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## A Sneak Peek at the New GWSCSW Website!

*Irene Walton, Director of Development*

The Greater Washington Society of Clinical Social Work is developing a new website that is modern and user friendly! The firm that we have chosen, C & C Innovation, is in the process of designing and setting up the website. Over the next few months as this process moves forward, there are some things that we want to share with you.

### Benefits of the Site

The new Greater Washington Society of Clinical Social Work website will have all of our information coordinated in one place. Registration and renewal of membership will take place online. When a member registers, the information will go into the private, viewable by members only, Member Directory. It will also go into the public ‘find-a-therapist’ Referral Panel for full members who choose this option.

Information and details about classes and society events will be available on the public web pages and in calendar form in the Members-Only area. Registration for classes and society events will also take place online with credit card, Pay Pal, or mailing-in-a-check as payment options. The website will keep track of an individual’s registrations, payments and continuing education history.

Members will also be able to post events that they are holding outside of the Society. These events will go onto a list of local events and trainings, along with a flyer if it is available.

Since the Referral Panel will be integrated into the site, it will become a benefit of membership at no extra cost. A member who chooses to register for the Referral Panel will be able to enter his or her information and photo online. The search features of the Referral Panel will be greatly enhanced with a distance search, interactive map, and a number of search categories.

Members will be able to update their private Member Directory information and public Referral Panel information at any time themselves.

### Format

The new website will have two different levels of access.

## Greater Washington Society for Clinical Social Work, Inc.

PO Box 3235, Oakton VA 22124  
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### GWSCSW NEWS & VIEWS

Editors: Angela Fowler-Hurtado & Lisa Wilson  
Margot Aronson, Erin Gilbert, Jen Kogan,  
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Advertising: Kirsten Hall

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 27  
Email ads to gwscsw@gmail.com

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

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# President's Message

*Sydney Frymire*



What a rewarding and inspiring year it has been for our society. I continue to be grateful for the tremendous group of people who volunteer with the Society and the support from each of you. Success takes teamwork. Through maintaining our focus and working well together, we continue to be successful in our work to support and to advance clinical practice within the social work profession.

As a result, we have some interesting opportunities to expand as a Society. Sadly, the Maryland Society of Clinical Social workers voted to legally disband last spring. We are in the process of meeting with them to join forces. The Maryland Society members are interested continuing their legislative work and their education program with us.

Recently, the Virginia Society of Clinical Social Workers approached us to see if we can work more closely together. Our successful collaboration by our legislative committees opened the doors for this opportunity. Our expansion committee, Margot Aronson, Susan Post, Joel Kanter, Irene Walton and I, are meeting to work on the nuts and bolts of how to combine forces. As our Society expands, our political and clinical impact on behalf of clinical social workers will be enhanced.

This opportunity is very exciting given the political and economic climate and its impact on social workers. The clinical social workers employed in agencies, schools, hospitals and mental health clinics have seen their salaries cut, have more administrative responsibilities, and less clinical supervision. Often, new social work graduates are supervised by people that are from a different discipline or do not have a mental health background. More and more of them pay for supervision in the private sector.

Licensed social workers with years of experience are seeing their collective bargaining agreements challenged, their compensation and benefits eroded while they are working harder. In Montgomery County, clinical social workers have been asked to do more with less for many years. The tipping point has been reached. Many highly qualified social workers are leaving their jobs. Our members in private practice face similar struggles with insurance companies, increased costs and regulations.

Our commitment to promoting the professional image of clinical social work, pursuing the political and legislative goals of licensure, educating the public as to clinical social workers' competence, and working with other health care professionals is needed more than ever. Our new website, the listserv, newsletter, mentors, brown bags, workshops, political activities, and social events are valuable tools that enable us to reach our members. It has been heartening that more and more members are willing to contribute their time and ideas by co-chairing or serving on committees and hosting social events. The more the merrier! If you have any interest in working with a tremendous group of people, we'd love to hear from you. I hope to see you at the potluck dinner on June 10! ♦

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**New Website, from page 1**

The general public will be able to access the main website and the Referral Panel. On the site, a visitor (member or non-member) will find a list of GWSCSW educational events. They will be able to register for these events online and a record of their registration will be maintained. Visitors will also be able to find information about the legislative advocacy that we engage in, as well as information about ongoing changes in legislation affecting social workers and their clients.

The second level of access will be a password protected, Members-Only section. A member who has logged into the member administration section will find a series of tabs that will provide access to member activities. Through these tabs a member can access the private Member Directory, update their directory and Referral Panel profile information, and register for events. A member can click on an event tab and list an event that they would like to post on the public list of events. This section will also include a calendar of Society events.

**Process**

Once information has been transferred from the old site to the new one, and before the public has access to the site, we have a period of validating our members' information. Each member will receive an email providing information on how to log into the Members-Only section of the site and set up their personal passwords so that they can review their information and make any necessary changes. This email will also contain some basic information about how to navigate the tabs and use the site.

We are very excited about the new website, which will be at the original address: [www.gwscsw.org](http://www.gwscsw.org). We hope that it will make everything easier and will be a great benefit to members. With over 650 members, it will take some effort, coordination, and patience to get it up and running, but it will be well worth the effort. Look for more information in an email coming to you in the next few months, and on the listserv. ❖

**Don't know what you're missing?  
SIGN UP FOR THE GWSCSW LISTSERV  
Email your request to: [gwscsw@gmail.com](mailto:gwscsw@gmail.com)**

# Welcome New Maryland Members!

*Sydney Frymire*

We are excited to welcome our new Maryland members, and we are confident that combining forces will enhance our programs. Toward this end, the Maryland Transition Team was formed, and held its first meeting on May 6 in Columbia, Maryland.

At that meeting, we discussed ideas for educational programs, social events, and legislative work in the Baltimore area. It was decided that members of the Maryland Society, which recently disbanded, can receive full membership in GWSCSW, free of charge, through September 2011. Additionally, GWSCSW will pay for all the lobbying activities in Maryland.

We are fortunate that many of the Maryland members have chosen to continue working on behalf of social workers in Maryland by joining GWSCSW. We look forward to getting acquainted and working together. Please join me in welcoming our new members! ❖

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# Clinical Dimensions of the Collaborative Divorce Process

By Karen P. Freed, LCSW-C, BCD and Mary S. Pence Esquire

At any time, a therapy client could abruptly come into a session with the news:

*"My spouse told me last night that he doesn't love me anymore and wants a divorce."*

*"My wife asked me to move out. She says she's attracted to another man and it's made her realize how much is missing from our marriage."*

Understanding various process options for divorce will equip you to offer some practical guidance in addition to therapeutic support at times like these.

## The Therapist's Role

Whether the client is the grieving party who doesn't want the divorce, or the "initiating party" seeking the divorce, the therapist can help the client understand that the nature of the divorce process will dramatically affect the outcome. If there are children involved, it may even determine the divorcing parties' ability to have an ongoing relationship as co-parents. Thus, choosing the most suitable process can help the client to maintain important values and priorities.

## The Process Choices

Process options for divorce include mediation, attorney-based negotiation, litigation and the Collaborative process. This article focuses specifically on the Collaborative process (for married or non married couples), which the authors have found conducive to a more peaceful, respectful, and supportive context within which to address issues. This approach aims to help couples move on with their lives better equipped to deal with the future. It is particularly effective at addressing the needs of the children, and at shielding them from their parents' conflict, while the family is being restructured.

## Defining Characteristics of the Collaborative Model

In the Collaborative process, each party has an attorney to provide advice and help guide them through the meetings at which both clients and their attorneys are present. These meetings are at the heart of the Col-

laborative structure as is a signed agreement not to use litigation as a means of resolving issues. Interest-based negotiation (e.g. "The children need stability.") is encouraged over confrontational, "positional" negotiation (e.g. "I have to have the house."). The focus is on restructuring the family to thrive in the future, rather than dwelling on the past.

As needed, specially trained mental health professionals serve as "Coaches" in the process to help each party bring his/her "best self" to the decision-making table.

## The Role of the Collaborative Coach

Clinical knowledge is the foundation for the work of the Collaborative Coach. The Coach's role is multipurpose: to assess the client's emotional adjustment to divorce; to help the client express his/her needs in a way that can be heard by the other partner; to understand and share with the team the impact of the marital dynamics on the Collaborative process; to help the client and professional team navigate the emotional currents so that roadblocks don't paralyze the process; and to work with the clients to develop a parenting plan.

## Therapeutic Skills

Although Collaborative divorce is not therapy, therapeutic skills are constantly utilized to move the process forward in a positive way. Understanding the influences of early experience on relationships and the current situation is crucial. Awareness of the emotional defenses used by the client helps the Coach to navigate around impasses so that financial issues can be resolved and a sustainable parenting plan can be created. Raising the clients' awareness of the "marital dynamic" and providing tools to avoid the perpetuation of that dynamic can be very effective. When therapy is needed to help a client on a deeper level, the Coach refers the client to an appropriate therapist.

## The Treating Therapist - Coach Collaboration

With an appropriate release from the client, the treating therapist may be able to share with the Coach extremely useful information and insights such as

where the client is in "grieving" the death of the marriage or how the client perceives his/her parenting and that of the other parent.

### The Parenting Plan

A primary role of the Coach is to help the parents develop a parenting plan that meets the needs of their children. The parenting plan sets the foundation for co-parenting after divorce. It lays out the details of when children will be with each parent; how decisions are to be made; how holidays are to be shared; ways in which parents are to communicate and about what. The Coach must have an understanding of attachment theory and the developmental needs of children to help the parents maintain the focus on those needs and to develop age-appropriate parenting plans.

### Pacing

Coaches must also have an understanding of the impact of separation and divorce on children and families. Helping clients understand the grief process and where their partner and children may be in that process helps partners empathize with each other and their children. It helps set a pace for the process that takes into account the emotional needs of all and enhances the possibility of reaching a durable resolution of issues. ❖

To learn more about the Collaborative Process, go to [www.CollaborativePractice.com](http://www.CollaborativePractice.com). Questions may be sent to Karen Freed at [kpfreed@hotmail.com](mailto:kpfreed@hotmail.com) or Mary Pence at [mpence@FTLF.com](mailto:mpence@FTLF.com). Two excellent books are *The Collaborative Way to Divorce*, by Webb and Ousky, and *Collaborative Divorce*, by Tessler and Thompson. Clients seeking a Collaboratively-trained professional in the Washington, DC, metropolitan area can be referred to [www.DCMetroCollaborative.com](http://www.DCMetroCollaborative.com).

### GWSCSW 2011-12 Continuing Education Schedule

See pages 13–16 for an early look at the coming year's continuing education series. If you see something you like, sign up NOW!

Many people were disappointed this past year when classes filled up quickly and they missed out on a class they were looking forward to attending. Don't let that happen to you. Though we try to find locations that will accommodate more people, class sizes are still very limited and early registration is strongly suggested.

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# ADJUNCTS TO THERAPY

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## EMDR: A Practitioner's Perspective

*Angela Fowler-Hurtado*

I was first introduced to Eye Movement Desensitization and Reprocessing (EMDR) while in graduate school and later learned more about it from supervisors both in an outpatient agency setting and in private practice. As my interest and understanding of trauma work grew, EMDR repeatedly caught my attention. The feedback from a variety of sources was that EMDR is an effective therapy for clients who have experienced trauma. Since being trained in EMDR I have continually been impressed by how effectively it can lead a client from a place of being flooded by symptoms of posttraumatic stress or of being stuck in therapy to a place of increased integration, reflection and openness.

EMDR was initially used with veterans and has since been found to be effective in treating trauma symptoms associated with a variety of traumatic and overwhelming experiences. It is used with single event traumas such as assault, rape, natural disasters, and life threatening experiences as well as with complex traumas such as prolonged sexual abuse, domestic violence and other traumatic childhood experiences. It is also used with phobias. EMDR has been used effectively with adults, adolescents, and children. A thorough assessment is always done prior to treatment to assure appropriateness for EMDR.

EMDR uses a structured approach that addresses past, present, and future aspects of disturbing memories or experiences. It identifies a past experience associated with current triggers, beliefs, emotions and physical sensations, as well as a positive belief and desired behavior state for the future. EMDR involves a number of components, though most recognizable is bilateral stimulation. Bilateral stimulation may be visual: a light that the client watches as it moves across the visual path; auditory: a sound that alternates sides of headphones; or tactile: a handheld buzzer that alternates sides during processing. Bilateral stimulation creates dual attention where the client is simultaneously attending to both the past and present.

During a typical EMDR session, a client and therapist determine a particular memory or issue on which to focus. The client identifies a negative thought associ-

ated with that experience as well as the related emotions and body sensations. The client identifies a positive belief they would like to have instead. Rating questions are used to determine the level of disturbance at the start of the session and throughout. The client then attends to the disturbing memory or experience while focusing attention on the bilateral eye movement, tones or buzzes. Following each set, the client is asked what new material arose during the processing.

Though there continues to be discussion about the particular mechanisms that make EMDR work, I have found it to be very effective in working with clients that exhibit symptoms of posttraumatic stress or that are overwhelmed by a particular experience or state of being. I have been continually intrigued at how EMDR facilitates more adaptive responses. A client that begins processing with intense fear or anxiety will frequently report and exhibit less and less anxiety through the course of a session or series of sessions. A thought will transform from "I'm not safe" to "that happened to me then, but now I am safe." In my personal experience of EMDR, I have been equally awed by the way my own thoughts and feelings have transformed from overwhelming or rigid to calm and open in the course of an EMDR session.

As an adjunct to therapy, EMDR can be an effective complement to other approaches. In my practice, I often do a series of EMDR sessions in the midst of ongoing treatment when the client is not progressing in a particular area, or seems stuck in a pattern of habituated reactions to an overwhelming experience. I find that it facilitates movement in therapy and often produces new insights and reflections. It also often illuminates new material for clinical work, further enhancing the therapeutic process.

For more information about EMDR, visit [www.emdr.com](http://www.emdr.com) or [www.emdria.org](http://www.emdria.org). ❖

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Angela Fowler-Hurtado, LICSW has a private practice in Dupont Circle where she focuses on trauma work and relationships. She can be contacted at 202-544-2032 or [www.thespacebetweencounseling.com](http://www.thespacebetweencounseling.com).

# Hidden Trauma Part I: A Look at Often Minimized Experiences

*(First of a three-part series)*

*Julie Lopez, PhD*

As a clinician who works with trauma and trauma reactions, I have come across quite a few experiences that are often misunderstood, minimized, and remain unlinked to the trauma reactions that they inspire. I call these experiences “hidden traumas.” People fail to realize that familiar symptoms may be trauma reactions or even full-blown posttraumatic stress disorder (PTSD), which can be linked to a “hidden trauma.” The danger in this lack of a bridge between the symptoms and their cause is that the afflicted tend to blame themselves and feel “crazy,” or look to alternate explanations for their symptoms. In either case, the lack of an accurate diagnosis prevents appropriate treatment and keeps them from getting better.

Infant adoption can be experienced as a “hidden trauma,” if adequate and appropriate support is not provided to the infant. Having bonded with the mother through the time in utero and the birth process, separation from the mother can potentially cause distress and a sense that the infant’s survival is threatened. This perceived threat may cause a trauma response in the infant.

Compounding this traumatic experience is the fact that many adoptive parents are also going through the trauma of infertility and may have a low tolerance for the idea that their new baby could also be traumatized. In their efforts to create the family they always wanted, the new parents can end up colluding with a system that presents adoption as a happy solution, without always recognizing the potential injury to the infant’s psyche. This injury, subsequently, goes unaddressed and may give rise to troubling symptoms at some time in the individual’s life.

Adults adopted as children often come into my practice with symptoms related to depression, anxiety, suicidality, relationship struggles, sleep problems, and addictions, having never imagined a link between

adoption and their current distress. While these symptoms could spring from myriad sources, I find it worthwhile to explore a possible link to an adoption. The critical first step I employ is to simply ask whether or not the client was adopted, and then to make space for them to share information that may have been minimized throughout their life. Subsequently, I identify and work with abandonment themes and attachment struggles as they present themselves.

It is helpful to note that many people who have an adoption history, work to protect themselves from future losses by perfectionism and hypervigilance in relationships, in an unconscious effort to control the outcomes and avoid abandonment. Some adoptees act out on the other end of the continuum, using anger and addiction as a means to avoid the pain of attachment altogether.

In any case of “hidden trauma,” the sufferer remains un-empowered and unable to heal without appropriate information and intervention. Since the original injury has become “invisible” to the afflicted person, it requires another person to see and help. As a clinician, you can be that person, beginning the moment you recognize one of these unacknowledged wounds within a client. Many resources exist to help you in this process, including Nancy Verrier’s seminal work, *The Primal Wound*. In this book, she offers a helpful discussion of the potential impact that separation from the birth mother can have on adopted children. I strongly recommend it to any clinician working with adoptees.

Please stay tuned for the next two parts of this series on hidden trauma. In Part II, “ideal family,” neglect will be highlighted. Then the experience of premature birth will be discussed in Part III. ❖

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Julie Lopez, PhD, LICSW is the Director of The Viva Center, an empowerment based, trauma informed practice.

# LEGISLATION & ADVOCACY

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## ■ MARYLAND

*Alice Neily Mutch*

During the 2011 Legislative Session, some eighty bills (among more than two thousand introduced) addressed issues of potential interest to clinical social workers. Three that passed and have been signed into law by Governor O'Malley are related to the federal health care reform act known as the Patient Protection and Affordable Care Act (PPACA); they could have significant impact on our profession.

The first, the Health Benefit Exchange Bill (SB 182/HB 166), establishes an Advisory Group for the PPACA-mandated "Exchange," the statewide competitive marketplace where individuals and businesses can compare coverage and purchase health insurance. The Advisory Group will make recommendations to the legislature, by 2015, on many aspects of the Exchange, including eligibility determinations for Medicaid and the Maryland's Children's Health Program; reduced cost sharing; and ultimately, the benefits plan.

As the Advisory Group will include a mental health provider and a substance abuse treatment provider, we have the opportunity for a clinical social worker to participate, either directly as an appointee to the Group, or in collaboration with the appointed advisors.

Second is the Health Reform/Insurance Bill (SB 183/HB 170), focused on bringing Maryland into compliance with PPACA provisions related to medical loss-ratios, appeals and grievances, pre-existing conditions, policy rescissions, lifetime limits, annual limits for essential benefits, waiting periods, and designation of primary care providers. These insurance provisions have been of paramount importance for our Maryland Clinical Social Work Coalition for a number of years, long before Congress passed health care reform. Happily, much of what we've advocated will now be required practice for insurance plans.

A third bill (HB 450/SB 514) directs the Maryland Community Health Resources Commission to develop a plan by January 2012 for sustaining and enhancing community health resource service delivery in the implementation of health care reform associated with PPACA. Of particular importance to our members is

the focus on client access to small programs offering mental health services.

### **Balancing the budget**

Balancing the budget in the face of an estimated \$1.6 billion deficit was the legislature's primary focus. The Medicaid budget was cut 1% for all licensed and certified providers across the board. The Public Health System, chronically under-funded and facing a 40% increase in enrollment, was targeted for millions in additional cuts. Advocacy action resulted in increased community services funding and reduced public mental health funding by just \$100,000. The Governor's supplemental budget added \$10 million for community mental health providers and \$25 million for the Mental Health Administration as a deficiency appropriation for increased enrollment. A report is to be prepared during the Interim by the Department of Health and Mental Hygiene (DHMH), to provide the legislature with recommendations for integrating care for individuals with co-occurring mental illness and addiction treatment needs; stakeholders will be invited to comment.

### **Other bills of interest**

Following are some of the other bills that were introduced; more information on each can be found on the Maryland 2011 Assembly website.

SB 723 to protect patients' **confidentiality in the data exchanges** mandated by PPACA passed.

SB 883/HB 1229 to provide pharmacies with IT mechanisms for a **prescription drug monitoring** program passed.

SB 587 to mandate a **mental health evaluation** for anyone violating a court protective order drew considerable debate (including among clinical social workers) and ultimately failed.

SB 560/HB 1100 to license "**naturopathic physicians**" failed, and a study was ordered.

SB 308, the **Medical Marijuana** bill, passed with considerable modification, and a Workgroup will be cre-



ated to develop a model program for consideration by the legislature next year.

SB 759/HB 783, to provide insurance coverage for certain **treatment for Autism**, has been introduced for a number of years, and again failed this year. The Coalition will continue to work with the sponsors to add our profession to those to be qualified for reimbursement if/when it passes.

SB 203/HB 82, the MOLST Law (Medical Orders for Life-Sustaining Treatment), establishes a medical order form ensuring portability of patient wishes **for end of life care**. This measure passed. Clinical social work participation on the MOLST Work Group has led to some recognition of our profession role in end-of-life counseling; it will be important to continue to be represented and to speak up at these meetings.

SB 722 passed, allowing for cash incentives to be paid to all health providers to provide incentive for use of **Electronic Health Records**. The Maryland Health Coordinating Committee will develop regulations for the payment procedure.

Finally, with seven bills proposed, **Telemedicine** was a hot topic, with considerable focus on rural area access to expertise in urban health centers and on reimbursement for services. None of these bills passed; the task force which is already in existence will continue its work and report to the Governor and General Assembly in the upcoming year.

### Special Session scheduled for September

The scheduling of a special session this coming September raises anxiety about the \$34.2 billion operating budget, with its potential \$506 million in potential under-funding and multiple stresses on the general fund budget; budgets are bound to be cut. At particular risk are public mental health programs and initiatives. Our Coalition will need to be vigilant as well as visible, and to continue to offer views and recommendations on the matters related to health care reform, legislative initiatives, and regulatory proposals. The more clinical social workers are known and respected as part of the public dialogue, the more we can expect legislative leaders to be our advocates in the future. ❖

*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.*



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The registration deadline is August 31 except for the Supervision Training Program, which is July 15, 2011

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## ■ VIRGINIA

*Christopher J. Spanos*

The key social work issue before the 2011 General Assembly was Title Protection. The bill, adopted by the Assembly and signed by the Governor, 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. A copy of the legislation signed by the Governor can be found at <http://lis.virginia.gov/cgi-bin/legp604.exe?111+ful+CHAP0794>.

Virginia's NASW worked very hard to move this bill to passage, seeing Title Protection as a major step forward in recognizing social work as a profession. While supportive of the concept, the Greater Washington and Virginia Clinical Societies lobbied for and won modifications: the bill, as originally written, could have put the Virginia Social Work Licensing Act at risk. [A discussion of Society concerns about the bill, including the issue of exceptions and exemptions, can be found in the March 2011 *News & Views*, online at [www.gwscsw.org](http://www.gwscsw.org).]

It was a so-called "short session" for the 2011 Virginia General Assembly, over before the end of February. After the November election, there will be a "long session," with a new House of Delegates and a newly-refreshed state Senate. As usual in the long session, the 2012 session will be dominated by the Governor's budget. Meanwhile, during the Interim, the Governor's Commission on Government Reform and the Governor's Virginia Health Reform Initiative will continue to meet, and their recommendations are likely to produce legislation in 2012.

### **The Commission on Government Reform**

The Commission on Government Reform is examining opportunities to reduce the state government "foot print" by combining or eliminating state boards and agencies. It has met once so far this year, in April, and at this time, we have nothing to report. We will be watching the work of the Commission very closely in the areas that affect the scope of practice of clinical social work.

### **The Virginia Health Reform Initiative**

In an April conference call with VHRI participants and interested parties, Virginia's Secretary of Health and Human Resources Bill Hazel reviewed the actions of the General Assembly on VHRI 2010 recommendations and set the stage for VHRI 2011 work, beginning in May.

The VHRI 2010 final report made 28 recommendations to change the way health care is delivered in Virginia; several resulted in legislation and budget items in the 2011 General Assembly. The link to the VHRI report is at <http://www.hhr.virginia.gov/Initiatives/HealthReform/docs/VHRIFINAL122010.pdf>.

The major work of the VHRI in 2011 will be focused on the establishment of the insurance Health Benefit Exchange mandated by the federal Patient Protection and Affordable Care Act (PPACA) and on the state-wide expansion of Medicaid managed care.

### **Health Benefit Exchange issues**

October 1, 2011, is the deadline set in House Bill 2434 (2011) for recommendations to the Governor and the 2012 General Assembly regarding the structure and governance of the Health Benefit Exchange; this is also the end of Virginia's federal planning grant. Based on the legislation, the recommendations should address at a minimum:

- Whether to create the Exchange within an existing governmental agency, as a new governmental agency, or as a not-for-profit private entity;
- The make-up of the governing board for the Exchange;
- An analysis of resource needs and sustainability of such resources for the Exchange;
- A delineation of specific functions to be conducted by the Exchange; and
- An analysis of the potential effects of the interactions between the Virginia Exchange and relevant insurance markets or health programs, including Medicaid.

As for Medicaid, the VHRI will continue to expand Medicaid-funded care coordination models as laid out in Budget language 297.1, MMMM; continue to implement and plan for changes to the Medicaid program as the result of federal health care reform; and work with other state leaders and Congress on potential changes to the current and future Medicaid program.

The next VHRI meeting will be July 15, 2011, from 10:00 AM to 2:00 PM in Richmond, and, after that, September 9, 2011, also from 10:00 AM to 2:00 PM in Richmond. Each VHRI meeting will provide an update on VHRI activities, but the key focus is on planning for the Health Benefit Exchange. There will be opportunity for public comment throughout the process. More information about the meetings is available at <http://www.hhr.virginia.gov/Initiatives/HealthReform>.

For more information on the Virginia General Assembly information, such as finding legislator contact information, tracking a bill, or seeing how legislators voted, click on <http://legis.state.va.us/>. ❖

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*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*

Our last report was hopeful about the restoration of the DC Board of Social Work from the oversight of the District Council's Committee on Human Services to that of the Committee on Health, with all the other health profession Boards. We remain hopeful that the change will take but now we find that won't happen until the end of this two-year Council period.

Our concern is that initiatives are pursued and decisions made about licenses, scope of practice, and so on, based on the overall understanding of Council committee members...and the Committee on Human Services learns about – and therefore makes decisions about – social work practice in a vacuum. The Committee on Health, on the other hand, learns all about psychology, counseling, marriage and family practice, and so on. This otherwise thorough picture, however, does not include social work, despite the fact that social workers provide more psychotherapy treatment than any of the other licensed mental health professions.

Ultimately, our placement with the Committee on Human Services limits the public impression of our practice as solely welfare, and this can lead to the questioning of our mental health credentials. It becomes a bread-and-butter issue when the public – and, indeed, other health professionals – exclude social workers from job offerings and referrals.

The Society has been persistent in making the case: writing letters, making phone calls, testifying, and meeting with Council members. In February, emails from members to Councilman Graham, who is the new chair of the Committee on Human Services, assured that he would not be blind-sided; he came to the Oversight Hearing on the Board with an understanding of the issue and of how important it is to our profession. [Many thanks to those of you who sent those emails!] It was after that hearing—at which both the Society and NASW testified—that Councilman Graham told us, in an informal discussion, that he would return the Board to the Committee on Health, but not until the end of this Council period. Better late than never!

### **Vacancies on the Board Persist**

Meantime, the five-member Board of Social Work has been trying to do its work with only two members for six months now; the position of chair has been vacant for several years. It's not that no one has offered to serve: months ago, the Society endorsed three candidates, and NASW endorsed two others. The problem may be related to our having the only health professional board whose four professional members are supposed to represent four different license levels.

Whatever the reason, the situation is inexcusable: there is no way that two [volunteer] Board members can complete the work of five... especially in a renewal cycle with new requirements for criminal background checks. Our committee is exploring the issue with the Council, the Office of Boards and Commissions, and the Mayor's office.

### **Health Care Reform in the District**

Councilman David Catania has led the District's development of approaches to health care reform, and a community coalition led by Families USA and the DC Appleseed Center has been closely involved. Our Society is part of the community coalition; please contact Mary Lee Stein ([mlsmsw@aol.com](mailto:mlsmsw@aol.com)) if you would like to learn more and/or to participate in information sessions, phone conferences, hearings, or other meetings. ❖

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*Margot Aronson, LICSW, a past president of GWSCSW and currently the legislative chair, maintains a private practice in the District of Columbia.*

# SOUNDING BOARD

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

## A Deeper Look at the Bullying Conversation

Mike Giordano

I feel awkward writing this. I feel awkward because I'm so glad that bullying has become a topic in our national and professional conversations. Too many of our children and too many of us therapists, counselors, and social workers—have been victimized by bullies. Perhaps even a few us have been bullies ourselves. It's time that solutions, remedies, care and concern come to all the children affected by bullying. But I'm not writing to explain why this is a timely conversation.

I want to express why I'm bitter.

I'm bitter for a couple of reasons. First, there's a bitter taste in my mouth when gender-based and LGBTQ bullying is conveniently rolled into the anti-bullying discussion. As you already know, youth are bullied for a variety of reasons: a child is overweight, underweight, smart, wears glasses, has a physical disability, is in special education. The targets of bullying are multitude. They're all destructive.

However, it's a very different matter, with unique origins and unique solutions, when an elementary, middle, or high schooler, or even college student is bullied because he or she doesn't fit gender norms or is perceived to be lesbian, gay, bisexual, transgender, or queer (LGBTQ). I sometimes wonder if it's easier for our nation and our profession to talk about bullying in general, rather than LGBTQ bullying specifically. We can lay the problem of bullying at the feet of the children and schools, distancing ourselves from this situation.

In actuality, the problem is with all of us. LGBTQ bullying is condoned by the U.S. government and its citizens. For example, we don't protect adult transgender folk from job and housing discrimination, much less more immediate threats of violence and murder. We, as individuals, often concur with the standard views of gender in our own lives; often we don't speak up in polite society when homophobic, transphobic or even sexist viewpoints are expressed. And yet, when it comes to bullying, we create interventions focusing

on the children. It's a conversation and intervention with one eye closed. And we—as adults and professionals—get to keep ourselves blameless.

Another reason for my bitterness is how the media, and many common folk, treat this epidemic of LGBTQ students committing suicide as a result of bullying as a new phenomenon. There's absolutely nothing new about it. I've been involved with the LGBTQ youth movement for over 15 years. It wasn't a new phenomenon then either. Closeted, persecuted, scared, lonely and depressed LGBTQ and non-gender-conforming children have been killing themselves for decades, and not solely because they were bullied in school. They were, and still are, bullied in their homes, places of worship, and neighborhoods. If you ask me for historical statistics on this, I can't give them to you. They don't exist. But, I know it's true. As a child unsure of my own sexual orientation, I experienced much of the bullying myself. I am oftentimes grateful that I made it to the point where I could publicly say that I'm gay, without overwhelming fear and shame clouding my head. So, I'm bitter and sad that it's taken so many years before we care that our children are killing themselves. I can't help myself; I question why it's taken us so long to care.

So forgive me my bitterness and anger, as I am grateful that bullying is on our minds and hearts at last. It's long overdue. But let us not forget our own roles in its perpetuation. If we're asking children to stand up to bullying, let us do it too, not just professionally, but in our adult relationships with each other, our profession, and our government. Let us question our own unspoken and unconscious beliefs. Let us make our voices heard in the government arena. Let us challenge our friends, family, colleagues, and ourselves when we see LGBTQ folk marginalized and diminished. ❖

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Mike Giordano, LICSW has a private practice in Dupont Circle where he specializes in addressing stigma and working with the LGBTQ community. He welcomes your comments or thoughts at 202/460-6384 or Mike.Giordano.MSW@gmail.com. His website is [www.WhatIHearYouSaying.com](http://www.WhatIHearYouSaying.com).

# GWSCSW Course Offerings 2011–2012

TEAR OUT  
AND SAVE

## ■ Bringing Your Therapy Practice into the Digital Age

This course is designed for the therapist who may have limited use or experience working with technology. Health care technology growth and change is rapid, and therapists may be challenged to adapt. This course illustrates how to easily keep records on a Windows PC or a Macintosh computer. It includes a demonstration of a spreadsheet application such as Microsoft Excel and a word processing program such as Microsoft Word. Such available software often comes standard on computers to organize and retrieve case data, keep financial records, and thus reduce dependence on paper.

Date: **Saturday, October 15, 2011**

Time: 9:30 AM – 1:00 PM

Location: Washington Apple Pi  
12022 Parklawn Drive, Rockville, MD 20852

Instructor: Leonard Adler, MSW, LCSW-C

Info: leonard.adler@verizon.net 301-460-3111

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

CEUs: 3 hours

## ■ Addicted to Resistance: Lessons From the World of Addiction Treatment

Substance abuse disorders are often viewed as difficult to treat. This perception is fueled both by pragmatic issues and by the belief that substance abusing patients are resistant to change. The goal of this training will be to explore real and imagined issues in the treatment of substance abusing clients and help provide strategies to work with clients who are uncertain about important changes they need to make in their life. These strategies are helpful not only in the treatment of substance abuse disorders, but in addressing issues of resistance and uncertainty about change in almost any client.

You will learn about the Stages of Change Model developed by James Prochaska and Carlo DiClemente and techniques developed by William Miller and Stephen Rollick for increasing motivation for change and addressing resistance. Other issues reviewed will include biochemical aspects of addiction, co-occurring disorders, tolerance and withdrawal, drug testing, and resources available in the community to help you improve care for your substance abusing clients.

Date: **Tuesday, October 18, 2011**

Time: 8:30 AM – 1:00 PM

Location: Easter Seals Inter-Generational Center  
1420 Spring Street, Silver Spring, MD 20910

Instructor: Evan Marks, MSW, LCSW-C, CPC-AD

Info: evanmarks.lcsw@gmail.com 240-547-7497

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

CEUs: 4 hours

## ■ Losing Our Minds: A Public Health Epidemic

Dementia, which gradually destroys the minds of those it afflicts, is one of the most frightening and devastating diseases of our time. Currently more than 5 million Americans have been diagnosed with dementia. With the aging of our population, this number is expected to double by the year 2040, making it a public health epidemic. This course will provide participants with a comprehensive overview including how to distinguish between dementia, Mild Cognitive Impairment and normal age-associated memory loss; risk factors, prevention and current research directions. Participants will also learn about treatment interventions for people with dementia and their care partners, community resources and ethical issues.

Date: **Monday, November 7, 2011**

Time: 9:00 AM – 12:30 PM

Location: Easter Seals Inter-Generational Center  
1420 Spring Street, Silver Spring, MD 20910

Instructor: Terry Ullman, MSW, LCSW-C, ACSW

Info: tullmanmsw@gmail.com 301-854-1121

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

CEUs: 3 hours

## ■ An Introduction to Child-Centered Play Therapy

Child-Centered Play Therapy is the method of play therapy developed by Virginia Axline, an associate of Carl Rogers. It follows the Client-Centered principle of creating a non-judgmental, emotionally supportive therapeutic atmosphere while also providing clear boundaries that encourage the child to learn emotional and behavioral self-regulation. Research has validated this to be a powerful method for decreasing a wide range of child emotional problems as well as for building self-esteem and more mature, pro-social behaviors. CCPT is based on eight clear-cut principles applied in a systematic way that equip the therapist with a method uniquely capable of handling the many challenges of playing therapeutically with children and achieving predictably positive results. This workshop is recommended for all clinicians who work with children as well as school counselors and child-welfare personnel.

Date: **Friday, November 18, 2011**

Time: 9:00 AM – 4:30 PM

Location: 4400 East-West Hwy #28, Bethesda, MD 20814

Instructor: Robert Scuka, PhD, MSW, LCSW-C

Info: robscuka@earthlink.net 301-530-5271

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

CEUs: 6 hours

# Supervision Certification

The courses described here can either be taken individually or together for a total of 12 hours of supervision credit toward the certification required by Maryland (12 hours) and Virginia (14 hours) to supervise MSW graduates working for a full clinical social work license.

## ■ Ethics of the Supervisory Relationship: Power, Trust and Shared Meaning

Because of the fact that supervision is the primary vehicle through which one learns clinical practice and because of the phenomenon of parallel process, a good relationship between supervisor and supervisee is essential. This four-hour workshop introduces participants to a conceptual model that explains the fundamentals of the supervisory relationship and identifies inherent ethical considerations. Participants will have an opportunity to work with self-reflection questions about the basic elements of the relationship: power, trust, and shared meaning. This workshop is first in a series of three that can be taken to fulfill a 12 certification in supervision. It also meets criteria as an ethics workshop.

Date: **Friday, October 21, 2011**

Time: 8:00 AM – 12:30 PM

Location: Easter Seals Inter-Generational Center  
1420 Spring Street, Silver Spring, MD 20910

Instructor: Tamara L. Kaiser, PhD LICSW LMFT

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

CEUs: 4 hours (Ethics)

## ■ Additional Two Hours

For those needing an additional two hours to complete the Virginia requirement. Those signing up for the additional two hours must complete the entire supervision series. Format of the additional hours will be determined based on enrollment.

Cost: Members \$30 / Non-Members \$50

CEUs: 2 hours

## ■ Cross-Cultural Supervision

This workshop will address issues related to cross-cultural supervision and includes a discussion of the dynamics of power, trust and shared meaning (from the first workshop) as they relate to a cross-cultural supervisory relationship. The presenter will introduce a model based on dialectic thinking. Participants will review a self-assessment tool that they can use with their supervisees in order to develop a deeper understanding of each other's cultural context and the impact of that context on their work. This workshop can be taken as part of a three session series to fulfill a 12 hour certification in supervision. It also meets criteria as training in diversity.

Date: **Friday, March 4, 2012**

Time: 8:00 AM – 12:30 PM

Location: 1420 Spring Street, Silver Spring, MD 20910

Instructor: Tamara L. Kaiser, PhD LICSW LMFT

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

CEUs: 4 hours (Diversity)

## ■ Practicum on Supervision

This 4-hour workshop will be an opportunity for participants to apply material from the first two workshops of this series through case presentation and consultation. Recruited participants from the two previous workshops will work with the presenter throughout the year regarding both the use of self-reflection tools with their supervisees as well as challenges in supervision encountered in their practice. Those recruited will do formal case presentations followed by discussion. Other participants will be invited to share cases of their own. This workshop can be taken as part of a three session series to fulfill a 12 hour certification in supervision.

Date: **Friday, May 4, 2012**

Time: 8:00 AM – 12:30 PM

Location: 1420 Spring Street, Silver Spring, MD 20910

Instructor: Tamara L. Kaiser, PhD LICSW LMFT

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

CEUs: 4 hours

## GWSCSW Study Groups

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

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

following to the Continuing Education Committee:

1. Learning objectives
2. Education content, including a bibliography
3. List of participants
4. List of attendees for each meeting
5. Evaluation forms from each attendee at the end of the academic year.
6. A check for \$15 per person, payable to GWSCSW.

For more information, contact the Continuing Education chair: Marie Choppin, [mchoppin@counselingforcontentment.com](mailto:mchoppin@counselingforcontentment.com) or 301-625-9012.

## ■ **Understanding, Encouragement, and Limits: Adlerian Approaches to Working with Parents**

Alfred Adler (1870-1937) was an early psychoanalyst who believed that all individuals strove for a sense of connection and competence, and considered peoples' difficulties as resulting from discouragement and faulty adaptations towards these goals rather than pathology. During his lifetime Adler strove to apply his ideas beyond the analytic setting through outreach and education. Over the last several decades Adler's ideas have had a particular impact on parent education. Adlerian parenting education has developed into a comprehensive method that teaches parents to understand children's motivations, and to foster growth and development via the use of encouragement and limits. During this workshop students will learn an overview of Adler's ideas on child-rearing and specific techniques for training parents in an Adlerian style.

Date: **Friday, December 3, 2011**

Time: 8:30 AM – 12:00 NOON

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

Instructor: Jonah Green, MSW, LCSW-C  
Annie Scheiner, LCMFT

Info: jgreen1769@aol.com 301-466-9526

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

CEUs: 3 hours

## ■ **If Disney Ran Your Practice: Applying Customer Service Tenets to Your Private Practice**

This training will help you improve your practice by applying customer service standards to the way that you help your clients. Starting with explaining what good customer service looks like, we'll apply that knowledge to your individual practice. Using personal examples, you'll get tips on how to tweak your practice to respond to the needs of current and potential clients. By applying these techniques, you should have more satisfied clients and referral sources which will lead to future referrals.

Date: **Friday, January 13, 2012**

Time: 10:00 AM – 1:30 PM

Location: Bethesda Library  
7400 Arlington Road, Bethesda MD 20814

Instructor: Ann Turner, PhD, LCSW-C, CEAP

Info: ann@annturner.com 301-922-2345

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

CEUs: 3 hours

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

## ■ **Infidelity and Affairs: Helping Couples Heal their Broken Hearts**

The disclosure of an affair is among the most devastating and painful experiences that couples face. It is also one of the most challenging and complicated problems encountered in therapy. This workshop will examine various forms of infidelity, the impact of its discovery on each spouse and the marriage, and issues of recovery and treatment. Some of the challenges encountered in treatment include: how much about the affair should be disclosed, how to help with shattered trust, hyper vigilance, and anxiety, and how to build empathy between the partners. Some important insights that have been gained in understanding and treating infidelity and affairs will be reviewed. In addition, a framework for the treatment of infidelity rooted in Relationship Enhancement Therapy will be presented. The instructor will present a live demonstration and illustrative case material. Participants are encouraged to bring case material for discussion, as well.

Date: **Wednesday, February 15, 2012**

Time: 9:00 AM – 4:30 PM

Location: 4400 East-West Hwy #28, Bethesda, MD 20814

Instructor: Robert Scuka, PhD, MSW, LCSW-C

Info: robscuka@earthlink.net 301-530-5271

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

CEUs: 6 hours

## ■ **Adoption As Trauma: Clinical Implications for Effective Treatment of Adoptees in Practice**

Adoption is often society's "nice neat solution" to a tragic situation. The myriad of situations that lead to a baby or a child being disconnected from their biology, identity and families is so traumatic for the adoption triad (birth parents, adoptive parents and adoptee) that it is rarely spoken of as such. In the past 30 years there has been an increasing body of literature and research documenting the common responses in adoptees to this "primal wound" which parallel the symptoms of post traumatic stress disorder. This workshop will outline existing literature and resources on the complicated reactions to adoption trauma in adoptees. Clinical examples will be shared to illustrate how to accurately identify and interpret the symptoms an adoptee experiences. Clinicians will be empowered with concrete information and statistics about adoption trauma in order to normalize, validate and ultimately empower their adoptee clients to integrate their adoption experience. Effective trauma intervention and treatment strategies will also be outlined and community resources will be shared.

Date: **Friday, March 9, 2012**

Time: 9:30 AM – 1:00 PM

Location: 1555 Connecticut Avenue NW, Suite 301  
Washington, DC 20036

Instructor: Julie Lopez, PhD, LICSW

Info: Julie@vivapartnership.com 202-265-1000x1

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

CEUs: 3 hours

## ■ Straight Clinician/LGBT Client: Bridging the Gap

The course is a lively and practical guide to the many issues confronting straight therapists working with members of the LGBT community. The presenters encourage awareness of the sensitivity of racial, cultural, religious, class and gender issues among this population, and stress the importance of learning from each client and not making assumptions based on preconceptions or stereotypes of LGBT concerns. The last 20 years have seen dramatic shifts in the general acceptance of gay, lesbian and bisexual individuals, as well as the explosion of trans awareness and activity powered through the internet and other media into the everyday world. Now, as a result of homophobia and other traumatic experiences, these individuals are increasingly likely to seek competent and empathetic therapy.

Date: **Saturday, April 28, 2012**

Time: 11:00 AM – 2:30 PM

Location: Tenely Public Library  
4450 Wisconsin Avenue, Washington DC 20016

Instructor: Grace Riddell MSW, LICSW, LCSW-C, MEd  
Larry Cohen MSW, LICSW, ACT, DCBT, CGP  
R Jane Gould MSW, LICSW, LCSW-C, LCSW

Info: griddell@lgbtc.com 301-942-3237

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

CEUs: 3 hours

## ■ Working With Dreams

In this workshop, you will become aware of one of the most intimate conversations we can have with ourselves—dream work—and explore how it can be a powerful technique to use in your work. Since dreams are the gateway into the unconscious, the symbolic representations in a dream state are the players giving voice and meaning to the client's own dissociated or integrated parts. The focus will be on processing different types and pieces of dreams: premonitions, recurring dreams, nightmares, lucid dreaming, changing the outcome of a dream, or finishing an unfinished dream. Participants will experience the use of guided imagery, meditation, artistic expressions, movement and role-playing as techniques to enhance the client's ability to interpret their inner world. Archetypes, symbols and active imagination taken from a Jungian theoretical basis will be utilized to help interpret the dream state. Individuals are encouraged to bring in their dreams or client's dreams to share and interpret as a way of deepening the levels of understanding.

Date: **Friday, May 11, 2012**

Time: 8:45 AM – 4:00 PM

Location: 10726 Brewer House Road  
North Bethesda, MD 20852

Instructor: Vivien B. Deitz, MSW, LCSW-C, BCD

Info: vivdeitz@mac.com 301-770-1111

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

CEUs: 6 hours

**LATE REGISTRATION** Register early—many of the courses fill up quickly. Pre-registration ends one week prior to date of workshop. After that date, there is a \$10 late registration fee. **REFUNDS** Cancellations made prior to one week before the course will receive GWSCSW credit. There are no refunds for cancellations made less than one week prior to the course.

### GWSCSW COURSES REGISTRATION FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Office Phone (\_\_\_\_\_) \_\_\_\_\_

E-Mail \_\_\_\_\_

Courses Title:	Date:	Course Fee	Late Fee
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
<b>PAYMENT INFO</b>		<b>TOTAL</b>	\$ _____

Check (payable to GWSCSW) \$ \_\_\_\_\_

Charge to my VISA or MasterCard \$ \_\_\_\_\_

Credit Card Billing Address is same as above

Billing Address \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp \_\_\_\_\_ / \_\_\_\_\_

Please return to:

**GWCSWS**

**PO Box 3235**

**Oakton VA 22124**

or if paying with credit card,  
you may fax to 703-938-8389



# Anger and Therapy for Anger Management

Adele Natter

"I don't know what came over me, I just snapped." "Suddenly, I just lost it." "I don't know why I get so angry about little things." These are the kinds of statements that clients tell us, which prompt the question, "How is it possible that a person can 'snap' without warning?"

Anger, as a core emotion, has three elements: cognitive (the ability to mentally label the feeling as "anger"); physiological (bodily reactions); and experiential (action impulses and the felt experience).

Many patients get into difficulty because they do not correctly label, and own, their feeling as "anger." A person may negatively judge herself for feeling angry, or think of "anger" as exploding, going ballistic, or acting in aggressive or violent ways. She is confusing anger, the emotion felt internally, with acting out or discharging the anger. "Discharging" means attempting to get rid of the anger so as to avoid the internal experience of it. Discharging anger has two big problems: First, it has negative consequences (violence, destroying property and relationships, legal involvement due to aggression or violence, the cost of replacing destroyed property, reputation loss, etc.) Secondly, it does not help to regulate the emotion. Acting out just solidifies the discharge behavior pattern, making a repeat outburst more likely. On the other hand, some people find it easier to get angry than to recognize other basic emotions, such as sadness or grief.

The reason a person "just snaps" is that they have a tendency to ignore, minimize, or dismiss their emotion until it can no longer be contained and it erupts. They are not paying attention to the internal feedback from their body warning them of anger building up. This is behavior learned in families, either in overt messages ("Stop your crying!" "I don't want to hear another word out of you!") or implicitly, by observing how their caretakers show, or don't show, their anger. Since children are dependent on their parents, they are motivated to do what is necessary to please the parents so as to maintain their attachments. While this coping mechanism is adaptive in enabling the child to get along or survive in their family, it prevents the person from recognizing and managing feelings later in life.

The individual with a tendency to quick anger needs to learn to slow down so that he can reflect and then think about the options for what to do. The therapist can help the patient to: identify the triggers for anger; label and own the feeling; notice his internal sensations of anger before the temper builds into rage; and build the capacity to tolerate the felt experience. The patient may need the therapist's help to turn against defenses, such as self-dismissal, that prevent emotional regulation. Since all emotions motivate behavior, a therapist can help the patient toward healthier ways -- self-assertion, for example -- to channel their anger. ❖

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Adele Natter is a psychotherapist in private practice in Washington, DC and Kensington, MD. She uses Intensive Short-Term Dynamic Psychotherapy, DBT skills and mindfulness approaches to help individuals with anger and other dysregulated emotional states.

# Update on Clinical Social Work Retirees Group

Grace Lebow

If you are retired or thinking of retirement, you may be interested in being a part of a study/support group. I would be happy to help get a group started and to act as advisor. I am a founding member of such a retirement study group that has been meeting since 2006, under the auspices of the Clinical Society.

Our group, originally nicknamed the Grownups, is for retired, soon to be, and newly retired clinical social workers. We have been meeting monthly for six years in members' homes near the Maryland/D.C. line.

The members study subjects about retirement and the later years. Two books recently discussed by the group have been Judith Viorst's charming book *Unexpectedly Eighty*, and the more intense book, *The Force of Character* by James Hillman. Members bring their own professional and personal experiences into the discussion.

Along with the objective of study, an equally important objective is to share and support one another as we move along in our retirement ventures and adventures.

CEU Credits are awarded for each of our 1½ hour meetings.

Please phone or email me for further information or questions: Grace Lebow, MSW, Senior Liaison, 301-652-4026, Gracelebow@comcast.net. ❖



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An EOE

## **Filling in the Gap**

*Carrie Potoff*

According to the U.S. Census, a staggering 50 million Americans lacked health insurance in 2009; that amounts to almost one in six U.S. residents. Now, nearly one year since President Obama signed the Affordable Care Act into law, little has changed. It appears that the road to 2014, by which time this plan aims to enroll 32 million uninsured people in public and private programs, will be a long, bumpy one. Throughout this journey, it is essential that we social workers understand the state of healthcare and develop skills to help our clients effectively navigate the intricacies of public and private programs.

One positive aspect of the current healthcare situation is that increasing numbers of children in the U.S. are insured. According to the U.S. Census, for children under the age of 18, the percentage of uninsured decreased from 13.9% in 1997 to 8.2% in 2009. Approximately 56% were covered by private insurance; and 38% by public health care plans, such as Medicaid or Children's Health Insurance Program (CHIP). Public programs are the most cost-effective but are often difficult to get into. Qualifying criteria vary from state to state in terms of medical conditions and poverty level. Even after a person is determined eligible, accessing services within the system remains a challenge.

In regard to private insurance, the average cost to insure a family of four could run up to \$14,000 a year. Many individuals and families cannot afford the increasing premiums and/or co-pays. Initially, Medigap programs were designed for those enrolled in Medicare to help off-set the 20% co-pay charges; however, more individuals and families who can afford private insurance are also shopping around for a gap plan to assist them in optimizing their health care.

Some opt for plans that offer low cost premiums in exchange for huge deductibles, in hopes that their healthy family will not experience serious medical problems. When unforeseen medical needs arise, this choice can result in a devastating price tag.

According to the Kaiser Commission on Medicaid and the Uninsured, states continue to express interest in providing health insurance coverage through programs that help families pay their insurance premiums. Some states use premium assistance as a way to reach families who might not otherwise apply for public programs such as Medicaid and CHIP. Despite their efforts, premium assistance programs have had meager success in covering significant numbers of low-income and/or uninsured people.

It is clear that universal access to quality health care will not materialize overnight, and meanwhile, children and families continue to need our help to grapple with the challenges they face in the existing health care system. ❖

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Carrie Potoff obtained her MSW from the University of Michigan and is currently a licensed clinical social worker at Georgetown University Hospital's Transplant Institute.

# 6th North American Conference on Spirituality & Social Work **Connecting Spirituality & Social Justice: Transforming Self & Society**



## June 23–25, 2011

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**Lisa Sharon Harper**, Co-Founder and Executive Director of NY Faith & Justice and President of the National Faith & Justice Network, is a renowned leader in ethnic reconciliation, presenting trainings throughout the U.S. An activist, author, playwright, and poet, she is author of *Evangelical Does Not Equal Republican...Or Democrat* and co-author of the forthcoming *Left, Right & Christ: Evangelical Faith in Politics*. Ms. Harper will be presenting ***Shalom and The Fall***, which will

address how diverse, spiritually-grounded social justice work can help heal a broken world and offer a different glimpse of God's vision for redemption – the restoration of all relationships created in the beginning.



**Dr. Mari Ann Graham**, Co-Director of the Spirituality Institute and Chief Diversity Officer for the University of St. Thomas, has been a faculty member with the St. Catherine University School of Social Work for 17 years. As a master teacher and facilitator, she teaches a course on the spiritual dimension of social work and has extensive experience in diversity training. Dr. Graham will be presenting an exciting multi-media program, ***Change of Heart in Song***, based on teachings developed by a Tibetan

master specifically for persons involved in social justice work and designed to awaken the positive qualities of wisdom and compassion inherent in each of us.



**Dr. Cyndy Baskin**, Mi'kmaq and Celtic Nations, is Associate Professor in the School of Social Work at Ryerson University in Toronto, Canada. Her teaching and research interests include how Aboriginal world-views can inform social work education, spirituality in social work practice, anti-racist inclusive schooling post-colonial theories and practices, and decolonizing research methodologies. Based on extensive experience working with First Nations communities, Dr. Baskin will be presenting ***Spirituality: The Core of Healing and Social Justice for Aboriginal Peoples***, which

will explore the role of spirituality in healing and social justice for Aboriginal peoples in Canada, with implications for justice work with other marginalized populations.

This consistently popular conference will provide an exciting opportunity for participants to engage in stimulating and authentic exchange with others from diverse places, disciplines, traditions, and perspectives. Come join us in the ongoing challenge of delineating the role of spirituality in promoting social and economic justice for individuals, communities, and the global human family—and mapping a way forward toward “Transforming Self and Society.”

***We Hope You Can Join Us!***

# OUR ONLINE SOCIETY

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Ann Wroth

## Money in Therapy: Issues and Solutions

*Below find excerpts from a lively discussion on the Society's listserv about the different ways therapists handle the issue of payment and debt with their clients, both within the clinical hour and outside it.*

*Initial Post: I am wondering what experiences other clinicians have had regarding using legal action to collect outstanding balances of ex-clients. What are your experiences using collection agencies, lawyers, reporting to credit bureaus, etc., and, anything that anyone would recommend or NOT recommend using?*

► My recommendation is to never allow a balance to accumulate that you are not comfortable writing off. Also, I think that large balances lead to problematic transferences and countertransference problems.

► Fees, money, balances due, payment arrangements – in my view, these are just as much part of the psychotherapeutic “frame” and just as much “grist for the (therapy) mill” as everything else that transpires between therapist and client. Often, I’ve found, issues around money are best understood as enactments (in the analytic sense) between the therapy dyad, rich in meaning and utility for the therapy work itself and for both of the partners.

► My supervisor, who’s been at this over 40 years told me this when we had a discussion about taking a patient to court for not paying: he said this is the number one issue that gets patients suing the therapists for emotional distress and harassment or filing ethical complaints. He strongly warned me against it. It is rare that I am not paid, but when it happens, I try to give it up and think about it as pro-bono work or and try to remember that it will come back to me in a positive way at some point in the future. I do find it very frustrating when this happens. I will also get patients to starting paying me off in small ways if they can, but money always gets talked about in the therapy.

► I respectfully disagree with regarding this as pro bono work. Pro Bono work is an agreement we make up front. I think this is very different from not being paid an agreed upon fee. That is a breach of contract.

► In my view, there are myriad possible ways to think about a client’s debt (I say “a client” because the meaning of debt will no doubt differ in each case). One way—

and I stress one way—is that it can unconsciously constitute a way for the client to feel an ongoing connection with the therapist. In such a case, exploring the links between, say, being indebted to the therapist and feeling connected or, say, the link between feeling the therapist is under the power of the client and feeling connected—or any of many other ways indebtedness may be playing out as a means of connection—these would be important and potentially productive explorations. Probably Jessica Benjamin’s seminal article, “Beyond Doer and Done-to” would be helpful in thinking about this.

► I give a “Statement of Practice” (which covers a number of points, including but not limited to, confidentiality issues) to each client at their second visit and ask them to review carefully and sign the agreement that they will pay me at each session, then I give them a monthly statement they can submit to their insurer. Of course, from time to time, someone will “forget” to bring their checkbook or go to the ATM, and I don’t get my breeches in a bunch about that. But generally, I’ve had no difficulty with this system. I agree that “holding the client accountable” for paying me is an important clinical issue and constitutes an intervention. I guess I would only add that I think it needs to be thought of by me—and “framed” for the client—AS a clinical issue: What is being enacted between us when the client doesn’t pay and, more acutely, accrues a debt over time? And thinking about it from the point of view of the therapist’s role in the enactment, what is it about this client, at this time in the work that interferes with bringing it up? In a sense, holding myself accountable (though that particular way of putting it feels a bit punitive to me and therefore likely to raise my own defenses and, if used with the client, their defenses) is tremendously important.

► Just wanted to add my enthusiasm for collecting at each session. I have been doing this since I started private practice and have had almost no problems. I have a ½ sheet bill printed in triplicate that has all the codings, etc. on it. I fill it out in 30 seconds, recording

the amount they've given me as well as noting when our next appointment is scheduled on the bottom. They get 2 copies, one for them, one for the insurance company and I keep the 3rd copy for my records. This has been invaluable for any disputes that might arise over how much they paid or when their appointment was scheduled. Clients who forget their checkbook/cash know they are expected to mail it in by the next day. I send out no monthly bills and rarely need any other documentation. Many clients have told me how much they appreciate the clarity and immediacy of this system.

► Another interesting issue that I don't think has been mentioned has to do with our ability to trust our clients. Normally we are concerned about developing and maintaining trust from our clients and don't talk so much about trust of our clients. The one time that I had a client initially refuse to honor my cancellation policy I realized that if she refused (and I granted an exception), then I really could not trust her to honor any parts of the contract in the future, and to be perfectly honest, my comfort in working with her would be affected. With this one specific client, it had become apparent that there were issues in her life involving boundary violations, entitlement, etc. and so it was

very important clinically that I not repeat these issues in our relationship. She did end up paying and ended up expressing her appreciation for our work together. It was not easy on my part to be so firm but there was really no other option that made sense.

► Thanks for sharing the story of your experience with being owed money. I think the issues around the "meaning" of the debt, transference and countertransference in the case of debt on the part of a client, these issues are (in my view) central to how the dilemma is to be best resolved. Debt, in these instances, has meaning—meaning that needs to be explored in the dyad. In these cases, the issue is not just getting the money that is owed but what it means that the client has built up debt and that the therapist has participated in this enactment. And (in my view) it is an enactment—and of course, these are always important to explore. Their exploration can result in important insights into the transference and the countertransference, what each party is "enacting" through the medium of money as a potent symbol for—well, that is the question, isn't it? What is money a symbol for, in this particular relationship at this particular time in the work? ❖

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

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# 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.*

**Emily Brown** did two recent podcasts for The Smart Divorce Radio Show. The links are: [www.divorcesourceradio.com/coping-with-the-personality-disordered-ex-spouse](http://www.divorcesourceradio.com/coping-with-the-personality-disordered-ex-spouse) and [www.divorcesourceradio.com/the-anatomy-of-an-affair](http://www.divorcesourceradio.com/the-anatomy-of-an-affair). Emily was also interviewed by Margaret Heffernan for her book, *Willful Blindness*, which just came out and received great reviews in the New York Times. Emily is quoted in the second chapter, "Love Is Blind", about being willfully blind to infidelity. Other chapters look at willful blindness in other contexts such as the mortgage industry, groupthink in business, ostrich behavior, and others.

**Vivien Deitz** completed Level I and Level II of Advanced Trauma Treatment through the Institute of Advanced Psychotherapy Training and Education, Inc. with Lisa Ferentz, LCSW-C, DAPA, president and founder of the Institute. This particular training is a strength based, de-pathologizing approach to treating trauma survivors. She is already seeing results in many clients as she integrates this training into her practice.

**Jon Frederickson** taught for five weeks in Norway, Poland, and Italy. He gave a three-day presentation in Norway, a one day presentation on somatization in Denmark, a one day presentation on dissociation in Italy, and a two day presentation on superego pathology in Poland. In addition, he taught and supervised training groups. In June he will present to the Dutch Society for Short Term Therapy in France.

**Sydney Frymire** is delighted to report that several people have registered for her voluntourism trip to Nepal in October. She took a yearlong marketing program with Michael Charest and is pleased that the marketing techniques she learned are working. She still has openings for the trip in October. If you are interested in talking to her about the trip, please contact her.

**Joel Kanter** met with Barbara Barnett, a retired social worker who was one of the original students of Clare and Donald Winnicott at the London School of Economics and Pamela Trevithick, Chair of the UK organization GAPS (Group for the Advancement of Psychodynamics and Psychotherapy in Social Work) on a recent trip to London. In March, Joel presented his paper "On Being and Doing in Social Work: The Psychodynamics of Case Management" at the Biennial Confer-

ence of the American Association for Psychoanalysis in Social Work in Los Angeles. At that meeting, he also received a special award for his service in promoting organizational communication. Other GWS members presenting at this conference included **Golnar Simpson, Audrey Thayer Walker** and **Teresa Mendez**.

**Joan Medway** did a workshop at the annual American Group Psychotherapy Association (AGPA) conference on *The Power of Money in Families*. She also was appointed to the nominating committee of AGPA and served on the Institute Committee for the annual conference. In addition, she led a psychotherapy group at the Mid Atlantic Group Psychotherapy conference at Saint Elizabeth's Hospital in April.

**Robert Scuka** had an article published entitled "The Radical Nature of the Relationship Enhancement Expressive Skill and Its Implications for Therapy and Psychoeducation," in *The Family Journal* 19.1 (January 2011): 30-35. Rob also had an article published in a book entitled "The Values and Rituals of Authentic Relationships: What the Relationship Enhancement Model Teaches Us about Marriage," in *All-in-One Marriage Prep: 75 Experts Share Tips & Wisdom to Help You Get Ready Now*, edited by Susanne M. Alexander. Naples, FL: Barringer, 2010, pp. 279-284.

**Marilyn Stickle** and **Eileen Stanzione** gave a workshop titled "Intuition and Transformation" at the International Conference on Spirituality and Social Work at Catholic University in June. Marilyn also gave a presentation on the conference theme, "Connecting Spirituality & Social Justice: Transforming Self and Society," as reflected in Martin Luther King's "I Have a Dream" speech during the March on Washington in 1963, and the election of President Barack Obama forty-five years later.

**Lisa Snipper** was invited to speak at the VA NASW conference the weekend of March 11, 2011 in Richmond. She presented a three-hour seminar on treating children and adolescents with anxiety. The seminar focused on helping clinicians tease out the differences in treatment approaches for children/adolescents who are anxious versus those who do not want to go to school. The seminar was well received. ❖



# COMMITTEE REPORTS

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## Legislation & Advocacy

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

After the winter months of intense activity, we've had a little time to relax and consider the outcomes of the 2011 legislative sessions of Virginia and Maryland. Reports by Chris Spanos, our Virginia lobbyist, and Alice Neily Muwitch, our Maryland lobbyist, provide the overview on the legislative pages of this newsletter, where we also report on our advocacy efforts in the District of Columbia.

The loss of the Maryland Society leaves GWSCSW with the full responsibility for our advocacy in Annapolis. There are a range of opportunities, whether you just want to become more involved or you want to monitor (and/or speak out about) a particular issue. The legislative Work Group on End-of-Life continues to meet once a month; if you have a geriatric practice, please consider volunteering to represent clinical social work in their discussions.

In Virginia, the effective collaboration between GWSCSW and the Virginia Society on the Title Protection bill has inspired a closer working relationship. Virginia members, this will be a great time to get involved.

Getting involved in the District could mean Board of Social Work concerns, health/mental health care legislation, and/or issues in child protection, youth, and other agencies in which social workers play a major role.

Most important is this: if we want the Society to continue to have a significant voice in Annapolis, Richmond, and the District, it is critical that there be a co-chair with me for the committee that oversees the sub-committees of the three jurisdictions, and that there be chairs for each sub-committee. Let's develop the infrastructure now, before burn-out leaves us without resources. Call me at 202/966-7749 to get started.

## Membership

*Sue Stevens, Co-Chair  
snevetss1@gmail.com, 301-984-1325*

*Jane Morse, Co-Chair  
morsejanes@verizon.net,  
301-498-7617*

The Membership Committee has had a lot of activity lately with new members, contacting MSW students and welcoming our new co-chair, Nancy Harrington.

With Cathie Maltby sending out the invite and Brooke Morrigan acting as the host, we launched our first brunch for new members. We decided to hold brunches for small groups of new members as a way to connect with them and help them feel welcome. The setting was the Chat Noir, the food was wonderful and the new members gave us some new ideas about reaching out to new licensees.

On the school front, Monica Freedman, Lisa Snipper and Katrin Haller represented us at the Catholic University and Howard University Job Fair. They handed out brochures and let the students know the benefits of joining the Society. They also told them about the gift

certificate worth \$50 that they will be receiving upon graduation. This certificate can be used towards GWSCSW membership or our ECU classes. It was especially helpful to have Katrin there because she is a current student member. Thanks so much to these volunteers.

Thanks also to Bev Magida who is working to establish a connection with GMU and their new clinical program. She has visited the school and let them know about how we can work together. She will also offer our gift certificate to their students.

We also want to thank anyone who tries new ideas or ways to attract and keep members whether it is in informal ways like reaching out to include new members at events or more formally like hosting a Wine & Cheese Party. We appreciate your efforts. The Society is a wonderful resource and we want as many members as possible to benefit from all we have to offer.

## Newsletter

*Angela Fowler-Hurtado, Co-Editor  
angela0614@gmail.com,  
202-544-2032*

*Lisa Wilson, Co-Editor  
wilsonlicsw@yahoo.com,  
202-431-9371*

We are pleased that this issue of *News & Views* offers articles that focus on a variety of clinical issues and social perspectives. We thank the contributors and hope you find the articles informative and thought provoking. We welcome your comments and thoughts!



If you would like to contribute to the next issue of *News & Views*, please contact us. We welcome articles, contributions to regular columns, news for Out & About and ideas for future issues. Please contact us: [angela0614@gmail.com](mailto:angela0614@gmail.com). The deadline for the September issue is July 20.

## Professional Development

*Sheila K. Rowny, Co-Chair*  
[sheila@rowny.com](mailto:sheila@rowny.com), 301-365-5823

*Karen G. Goldberg, Co-Chair*  
[goldbergks@aol.com](mailto:goldbergks@aol.com), 301-680-9060

The Professional Development Committee has sponsored two Sunday afternoon workshops, "Getting Started in Private Practice" and "Nuts and Bolts for New MSW's." Both sessions began with panel presentations and were followed by stimulating discussion. Many thanks to Pam Thielman, Susan Marks, Michael Abrahams, and Connie Ridgeway for participating on the former panel and to Joel Kanter, Laurie Emmer-Martin, Karen Goldberg, and Marilyn Lamert for presenting on the latter. Additional workshops are being planned, and the Committee is in the process of determining the topics. If anyone has ideas and/or suggestions, please let us know.

Mentors are available through the Committee for social workers new to the profession or starting in private practice that are 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.

Committee member Susan Marks is offering a 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 meets monthly at a location convenient to those interested. For further information, contact Susan at 703-533-9337 or at [surrobin@verizon.net](mailto:surrobin@verizon.net).

Spring and summer are times for growth and renewal, and in that spirit the Committee will be exploring new directions and projects. Anyone interested in becoming a member can contact Sheila or Karen at the information provided above. In the meanwhile, we wish everyone an enjoyable summer!

## Programs

*Joel Kanter, Chair*  
[joel.kanter@gmail.com](mailto:joel.kanter@gmail.com),  
301-585-6126

The Program Committee has completed another Brown Bag Lunch series which enable our members to share their expertise with other members in an informal setting. Adele Redisch and Tish Reilly have coordinated the Bethesda meetings which featured presentations by Barbara Kane, Marilyn Allison and Emily Brown. In Northern Virginia, Lisa Snipper has taken the lead, relocating the meetings

from Springfield to McLean, closer to many more of our members. These well-attended sessions have included presentations by Marilyn Stickle and Mike Giordano.

We also have presented a stimulating brunch meeting where our former clinical social work colleague, Rabbi Stephanie Bernstein, shared the story of her personal and professional journey from clinical practice to the clergy. In her presentation, Rabbi Bernstein discussed the similarities and difference between clinical social work practice and the work of the clergy.

We are also planning an exciting conference for next October on Record Keeping and Ethical Practice. Look for details about this in the coming weeks.

## Treasury

*Flora Ingenhousz, Treasurer*  
[Flosih@gmail.com](mailto:Flosih@gmail.com), 301 649-5525

You will be glad to know that the Treasury is in good shape. We almost have a year's operating expenses in savings, which is the recommended amount for non-profits. We also had enough money to make a capital investment in a new, much improved website, to hire a bookkeeper, and to spend more on legislative affairs both in Maryland and Virginia. Our bookkeeper, Lori Lappet is excellent. She does a great job in getting payments out in a timely fashion.

This is the first year we have a budget committee: Susan Post, Sidney Frymire, Janet Dante, who was the treasurer from 2000 to 2006, and myself. Our goal is to have a working budget for the fiscal year starting in July.

*continued on page 26*

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**Committee Reports**, from page 25

I will serve as treasurer till July 2012, and am looking for someone who is interested in becoming the next treasurer. Ideally that person would join the budget committee in July or sooner. Most people groan when they think of becoming a treasurer, but I find that in my role as Treasurer I am essentially providing a "holding environment"

for the big financial picture with our bookkeeper being the one who writes checks, reconciles bank statements, provides the accountant with the information needed to file our tax returns etc.

I see the treasury as an excellent position for anyone who has a reasonably good head for numbers and who wants to get involved with this great organization

without making a very big time commitment. I am enjoying the camaraderie and the sense of working together to make GWSCSW an even better place. I hope you will ask yourself: am I that person? I promise I will help you learn the ropes just like Janet Dante did for me. If you have any questions or feedback, please feel free to contact me at flosih@gmail.com. ❖

## Get Together & Get Involved

In a continuing effort to help GWSCSW members meet each other and become more involved in the society, Board members have been hosting happy hours and wine and cheese gatherings in restaurants and their homes. There will be more in the future, and we hope such gatherings will become a permanent part of society activity.

Participating in GWSCSW committees is also a great way for members to meet each other, have fun, and learn new skills. Our society continues to thrive because of our volunteers. The more people we have, the easier the workload is. Please contact Susan Post or Sydney Frymire if you are interested in being on the education, development, finance, or events committee. The vitality of our society depends on all of us. ❖

### Welcome New Members!

#### Full Members

Sara Andrews  
Ann Brown  
Melvin Cauthen  
Karen Crist  
Christine Greer  
Cynthia (Thia) Joseph  
René Laje  
Elissa Levine  
Rose McIntyre  
Leslie McKeough  
Jude Setian-Marston  
Rallie Snowden

#### Retired

Donna Devall

#### Graduate Members

Chana Lockerman  
Anne Morrison  
Sara Solomon

#### Student Member

Lindsay Ammons  
Linda Callahan  
Angela Chou  
Sara Girovasi  
Meisha Goodhue  
Kristin Heinz  
Lisa Kays  
Laura Place  
Emily Robinson  
Sonia Ross  
Julie Samuelson

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### OFFICE SPACE AVAILABLE

**SILVER SPRING** – Attractive, windowed, furnished offices available for rent, part time or full time. Space is in a house used as a psychology clinic - fantastic location in downtown Silver Spring - 10 min. walk from Metro, 2 blocks off Colesville Rd., in sight of Whole Foods, movies and restaurants. County parking garage 1/2 block away - also in sight. Contact Office Manager, "Amrita" between 9 and 3 Monday through Friday for more information at 301- 562-8448 or email officemanager@chesapeakeadd.com. Preference given to renters that want 1 full day (2 four-hour blocks) or more.

**TYSONS** – Half-time office or hourly sublet available in sunny suite of offices just off Rt. 66 and 495 (just inside Beltway). Busy group practice of psychologists and social workers offers friendly atmosphere and lovely space. Offices have floor-to-ceiling windows and view of park. Access to therapy playroom, kitchen, copier, fax, WiFi. Plenty of parking. Deli in building. Contact Lisa Herrick, 703-847-5793 or lherrickphd@gmail.

**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.

**VIENNA** – Cozy window office in attractive suite with waiting room, private kitchen and bathroom. Collegial atmosphere with two social workers and one psychologist. Professional building in convenient Vienna location. Free parking and handicap access. \$650/month. Contact: Alexandra Kaghan or Barbara Caceres (703) 242-8223 or bzcaceres@gmail.com.

**LCSW** – The Franklin Psychotherapy Center is looking for VA licensed social worker to join our practice in Old Town Alexandria to share office space for half-time to full-time practice. Send CV and references to maureen.lyon@cox.net or call Dr. Maureen E. Lyon, Ph.D. at 703-836-3217.

### GROUPS

**ADOLESCENT THERAPY** – Expert adolescent treatment. Individual, family, group and DBT. Many groups meet during summer. Rockville and Bethesda. Rathbone & Associates. 301-230-9490. www.rathbone.info.

**CAREGIVERS SUPPORT GROUPS** – Facilitated by Flora Ingenhouz, MSW. Flora specializes in the treatment of individuals, couples and families facing chronic or life-threatening illness. This includes helping people navigate end-of-life issues and grief. For more info call 301 649-5525, or visit www.flora-lcsw.com.

### 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.

**SIGN UP FOR THE GWSCSW LISTSERV Email your request to: gwscsw@gmail.com**

### 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.



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

# GWSCSW Annual Meeting Party & Dinner

Friday, June 10

at 6:30 pm

## Fabulous Potluck Dinner!

Choose one to bring:

- Appetizer
- Entrée
- Side / Salad
- Dessert
- Wine

RSVP by May 27

[gwscsw@gmail.com](mailto:gwscsw@gmail.com)

or 202-537-0007

Let us know what you will be bringing!

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