Theory and Practice

This one day workshop will provide you with an introduction to the theory and practice of Imago therapy. Imago therapy is a form of objects relations 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: **Friday, April 1, 2011**

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

■ 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 sex therapy is, 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



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

GWSCSW BOOK CORNER

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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

Navigating Emotional Currents in Collaborative Divorce: A Guide to Enlightened Team Practice *Kate Scharff and Lisa Herrick*

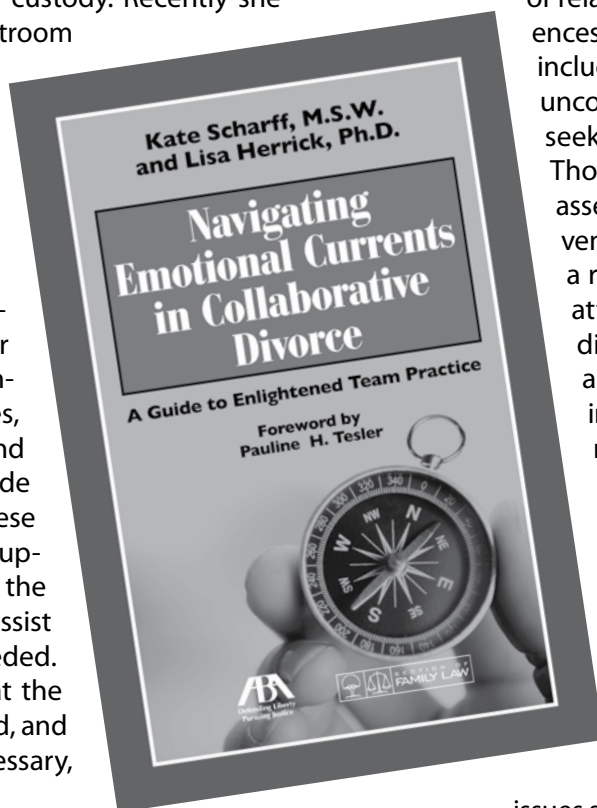
Much of the work of GWSCSW member Kate Scharff's private practice has been embedded in the legal system, as she often deals with issues related to divorce, separation, and child custody. Recently she has shifted away from the courtroom and increasingly toward collaborative divorce, a movement that has grown in popularity in the past five to ten years. Scharff described how the process of collaborative divorce begins when a divorcing couple hires specially trained attorneys. One or two mental health professionals experienced with families, child development, divorce and parenting plans work alongside the lawyers as coaches. These coaches provide individual support to the couple, facilitate the process of divorce, and assist with parenting plans as needed. All involved parties agree that the legal system should be avoided, and if court eventually seems necessary, new attorneys are retained.

Scharff explained that the idea for a book about collaborative divorce arose as a result of her speaking and teaching engagements. Both lawyers and mental health professionals seemed hungry for more knowledge, as they often approached her following presentations to ask for additional information about mental health and collaborative divorce. After several of these encounters, she and co-author Lisa Herrick wrote *Navigating Emotional Currents in Collaborative Divorce: A Guide to Enlightened Team Practice*.

Navigating Emotional Currents in Collaborative Divorce focuses on a variety of topics relevant to both mental

health professionals and lawyers. The first section of the book explores individual development with a spotlight on the digestion of early experiences. Later modes of relating are linked to these experiences. Couple formation is discussed, including the ways in which couples' unconscious internal organizations seek out and interact with others. Thoughts are shared on how to assess a couple's capacity for interventions. Another chapter outlines a rigidity/ flexibility continuum in attempts to explain personality disorders, and some techniques are suggested for working with individuals depending on placement on the continuum. Many vignettes are included, featuring those who have been successful and those who have struggled in the process of collaborative divorce.

Scharff is president-elect of the D.C. Academy of Collaborative Professionals. In addition to working with issues surrounding divorce and separation, she maintains a general psychotherapy practice in the local area. ❖



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COMMITTEE REPORTS

CEU Committee

Marie Caterini Choppin, Chair
mchoppin@counselingforcontentment.com, 301-625-9102

The CEU Committee is pleased to welcome Terry Ulman, LCSW-C as a new member of our group. We are all working hard at firming up the types of courses to offer and recruiting members to present. We hope to offer a variety of courses this next academic year including *Ethics Regarding Record Keeping, Supervision, Private Practice Marketing, Interpersonal Therapy* and *Working with Aging Populations*, to name a few. We will be posting information on the listserv to let the members know for what types of courses we still need presenters. There will also be a proposal template on the website which can be downloaded and used to submit a proposal to the committee in order to ensure that all the information we need is given to us for review. This should be ready by February.

We encourage any of you who are interested in presenting to submit a proposal, even if it may not be for a course we had planned to offer. Contact me if you are interested in presenting. We are always open to new ideas and encourage members to try this experience. We will also be offering mentorship for this process; so for those who are new to presenting, this is a wonderful opportunity to try it out with the support of a seasoned presenter.

If you have any questions or feedback for the committee, please feel free to contact me at mchoppin@counselingforcontentment.com.

Legislation & Advocacy

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

This newsletter will be distributed at the height of the 2011 Virginia and Maryland legislative sessions, and meanwhile, in the District of Columbia, we have the excitement of a new mayor, a new Council chair, and new assignments for Council members. Read the legislative pages in this newsletter—you can be assured that GWSCSW subcommittees for each jurisdiction have been running at full tilt.

Our Virginia subcommittee—Alice Kassabian, Emily Brown, Dolores Paulson, and Mark O’Shea—have been engaged in conference calls; writing letters; consulting with social work legislative guru Laura Groshong, from the national-level Clinical Social Work Association; developing a coordinated plan with the Virginia Society for Clinical Social Work; and taking action speaking out for clinical social work on a major licensing issue. Interested in joining them? This is a great group, and an ideal time to see how it’s done and to be part of the action.

Both the DC and Maryland subcommittees need more GWSCSW member participation if they are to stay viable over the next few years. Insurance and managed care? How health care reform will take hold in the District and in Maryland State? License and continuing education changes? Treatment access for youth, for the elderly, for minorities? Choose your issue; there’s so much to work on. We look forward to hearing 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

In order to get a head start on 2011, The Professional Development Committee met in early December 2010 to discuss ideas and plan professional development activities for the upcoming months. The Committee extends an appreciative welcome to new member, Pam Thielmann and to Betsy Carmichel, who is resuming her work with us after time away tending to her expanded family.

Committee member Susan Marks is starting a new support group for members seeking to start and/or build a private practice. Susan’s groups have been well attended and provide information, as well as discussion and encouragement. The group will meet monthly at a location convenient to those interested. For further information, contact Susan at 703-533-9337 or at surobbin@verizon.net.

Two Sunday afternoons of panel presentations and discussion are currently in the planning phase. The first, *Getting Started in Private Practice*, will be held on March 6, 2–4 P.M. at the Bethesda Library. The second is scheduled for early April and will revolve around challenges in starting out as a newly graduated social worker. This session will follow-up on the fall 2010 program, *Professional Issues for New MSWs*, as well as cover additional content areas. Keep an eye

continued on page 22

Committee Reports, from page 21 out for more specific information coming soon. Anyone interested in helping to organize the March program or participate on the panel can contact Sheila Rowny; for the April panel, the contact person is Karen Goldberg.

Mentors are available through the Committee for members interested in a one-to-one relationship with a senior level clinician from the Society. Mentors provide guidance to newer social workers in dealing with concerns related to licensure, establishing a private practice, employment, securing supervision, consolidating professional identity and other questions related to professional development. Mentors and mentees are matched according to location, interests and types of experience. Applications for a mentor can be found on the mentor page of the GWSCSW website. Members, who are willing to offer their expertise and serve as a mentor, can also find the application on the mentor page of the website.

The Committee is also exploring ways to expand awareness of its offerings and thereby also promote familiarity with the Society as a whole. Anyone interested in contributing ideas and/or partici-

pating on the committee or work on one of its projects, please contact Sheila or Karen.

Newsletter

Angela Fowler-Hurtado, Co-Editor
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As recent co-editors of *News & Views*, we are focused on bringing you relevant, thought provoking, and engaging articles and information. We are excited about the recently added Agency Endeavors and Sounding Board columns and hope to bring other new columns and themes in upcoming issues. We welcome any thoughts or ideas you may have for future newsletters. Please contact us.

Included in this issue are some guidelines for articles and *Out & About* submissions. If you would like to contribute in the next newsletter, please contact angela0614@gmail.com. We are more than happy to discuss ideas and help with the writing process. The deadline for the upcoming June issue is April 20. We hope to hear from you! ❖

Welcome New Members!

Full Members

Vicki Allen
Liz Craig
Kara B. Falck
Beth Kanter
Kate Kelly
Deborah Meisel
Lisa Povich
Emma Ridgway

Graduate Members

Hannah F. Braunstein
Rebecca Gradler
Cheryl Hughes
Leslie Kaliner

Student Member

Xue Snowy Han
Donna Tish

News & Views Submission Guidelines

We welcome GWSCSW members to write articles, contribute in one of the columns, and to share your news in *Out & About*. Below are a few guidelines to keep in mind.

Articles – Focus on your area and expertise of practice, ethical dilemmas, responses to events in the media or other topic relevant to clinical social work. Articles should be 500–700 words.

Out & About – Include any news about you: an article you've written, if you've been in the news, taught a class, earned a new certification or are a singer, artist or writer. Submissions should be kept to 50 words or less.

Submission Deadlines

March News & Views – deadline January 20
June News & Views – deadline April 20
September News & Views – deadline July 20
December News & Views – deadline October 20

All submissions will be reviewed by the editors. Send all submissions to angela0614@gmail.com.

ADVERTISEMENTS

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

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

OFFICE SPACE AVAILABLE

BETHESDA – Beautiful, spacious psychotherapy office with waiting room available for sublet. Please call Adam Klein for more information 202-421-3366.

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

FALLS CHURCH – Full or part-time rental, one or two large, light filled, office spaces, located 5 minutes from the East Falls Church Metro. One space opens to a garden patio; the other is an even larger space. Both can accommodate individuals, families or group. We are five interdisciplinary, independent practitioners. In our 18 years, we have always generated good healing, energy, and abundance in our Center. Call Dianne Modell at 703-304-7443 or email at integrate1013@comcast.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 comfortably furnished townhouse office for hourly sublease in suite of therapists' offices with shared waiting room, kitchen and bathroom. Conveniently located between I-66 and 495. Available days and evenings. Free parking. Contact Beverly 703-821-3055 or bev.magida@verizon.net.

VAN NESS – Therapy office available in 4 person suite; furnished or unfurnished; good storage; shared waiting room; well located Chesapeake and Connecticut NW; street level entrance; good street parking, walk to Van Ness metro. Contact Gail Glick at 202-244-6168 or 202-363-9116.

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.

POSITIONS AVAILABLE

LCSW-Cs – Looking for clinicians to join multidisciplinary mental health practice in Rockville, MD. Preference given to those credentialed with insurance plans. Please send cover letter and resume to tcpa.direct@gmail.com.

GROUPS

ADOLESCENT THERAPY – Individual, group, family, and DBT. Expert adolescent treatment. 301-230-9490. www.rathbone.info. Offices in Rockville and Bethesda. *Washingtonian's* "top therapist" for adolescents and for group therapy.

EVENTS

APRIL 2, 2011 – *Neurobiologic Underpinnings of Core Psychoanalytic Constructs*. Presenter: Bradley Peterson, M.D. 5:00–6:30 P.M., at the Baltimore Washington Center for Psychoanalysis, ten minutes from the Capital Beltway at 14900 Sweitzer Lane, Suite 102, Laurel, MD 20707. 1½ CEUs. For more information visit www.bwanalysis.org or call 301-470-3635 or 410-792-8060.

MAKING ETHICAL DECISIONS USING THE VOICE DIALOGUE PROCESS – April 8 and June 24, 10 A.M.–5 P.M., Hyattsville, MD. Instructor: Ann Dobbertin, \$190, 6 CEUs, Limited to 8-10 participants. www.anndobbertin.com.

Getting Started in Private Practice

A panel discussion sponsored by the Professional Development Committee of GWSCSW.

**Sunday, March 6
2-4 PM**

Bethesda Library
7400 Arlington Road
Free parking / 3 blocks from Metro

Free admission to members
Guests are invited to attend
and to join GWSCSW

Please RSVP to
gwscsw@gmail.com

Do we have your email address?

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

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

GWSCSW@gmail.com

UPCOMING GWSCSW EVENTS

March 6 GWSCSW Panel Discussion
Getting Started in Private Practice
Presenter: GWSCSW Professional Development Committee
Time: 2–4:00 PM
Location: Bethesda, Md.

March 6 GWSCSW Brunch Meeting
**From Clinical Social Work to Clergy:
A Professional and Spiritual Journey**
Speaker: Rabbi Stephanie Bernstein, MSW, LCSW-C
Time: 10:30 AM – 1:00 PM
Location: Chef Geoff's Downtown, Washington DC

March 10 GWSCSW Informal Wine & Cheese
Members Who Would Like to Get Involved
Host: Sydney Frymire
Time: 4:00 – 5:30 PM
Location: Chevy Chase, Md.

March 11 & 18 GWSCSW Continuing Education*
An Introduction to Contextual Family Therapy
Presenter: Adina Shapiro, LCSW
Time: 3:00 – 4:30 PM
Location: Washington, DC

**March 25 &
April 8** GWSCSW Continuing Education*
**Emergency Coverage of Your Practice:
Practical and Ethical Considerations**
Presenter: Melinda Salzman, MSW, LCSW-C
Time: 10:00 AM – 1:00 PM
Location: Silver Spring, Md.

April 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.

April 8 GWSCSW Brunch Meeting
In Our Creative Moments
Organizer: Peggy Heller
Time: 6:30
Location: Tony's Lin's Chinese Restaurant, Rockville, Md.

April 21 GWSCSW Informal Wine & Cheese
Members Working in Agencies & Private Sector
Host: Sydney Frymire
Time: 4:00 – 5:30 PM
Location: Chevy Chase, Md.

May 14 GWSCSW Continuing Education*
A Day at the Office of a Sex Therapist
Presenter: Hani Miletski, PhD, MSW
Time: 2:00 – 5:00 PM
Location: Bethesda, Md.

GWSCSW Dinner Meeting Friday, April 8

Tony Lin's Chinese Restaurant
12015 Rockville Pike, Rockville, Md.
6:30 PM Cash Bar / 7:00 PM Dinner / 8:00 PM Program

In Our Creative Moments *Members share music, poetry and art*

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

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

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 2011 GWSCSW Continuing Education courses can be found on pages 18–19