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The New GWSCSW Website is Here!

The new Greater Washington Society for Clinical Social Work website is up and running! We are very excited about the new site. Here are some of the things that it will allow you, as a member, to do once you have logged in:

- Update your personal and profile information
- View, register and pay for GWSCSW events online
- Access the private Membership Directory
- Renew your membership and pay your dues
- Publicize events that you are organizing to members and the public

Full members (currently licensed at the clinical level in their jurisdiction and having insurance coverage) may also join the Therapist Finder (formerly Referral Panel) free of charge. This involves completing your Therapist Finder profile on the website. The new Therapist Finder will become active on September 1 at which time the old Referral Panel will cease to exist. Please make sure your profile is updated for the new Therapist Finder.

Members must register on the site and create a password in order to take advantage of the above options. So far, about a third of our members have done so. Current GWSCSW members have received two emails from the site administrator: the first provided instructions on how to log in and use the site; the second provided a temporary password to be used once, the first time you login, to enter the site and create your own password.

If you haven't already done so, please take a few moments to register on the site so that you can take advantage of all the new features. If you think that you have not received the emails or have lost track of them, contact the GWSCSW administrator, Jan Sklennik at admin@gwscsw.org to receive a new temporary password. **Please do not attempt to open a new account**—all your information is already in the account that was created for you.

Instructions for activating your account and setting your password:

1. The system has sent you an email from "webmaster@gwscsw.org" with the Subject Line "**GWSCSW Account Reset Instructions**" which contains a temporary Password in it. Go to your email and get the new temporary Password (either write it down, print it, or better use "Copy" so that you can "Paste" it into the new website).
2. On your web browser, go to: www.gwscsw.org
3. Click the '**Login**' link (at the bottom of the site navigation buttons which are on the left side of the page).

continued on page 23

Greater Washington Society for Clinical Social Work, Inc.

PO Box 3235, Oakton VA 22124
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GWSCSW NEWS & VIEWS

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

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

For advertising rates see page 39
Email ads to gwscsw.ads@gmail.com

The next issue will be published
December 2011 and the deadline is October 20
Email articles to gwscsw.news@gmail.com

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President's Message

Sydney Frymire



The world is changing, and so is the Great Washington Society for Clinical Social Work. Gargantuan changes wrought by technology and globalization are impacting our Society and how we work as social workers. Paul Carroll and Chunka Mui identify four principles of innovation for thriving in today's world. They are: "Think big, start small, fail quickly, and scale fast." Our board has some tools, which I would like to share here, that will help us follow these principles so we can continue to thrive as an organization.

Now that I've been president for a year, it is time to pause, breathe, and think about what is working and what isn't. The executive committee has worked on clarifying roles while still encouraging people to be creative, autonomous and to enjoy their job. Since so many volunteers are working hard behind the scenes, a flow chart is attached so you can see how we're structured.

Thanks to our dedicated board, volunteers, members and Jan Sklennik, our Society is ballooning. We have a new website that is bringing us into the twenty-first century. It will help us serve our growing membership and keep up with all the changes in our culture. We have a total of 741 members. We've added over 100 new members since this time last year. Twenty-five are students, ninety-two are PhDs, and one hundred fifty have agency affiliation. We are gradually becoming more diversified.

Our budget will guide us in the decisions we make in the future. Clearly, our programs need to be self-sustaining. Bringing in new members, attending workshops, and finding advertisers for our newsletter are the best ways to be self-sustaining. As a profession, we are reluctant to market ourselves. Word of mouth is the best way to market. One of the easiest ways each of you can help is to encourage your colleagues to become members and participate in our programs. In the age of Facebook and Linked-In, forwarding emails about workshops and events to colleagues is appreciated and educates others about our programs.

Our numerous wine and cheese events last year were well attended. We have several planned in Maryland, Virginia and DC in the fall. These are an easy, fun way to meet others, ask questions, learn about our programs and support each other. If you know of someone who isn't a member, but may be interested, feel free to bring them along if you are going to a wine and cheese event.

Our newsletter continues to be the best way to get to know each other. Please write a paragraph about what you are doing for the Out & About column. It is a great way to share news about your publications, speaking engagements, seminars, workshops, volunteer projects and special interests and hobbies. Of course, you are welcome to write an article and advertise too. Remember, in our efforts to be green, you will have the

opportunity to opt out of receiving a paper newsletter. Everyone will continue to receive a paper edition unless you opt out on the webpage.

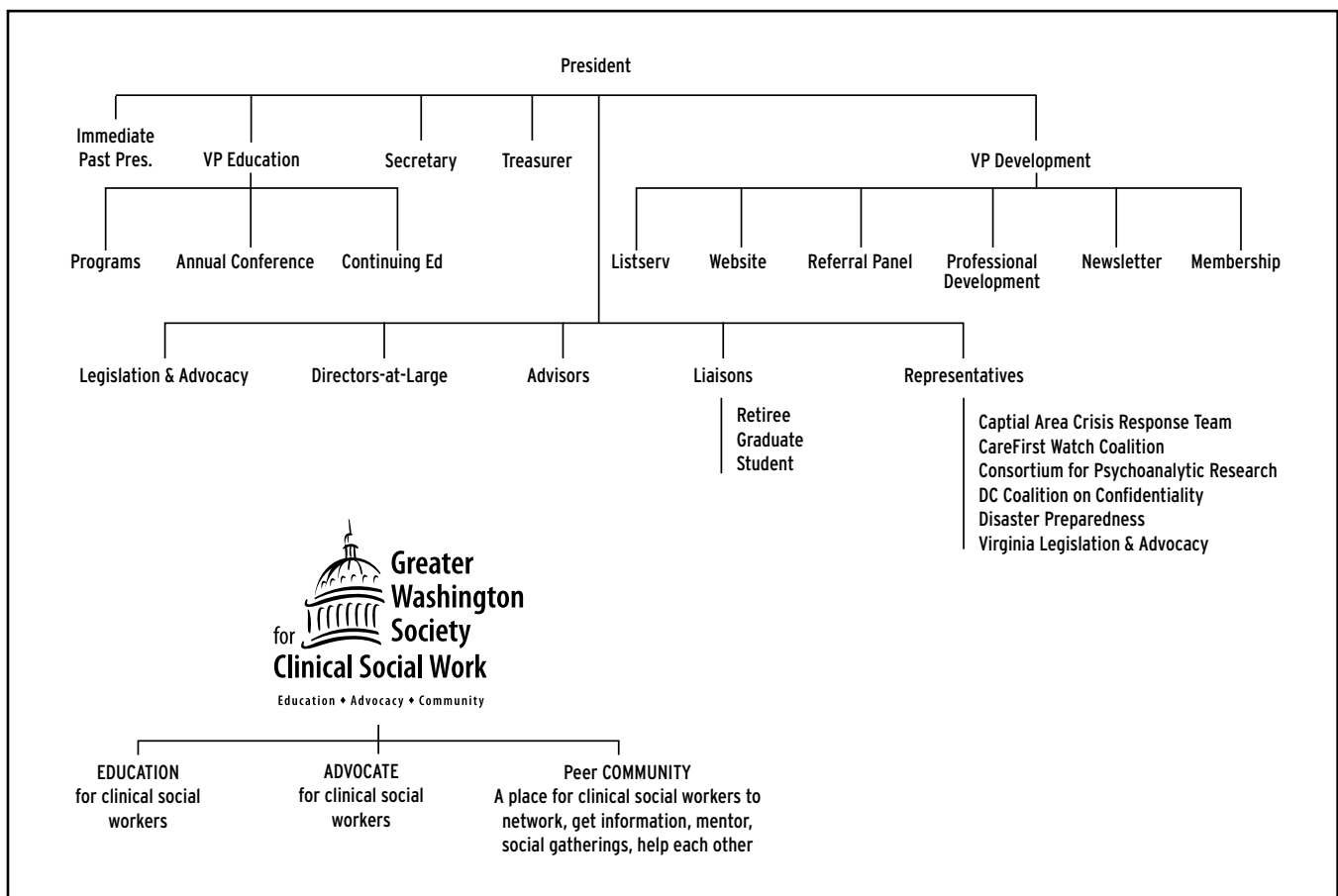
Our educational programs continue to offer relevant, affordable programs. I'm thrilled that our yearly conferences will happen again. The first one is the Alice Kassabian Memorial Lecture on October 29, 2011. These conferences will have a global perspective reflecting the changes in our cities, states, and our world. The

theme this year is on diversity and "otherness."

We continue to welcome new members who were previously members of the Maryland Society for Clinical Social Work. Many of them have helped with the transition and are already pitching in to volunteer. Our boundaries continue to expand unexpectedly. Our "transition team" met with a committee from the Virginia Society for Clinical Social Work at the end of August to discuss further collaboration. To be continued.

I'd like to thank each of you for being members and each of you who volunteer to support our mission to advocate, educate, and lobby on behalf of clinical social workers. So many of you work tirelessly to promote social work in your communities and in our Society.

Please feel free to contact me or the other board members with your suggestions and ideas. I hope to see you at one of our events this fall! ❖



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Easing the Shift From Couple To Parents

By Jen Kogan

Many of us who have kids remember the early years as a sleep-deprived time accompanied by unavoidable squabbles with our partner. This may seem like a rite of passage, but is there a way to prepare people ahead of time for the cosmic shift from couple to parents?

John Gottman and Julie Schwartz Gottman's, *Bringing Baby Home* program and their book, *And Baby Makes Three* (2007), aim to do just that. The Gottmans are known for more than three decades of research on marital stability and divorce prediction. Their 2007 data revealed that 67% of couples expressed marital dissatisfaction during the first three years of their baby's life with the remaining one third of couples indicating overall marital contentment.

In my private practice, parents often contact me because they have lost their connection with each other; in other words, they are part of the 66%. Some of these couples have a new baby, but others have older children and their communication problems have exacerbated over time.

Ideally, I can use the Gottman approach with couples before they have a child. However, the framework can be tailored for parents who find themselves in high-conflict relationships.

Using a Genogram

As a family systems therapist, I formulate a genogram with both members of the couple as part of my intake process. This gives me a sense of how each person adapted in their family of origin and what they may be bringing to the table in their current situation. The act of creating the genogram itself often diffuses initial tension and anxiety as we are all working on this project together. Important generational themes and patterns are noted on the diagram.

Sometimes a client's partner will be drawn into talking about the other's family because he or she has observed an important dynamic. Or a partner may be surprised to hear new information or stories they hadn't heard before. In both cases, the process of creating a genogram is a way to create a neutral and non-judgmental space for the parent couple.

The questions I ask provide a jumping off point for each person to explore who he or she is and what his or her hopes for the family might be. I ask each person to talk about their parent's marriage and describe how their parents shared or divided their responsibilities for the home and children. Is their current family similar to the way they grew up or different? How will they handle mealtimes, celebrations, sorrows, and holidays? What is their vision for their family?

Handling Conflict

Conflict is a hot-button topic for all couples and it is inevitable. What we do with conflict is what matters. As the Gottman's say, figure out the conversation you need to have instead of the fight. In session, we start by asking each person to say what he or she feels and needs and to describe the problem without blame.

Love Maps

The most important predictor for couple satisfaction is how they build and maintain friendship. A 'love map' is a road map to the partner's inner psychological world;

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9am to 12:30pm

For more information, contact
Ellen Thursby
202-319-4388 or thursby@cua.edu

it is what helps us feel deeply known by our partner. Communication exercises allow couples to ask each other open-ended questions and can help each to develop their own love maps.

Express Appreciation, Affection & Admiration

The three 'A's are vital to maintaining friendship and intimacy. When we lose sight of that it is easy to start sniping and blaming. For new parents this can be especially daunting because they are operating on little sleep and tempers can run short. Voicing appreciation and admiration can be an effective antidote for this problem.

This is also a time when a couple's sex drives may be out of sync, resulting in further distance and isolation. It is so important to help parents understand that this is just a temporary stage and to encourage partners to take the time to engage in non-sexual touching to stay connected.

Many new mothers complain that they are doing too much but it can be hard for them to let go and let dad take charge with the baby. The result is that new fathers may not have the space they need to learn to feel competent in caring for their baby. I often ask the parent couple if they can each shift and let go a little bit to welcome a change.

Support & Awareness

Making sure there are enough supports in place is vital. This is especially important in Washington, DC, where many couples don't have family living nearby. Problem solving about how new parents can each get a break and even find time to go out together without baby is essential.

As I work with parents, my goal is to help each individual develop an awareness of how he or she experiences feelings. I also aim to teach couples to see themselves and each other with kinder eyes. Appreciating how each partner contributes to conflict can create the space and understanding to do something differently when problems arise. Support and guidance during the most challenging phases of parenthood can go a long way toward easing the stress in a marriage and engendering greater trust and mutual respect in the family. ❖

Jen Kogan, LICSW provides support and psychotherapy to parents with children of all ages in her northwest DC private practice.

Networking with Wine & Cheese!

The three pillars of our organization are community, education and advocacy and these informal wine and cheese get-togethers are a great opportunity for community. It's a chance to gather without an agenda—something that is rare in our work. Those who have attended one during past year have said they love the intimacy of the small group—typically 5 to 10 people—and the opportunity to find out more about our Society and meet other members. Put one on your calendar and plan to join us!

Virginia

Saturday, September 10, 4:00 – 6:00 PM
Home of Patricia Morgan
10420 Breckinridge Lane, Fairfax VA 22030

Friday, October 21, 4:00 – 6:00 PM
Home of Michelle Cole
6012 Grove Drive, Alexandria VA 22307

Friday, November 18, 4:00 – 6:00 PM
Home of Helen Power
3809 Birchwood Road, Falls Church VA 22041

Maryland

Sunday, August 28, 4:00 – 5:30 PM
Home of Sydney Frymire
6700 Offutt Lane, Chevy Chase MD 20815

Friday, September 23, 5:30 – 7:30 PM
Office of Gayle Bohlman
602 Providence Road, Towson MD 21286

Sunday, September 25, 4:00 – 6:00 PM
Meet the webmasters, Cheryl & Colin McNaught, who designed our new website
Home of Melinda Salzman
1707 Black Oak Lane, Silver Spring MD 20910

Washington, DC

Sunday, December 4, 4:00 – 6:00 PM
Home of Margot Aronson
3201 Porter Street NW, Washington DC 20008

Hidden Trauma Part II:

A Sneak Peek into Often Minimized Experiences – ‘Ideal Family Neglect’

(Second of a three-part series)

Julie Lopez, PhD

As the second part of this three-part series on hidden trauma, I want to make mention of the fact that there are more than three experiences that qualify as hidden trauma. I have chosen to highlight three that I see frequently in my practice. My intent is to begin to inspire thought and discussion about these experiences in a different context, in order to empower our clients for healing. Following is a basic overview of what I call “hidden trauma.”

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.

Ideal Family Neglect

I coined the phrase “‘ideal family’ neglect to describe when a child grows up in a family where outward appearances are emphasized over the well-being and individuality of the child. The child does not receive the “adoring gaze” from the parent unless they are following a path that has been pre-determined for them by the parent or caretaker. The parents see the child only as an extension of themselves. For this child, they are getting the constant feedback that their needs are not important and that what they want is not okay. Should the child dare to voice distress about this arrangement, they are labeled as “difficult” or “bad.” This compounds the neglect and leads to internalization of a negative sense of self. Because the parents or caretakers in this arrangement are also preoccupied with external vali-

dation of their peers or community, they are positioning themselves to be praised as a professional, a parent or as a community member/leader. With their public adoration as their shield, they deflect any responsibility for neglecting their child with statements like, “I am doing all of this working for you, so that I can afford the best universities, extracurricular activities, etc...” So now the child who feels neglected and has developed a negative sense of themselves often adds on guilt for being so ungrateful and needy. Furthermore, if this child isn’t bringing glory to the parent through achievement in academics or an extracurricular activity, a failure complex may be added to the list.

Neglect Is Ongoing

Unfortunately in the scenario I am describing, the routine is everyday. The neglect is ongoing as well as the blame, guilt, pressure and disappointment. The child endures this primary relationship of neglect in silence. This child’s developmental period is characterized and greatly influenced by this neglect. The community cannot support the child because they cannot see the neglect as it is happening. It looks like high achieving parents providing “everything” for their “ungrateful” and “difficult” child. Or the child may cope with the feelings of distress by complying with the wishes of the parent in an attempt to feel loved and adored. Then they hold their despair only in private and externally play the part that has been prescribed. It looks like an ideal family structure. (Thus the name ideal family neglect.) The child feels isolated and alone with their struggle. Without understanding the complexities and the nuances of this hidden trauma, this very child still wonders in adulthood why they struggle with anxiety, depression, sleep disorders and addictions (including working, eating, shopping, etc.). They conclude they are crazy because, really, they should be grateful for all the opportunities that they were given by their perfect parents.

As clinicians, if we ask the right questions and are open to the possibilities of ideal family neglect, we can hold this frame for our clients to begin to explore some of these complicated relationships in adulthood. It is a very scary prospect for clients to begin this work. Our job is to be non-judgmental and to empower our clients through information sharing about this hidden trauma and how damaging it can be. Ultimately, it is the symptoms that we are looking to reduce, so identifying the accurate root injuries is critical. Because this particular trauma is executed in such a covert and manipulative way, its victims simply do not possess the framework, tools or the pathway to healing. And here in this capital city, I have come across this particular type of hidden trauma with some frequency over the years.

Please stay tuned for the final part of this three part series on hidden trauma where the experience of premature birth will be discussed. ❖

Julie Lopez, PhD, LICSW is the Director of The Viva Center, an empowerment- based, trauma informed practice in the heart of Dupont Circle. The Viva Center offers mixed modalities for treatment including psychotherapy, EMDR, Neurofeedback, Acupuncture, Needling, Craniosacral work, physical therapy, massage and various other body- based therapies.

Emotion-Regulation Skills Training Group for Adults

This is a 10-week, time-limited, psycho-educational group based upon Marsha Linehan's Dialectical Behavior Therapy (DBT).

Participants will learn skills for emotional self-management, self-calming and mindfulness. Each person works on the situations and emotions that are troubling them.

It is anticipated that each participant will most likely have an individual therapist with whom they can share the details of their situation. I am willing to coordinate or consult with members' individual therapists, and I am happy to answer your questions and address your concerns. An interview or telephone consult with the client is required to start.

\$60/session ~ sliding fee upon request

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SCIENTIFIC MEETINGS FOR 2011-2012

September 23, 2011 • 7-9 PM

The Analyst's Unconscious Reaction to the Baby in the Treatment

Dr. Lynne Zeavin

The following four programs will be devoted to revisiting a classic paper: James Strachey's *The Nature of the Therapeutic Action in Psychoanalysis* (1934). The first three evenings will feature analysts with differing perspectives who will address what ideas in Strachey's paper continue to have value and meaning as they work and what is particularly pertinent to their clinical thinking and practice. The final evening will bring the three presenters together in a panel discussion of a clinical case from these different points of view.

December 2, 2011

A Relational Response

Dr. Jay Greenberg

February 10, 2012

A Modern Freudian Ego-Psychology Response

Dr. Judith Chused

April 13, 2012

A Contemporary Kleinian Response

Dr. Shelley Rockwell

May 11, 2012

Clinical Panel with Drs. Greenberg, Chused, Rockwell

These Friday evening programs
will be held from 7 to 9 PM
Location TBA
There is no charge for scientific meetings
2 CEUs

For more information, contact
Marie Murphy, MSW
mmurphy@mamurphy.net

LEGISLATION & ADVOCACY

■ VIRGINIA

Our thanks to Rick Goodling, legislative chair of the Virginia Society for Clinical Social Work and Chris Spanos, legislative consultant, for the information in this update.

Three separate issues will be of interest to Virginia practitioners.

First, although there are no specific legislative or administrative actions under consideration that would alter the scope of practice for LCSWs, serious concerns remain about budget cuts to Medicaid and the public mental health system. On October 1, 2011, the Virginia Health Reform Initiative (VHRI) will present to the Governor and the 2012 General Assembly its recommendations regarding the structure and governance of the Health Benefit Exchange mandated by the Patient Protection and Affordable Care Act (PPACA), the federal health care reform legislation. VHRI is also charged

with making recommendations for state-wide expansion of Medicaid managed care. Information on the September 9, 2011 meeting in Richmond and on how to submit public comments can be found at <http://www.hhr.virginia.gov/Initiatives/HealthReform>.

Second, at the Virginia Board of Social Work, clinical supervision, settings, and eligibility to sit for the LCSW license have received a great deal of attention. The Board's discussion has focused on problematic registrations with insufficient information and/or poor documentation. Assessment, Diagnosis, and Treatment Objectives need to be clarified, and the focus on clinical activities must be clearly articulated.

Currently under consideration at the Board is a recommendation for creation of a master's level license, similar to the Licensed Graduate Social Worker (LGSW) in Maryland and the District of Columbia. (Virginia is one of the only states not currently credentialing this level.) As proposed, the holder of this new license, the LMSW, would take the master's level examination prior to supervision; the LMSW would be appropriate for intensive in-home, therapeutic day treatment settings, or practice within a public agency. The scope of practice for this level of license would involve an administrative function and limited clinical social work services.

Finally, the Virginia Society for Clinical Social Work, in developing its legislative agenda for the coming year, is exploring a proposal for a consumer protection bill to address issues concerning practitioners who have "mismanaged countertransference". Based on a study of current statutes and policies, the proposed recommendations would include regulatory reform to help impaired practitioners receive mental health services, and civil statute reform making it easier for injured persons to bring suit. The GWSCSW legislative committee will keep members informed via the GWSCSW listserv as this project progresses.

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

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■ MARYLAND

Alice Neily Mutch

One might think that advocacy efforts would have slowed down after the legislative session ended in April. After all, during the Session, there were more than eighty bills (among two thousand introduced, overall) that were relevant to clinical social workers. Every one of them required some consideration, and a significant number required action as well.

While summer in Annapolis is definitely not that intense, this summer, under co-chairs Betsy Amey and Margot Aronson, your Maryland Clinical Social Work Coalition continued to work and to keep the profession visible.

The 2011 Assembly Session ended on April 12 with huge deficits in the budget, requiring the Department of Health and Mental Health (DHMH) to further cut \$20 million in Medicaid before December 2011. Your Coalition responded to the call for comments (which were due by mid-August), urging decision-makers to spare the most vulnerable population.

Maryland's Secretary of Health, Dr. Joshua Sharfstein, asked health professionals to take an active advisory role as the State implements health care delivery reform in response to the federal Patient Protection and Affordable Care Act (PPACA). Your Coalition met the July deadline to put forward nominees to the Subcommittee of the Health Care Coordination Council (HCCC). This Subcommittee will be charged with tracking reforms designed to improve the patient's experience of care, lower costs, and improve health outcomes; to track payment reform programs; to share best practices across the State; and to develop recommendations for the future work of the HCCC. If one of you gains an appointment, your profession will benefit and the subcommittee will be enriched.

In September, a letter from your Coalition will go out to every legislator with the reminder that clinical social workers, who provide the bulk of mental health treatment in Maryland, are part of the public dialogue and can provide an excellent resource as health and mental health issues arise.

Two State initiatives of importance to clinical social workers will be getting underway this fall. First, Secretary Sharfstein's team has responded to mental health stakeholder complaints that dual regulatory systems

complicate care for patients with both substance abuse and mental health disorders. A plan to develop "a process involving public consultation to create a single set of behavioral health regulations" has been announced.

Second, the Secretary has announced a study considering the feasibility of a chronic health home model for individuals with behavioral health disorders, recognizing that in some cases, the essential and trusted treatment is not with the primary care physician but with the mental health provider.

Your Coalition will be monitoring progress on both these initiatives, and, as they progress, asking for your thoughts and input.

Finally, as fall begins, we welcome this year's Howard University MSW intern, Jaida Collins. With task supervision from your lobbyist and clinical supervision from Margot Aronson, Jaida will become accustomed to monitoring a variety of mental health concerns; to gathering information and opinions from Society members; to preparing issue summaries; to sending out mailings; to meeting legislators and their staffs, and to learning her way around the State House. Jaida will be operating in the tradition of her excellent predecessors, and may even have the assistance of Ramona Wilson, last year's outstanding intern, who is now an MSW and a Society legislation committee member.

The next legislative session begins in January. ❖

Lobbyist Alice Neily Mutch of Capital Consultants of Maryland guides the advocacy efforts of the Maryland Clinical Social Work Coalition in Annapolis. The Coalition is supported by Greater Washington Society for Clinical Social Work and represents clinical social workers throughout Maryland.

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■ DISTRICT OF COLUMBIA

By Margot Aronson and Mary Lee Stein

This July, the District of Columbia Council made some major changes restructuring committees and realigning committee leadership, including a reassignment for Councilman [and social worker] Tommy Wells, who will now chair the new Libraries, Parks, Recreation and Planning Committee. For the committees most relevant to clinical social workers, however, no changes were made: Councilman Jim Graham continues to chair the Committee on Human Services, and Councilman David Catania the Committee on Health.

Councilman Catania has been working to ensure that the District will be prepared for the mandates of federal health care reform: legislation to establish a Health Benefit Exchange is in the works, and Bill 19-292, the Mental Health Information and Primary Care Integration Act of 2011, is on its way to mark-up.

In July, representatives of a coalition of health consumer advocacy organizations—including Families USA, AARP, IONA House, the National Kidney Founda-

tion, and GWSCSW—met with Councilman Catania's senior policy advisor to learn about the progress of the Health Benefit Exchange bill, to air concerns, and to make suggestions.

To the question of whether a regional exchange for the entire metropolitan area is viable, the answer was, very likely not at this time. As currently planned, the exchange will be quasi-governmental within the Department of Healthcare Finance. Advocates emphasized that the governance board of the exchange must be structured in a way that will ensure that its decisions serve the best interests of consumers, patients, workers and small employers. It will also be important that the exchange be structured to emphasize administrative simplicity for consumers.

The bill is expected to be reported out in October and marked up in November. Councilman Catania, we were told, is adamant that this process be completed by the end of the year.

As for Bill 19-292, the "Integration" Act, details will be worked out over the summer, with mark-up planned for mid-September. A number of mental health providers have raised concerns about the risk to patient privacy rights if electronic sharing of patient psychotherapy information is not fully protected. Councilman Catania indicated at the bill's hearing this summer that, while he wants to be sensitive to these concerns, and would be supportive of strict regulations that would better assure privacy than those that have been federally mandated, he doesn't want to see "mental health as a subset of health," which in his view would have the unintended consequence of reinforcing the stigma effect. He considers the sharing of health information among medical providers to be of great importance, given the possibility of improved care coordination and overall promotion of a culture of physical and mental health.

More information about these two and other initiatives can be found on the Committee on Health website at www.dccouncil.washington.dc.us/health. The highly-informative *Committee on Health Newsletter* is available by email; contact Jonathan Antista, committee staff assistant, at 202-724-8170. ❖

Mary Lee Stein, LICSW, is in private practice in the District. She has long been active on the GWSCSW legislative committee, and is currently the Society's secretary. Margot Aronson, LICSW, is GWSCSW vice president for legislation and advocacy; she is also in private practice in the District.

Group for Women with Bulimia

Judith Asner will be starting a group for women with bulimia who have had a considerable amount of psychotherapy but have not been able to halt the binge-purge cycle.

Preferred age of members is 30 to 60 years old (mature) and members preferably are in individual psychotherapy. This is not a psychodynamic group, so it will not interrupt the individual work with your client. The focus will be on behavioral change, cognitive restructuring, body image, and a value-mining, for a healthier relationship with food and self.

Group will likely meet on Tuesday or Thursday, early evening.

Please contact Judi for more information
(301) 654-3211
judith.asner@verizon.net

FAQ About Continuing Education Credits

The specifics of how clinicians receive their continuing education are revised from time to time by local boards. The best way to be compliant is to read the most recent publications found on the websites of the Maryland, Virginia and District Boards.

VIRGINIA

- Requires 30 continuing education units for each two year period: 20 or more from Category I and up to 10 in Category II.
- Requires two credits in ethics or standards of practice.
- There are “no limits” on the number of credits that can be obtained from online study offered by an organization that has been certified by one of the seven certifying groups listed by the board or automatically eligible sponsor.
- Individual and professional activities fulfilled to meet Category II requirements have specific maximum credit limits; for example, group and self-study is limited to a maximum of five continuing education credits.

Review regulations and find maximum credits allowed at: http://www.dhp.virginia.gov/social/social_laws_regs.htm#reg

MARYLAND

- Requires a total of 40 continuing education units for each two year period: 20 or more from Category I and up to 20 from Category II.
- Twenty of these must include live, real-time transactions between teachers and learners. Interactive web-based programs are eligible for Category I credit if they are sponsored by a Category I Board approved sponsor. Live real-time programs must be interactive; a home-study is not an interactive technology.

- The 3 hours of ethics or standards of practice must meet the interactive criteria.
- A licensee can earn up to 20 hours in Category II from home study, if the home study is approved by a Category I Board sponsored or automatically eligible sponsor.
- Personal growth courses (e.g. yoga, qi gong, meditation) intended for lay audiences will not be approved for social workers for CEUs unless the audience is all professionals, the topic theory-based and supported by research, and the technique’s application to social work clients clearly shown.

Review the Maryland regulations at http://www.dhmdhmd.gov/bswe/continuing_education.htm

DISTRICT OF COLUMBIA

- Requires a total of 40 continuing education credits from programs or activities that are approved by the board.
- All 6 of the ethics credits required must be from a board approved program and must be “in-person” training.
- No more than 12 credits can be met in independent home-study or with distance learning modalities.

Review the District of Columbia regulations at http://hpla.doh.dc.gov/hpla/frames.asp?doc=/hpla/lib/hpla/social_work/social_work.pdf

Interested in presenting a GWWCSW Continuing Education course?

Proposals for the 2012–13 Continuing Education schedule are due by January 15, 2012.

Download the *Proposal Template* and *Instructor FAQ* at www.gwscsw.org > Education > Instructor Information

When Stroke Sits Down in the Chair

by Melinda Salzman and Flora Ingenhousz

“Oh, my (mother, father, husband, wife, sibling, friend) had a stroke....”

Whether or not you specialize in treating medical illness, it can come into your office—as the presenting problem of a new patient or an event in the life of someone already in treatment. When we think of medical illness, we often think of cancer and heart disease. Yet, stroke is the leading cause of long term disability in our nation, and the fourth leading cause of death. Stroke doesn’t happen only to the elderly. Stroke occurs among younger adults, children and even *in utero*. In fact, some of our very capable colleagues have experienced stroke—including Flora.

Drawing on our experience, we would like to share some ideas about how clinicians can help individuals and families face the challenges of life after stroke. As you can imagine, when one member of the family is stricken by a medical condition, the whole family is affected. Every stroke is unique. The impairments individuals and families must contend with range widely and are determined by which areas of the brain suffer the “attack.” Here, we want to focus on three aspects of the recovery process where clinicians can be especially helpful: perseverance, social contact, and depression. We also want to point out how these three elements interact with one another.

Perseverance, we now know, can bring rewards no matter how many years post-stroke. The old rule of thumb held that little further progress would occur beyond the gains made in the first year, but recent

findings show us the brain is more resilient than we thought. Newer research confirms that other parts of the brain can take over the function of lost cells, a quality called *neuroplasticity*. Individuals, and even doctors, who are unaware of neuroplasticity can become resigned. As clinicians, we can offer hope and support; we can encourage survivors to persevere in their exercises. Although the rate of progress will slow after the first year, we have seen survivors continue to make progress twenty years post-stroke. We see feedback loops here: perseverance promotes progress, progress promotes hope, and hope promotes perseverance. On the other hand, resignation can undermine perseverance, leading to lack of progress, leading in turn to depression.

Social contact is another “key ingredient” in recovery. Medical appointments, rehabilitation exercises, and everyday activities can devour the day. Exhaustion sets in. Some stroke survivors feel too embarrassed to be seen in public with a cane, a useless arm, or a drooping mouth. The effort to communicate with aphasia can discourage survivors or listeners to the point where they give up. Trusted friends sometimes disappear—out of fear, helplessness, guilt, or weariness. Caregivers might balk at the mountain of effort involved in getting the stroke survivor out the door. They might also feel “nobody else could take as good care,” and disallow going out by themselves. Any of these factors can result in a cut-off from social contacts.

Yet, social interactions play an important role in keeping the mind active, lifting morale, and motivating the survivor to develop new capabilities, to name just a few of the benefits. Here, again, we see a feedback loop: social isolation exacerbates depression, and depression breeds isolation. We can encourage survivors and caregivers to maintain old connections and create new ones, perhaps attending stroke survivor/caregiver support groups.

Depression is common within the first year after stroke. Anxiety, loss, financial stress, new roles, constant adjustments, anger, helplessness, and changes in one’s sex life easily give rise to it. Ranging from mild to major, depression may go untreated because family members and physicians misinterpret symptoms such as withdrawal or angry outbursts as personality changes due

Common Symptoms of Stroke: F.A.S.T.

- Face:** Sudden drooping of the face, often on one side
 - Arm:** Sudden drooping or weakness of the body, often on one side
 - Speech:** Sudden garbled or slurred speech
Sudden confusion or difficulty understanding speech
 - Telephone:** Call 911 immediately
- Time is brain: time lost means brain cells lost

to stroke. And it isn't only the stroke survivor who is at risk—caregivers frequently experience depression, as well. We can reduce the debilitating impact of this further complication by diagnosing depression and encouraging survivors and caregivers to seek appropriate treatment.

Stroke happens to the whole family, not just an individual, and the needs of the whole family must be considered during recovery. Along with physical and speech therapy, the emotional needs of survivors and caregivers also require care. As clinicians, we can play a significant role in promoting recovery. We can help survivors and caregivers grieve their losses and, at the same time, maintain hope as they reach towards the future.

If you would like to learn more, we hope you will join us for "Stories of Stroke," a seminar we will be teaching at the Center for the Study of Aging, at the Washington School of Psychiatry, on October 23, 2011. ❖

Flora Ingenhousz specializes in couples therapy and in the treatment of individuals, couples and families facing chronic or life-threatening illness including caregiving, end-of-life issues and grief. Melinda Salzman practices in Silver Spring where she works extensively with relationship issues; end of life; grief and loss; and chronic illness and caregiving.

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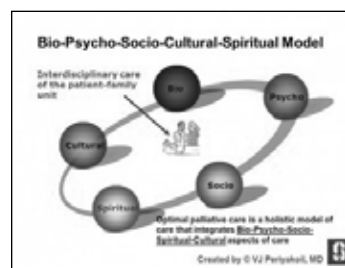
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NASW Headquarters,
7th Floor Conference Area
2 CEUs for \$15

Check out our Film Clip at:
www.pathfindersforcancer.org

Registration for training or film presentation at
www.naswmetro.org

The Importance of Tending to the Psychosocial Components in Palliative Care

The current effort to recast the health care system to deliver patient-centered care is an important development. This movement toward patient-centered care is an opportunity to showcase the multifaceted strengths of palliative care. In particular, the psychosocial components of that care are the very ones that assist with shared decision making, ease caregiver burden, smooth transitions and help avoid hospital readmissions.



Patient centered care has to factor in and attend to the bio-psycho-socio-cultural-spiritual needs of patients.

There is general agreement that the

goal of palliative care is to optimize quality of life through the control of physical symptoms and attention to individuals' and families psychosocial and spiritual needs. One distinguishing factor of palliative care is the concept that care is delivered by an interdisciplinary team. Social workers are essential members of interdisciplinary teams and provide support to both patients & families/caregivers and the team because of their practice knowledge. Social workers are at the forefront in caring for patients facing advanced chronic illnesses and their families. They are key team players in hospice and palliative care programs, promoting quality psychosocial care, advocating for patient and family concerns, building consensus in healthcare decision making, and supporting ethical practice.

Tending to the psychosocial components of palliative care is critical in assessing and addressing the multidimensional nature of pain and suffering—the cognitive, emotional, social, spiritual and cultural experiences faced by people and their families.

Judith R. Peres, LCSW-C, submitted this note to the *Journal of Palliative Medicine* blog. She can be contacted at judyperes@aol.com.

AGENCY ENDEAVORS

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This column features a member of our society that currently practices clinical social work in an agency setting and the unique challenges and experiences that encompass that great work.

Amigas del Corazon

Anne Garcia, MSW

It is a Wednesday night at 6:00 P.M. The room is set up with chairs in a circle and you can hear laughter and chatter in Spanish. There are 12 Latina women sitting together from all over Central America, South America, and Mexico. As participants in Amigas del Corazon (Friends of the Heart), they have come together once a week over a period of 12 weeks to share their most intimate stories around intimate partner violence, many stories of which they have never shared with anyone else prior to the group.

The first Amigas del Corazon therapy group began in 2008 at Women Empowered Against Violence, (WEAVE). WEAVE is a DC nonprofit that works to eliminate intimate partner abuse and other forms of gender-based violence through empowering, innovative, and holistic services. All of WEAVE's services are free and confidential.

Amigas del Corazon was the first group offered in Spanish at WEAVE. The group started with only four members, and had grown to twelve by the most recent meeting. Many women continue coming to the group even after leaving their abusers. Several of the group participants share how they are able to be their true selves in the group without carrying their other roles such as a mother, a worker, and a caretaker. They have an hour and a half to hear others stories related to surviving many kinds of oppression and violence, and most importantly, they are able to recognize that they are not alone.

Many of the stories share a common thread of fear: the fear of deportation if they called the police; fear of losing their children; fear of being shamed by their community; and fear of being alone in a country away from their family. The group also touches on the topics of grief and loss. Not only do some women talk about their feelings around the loss of the abusive relationship; they also discuss the loss around leaving their families behind to seek a better life in the United States. More than half of the women in the group left at least

one child in their home country. Some have sought legal assistance to help them obtain legal residency so their children can come and join them in the U.S. The challenge of raising a child through phone calls is extremely difficult emotionally, because the distance makes it impossible to watch children grow up and the emotional connection and trust between mother and child is lost.

Participants discuss sexual abuse they have experienced in their relationships. When the topic is initially brought up, the women rarely share their experience because they are shocked to know that being obligated to have sex against their will is considered rape. The participants usually define rape as occurring with a stranger, not with a boyfriend or husband. However, once one brave participant in the group shares her experiences, others break their own silence and their healing together begins.

As the final session draws to a close, several participants share that they feel sad the group is ending but they are grateful for the opportunity to have connected with others and heal. ❖

Anne Garcia is originally from South Texas and received her MSW from the University of Pennsylvania. She has worked at WEAVE as the Bilingual Therapist since 2007.

**New Fall Groups Offered by
Tybe Diamond, LICSW, CGP**

4707 Connecticut Avenue NW, Washington, DC

- ▶ Experiential, mixed gender psychotherapy group for ages 30–50
- ▶ Experiential, mixed gender psychotherapy group for ages 50+
- ▶ Experiential and support group for family caretakers, co-led by Anya Gill, MD, PhD and Tybe Diamond, LICSW, CGP

Complimentary 30-minute phone call for group candidates.
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Collaboration with referring therapists.

Questions? Call (202) 966-1381 or email ibtbye@aol.com

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Friday, October 21, 2011

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Remembering Alice Kassabian: An Open Letter

By Golnar Simpson

There is an ancient Persian tradition in story telling that every story begins with: "Once there was one and then there was none," delineating the in-between times of life. Alice Kassabian, our dear friend and colleague, a former President of the Greater Washington Society for Clinical Social Work, charter member of the Clinical Social Work Association, and a member of the Diversity and Otherness Committee of the American Association for Psychoanalysis in Clinical Social Work, died on June 9th after a long illness. I have known Alice for over thirty years as a fellow doctoral student and member of the boards of several local and national professional organizations and a dearest friend. For me, even at this moment of profound sorrow, remembering her and reflecting on what she did with her "in-between times" is like walking into a beautiful space that is warm and intimate, yet fascinating and awe-inspiring at the same time. I would like to invite you to join me in this space as I share some thoughts about a few central themes of Alice's life.

Alice was born in New York to Armenian immigrant parents who were survivors of the 1915 Armenian genocide. This legacy of trauma and her experience growing up hearing stories of painful experiences, survival and resilience had a profound impact on Alice's construction of her world. It made the concept of social justice a fundamental guiding principle in her professional and personal life. Social work, with its core values of social justice and respect for the worth and dignity of the individual, and its holistic perspective on the human condition, gave her a home in which to hone her skills for service. Few things in the world could mobilize Alice's energies like injustice, suffering and deprivation whenever and wherever she found them. In response, she would go into her service mode, invest time and energy, motivate others and proceed with conviction and hope to achieve the mission. It was not possible to be in Alice's presence in those times and not be touched and inspired by her quiet force and grace.

Alice's most distinguished social work career covered many decades and many aspects of social work practice from public welfare to health and mental health services in public and private settings. In 1969 she was given the Citizen of the Year award by the Fairfax

County Chamber of Commerce in Virginia for establishing the first non-profit day care center in Fairfax County. As a clinical social worker she was the recipient of numerous honors including the Elma Kahn Wolf Award, given to honor women leaders with significant contributions to the field of mental health, and, in 2006, she was inducted as a Distinguished Practitioner into the National Academies of Practice. Through her membership on the boards of numerous professional and civic organizations, Alice was able to pursue her social justice goals and public service through advocacy and the legislative process at the local and national levels. At the international level, having gained national prominence in the Armenian community in the United States, she traveled to Armenia for three consecutive summers in the early 1990s to educate, train and supervise Armenian psychotherapists who were working with the survivors of the devastating 1988 earthquake in that country. In 1994, she was given an award by the President of the Republic of Armenia for rendering urgently needed services. Here at home, she was appointed by the Governor of Virginia to a commission on international relationships between the United States and the Republic of Armenia.

Another prominent theme in Alice's professional life was her commitment to the promotion of excellence in social work education. Practice competency had a social justice meaning for her and she considered facilitating educational excellence for the next generation of social workers an essential responsibility of each of us. In this context, she was a founder of the Clinical Social Work Institute's doctoral program in Washington, DC and made enormous contributions to the excellence of its program. Alice was a tireless life-long learner. She received her Ph.D. in clinical social work from Catholic University and was a graduate of adult and group psychoanalytic psychotherapy programs of the Washington School of Psychiatry and Bowen's family therapy program. She was an educator in the true sense of the word and enjoyed working with students and supervisees. She had a holistic understanding of the human condition and one of her last projects before she became ill was working on a paper titled "Resilience, Relational Dynamics and the Armenian Women Survivors of Genocide" to be presented at a national conference. Alice was a lover of books and her

joy and excitement about finding books that shed light on her questions was an ever present part of her life.

A third and final theme that I would like to reflect upon is Alice's reverential style in human relationships. Family held number one priority in Alice's life. She enjoyed a sixty-three year marriage, raised five successful children and welcomed seven grandchildren into her world. In her relationships with professional colleagues and friends, warmth, generosity, dignity, integrity and capacity for forgiveness are attributes that readily come to mind when thinking about Alice. She had a genuine ability for celebrating other people's achievements while being modest about her own. And yes, she could be quite angry when appropri-

ate but never disrespectful. With these personal qualities, her strong commitment to social work values, and her elegant presence, Alice was simply a most valuable gift to our profession. Here at home, coming up through the ranks of the Clinical Society, her decades-long dedicated service in different leadership positions contributed greatly to the maintenance of our focus on legislative advocacy and the promotion of excellence in clinical social work education and practice.

On a personal note, I am filled with gratitude for having had Alice's presence in my life during her "in-between times" and the privilege of walking with her, professionally and personally, into warm, intimate, fascinating and awe-inspiring spaces. ❖

Alice Kassabian Memorial Conference

Shadows of Multiple Realities and Difference Within Clinical Experience

Saturday, October 29

9:00 AM – 1:30 PM

Cosmos Club, 2121 Massachusetts Avenue NW, Washington DC 20008

The first annual Alice Kassabian Memorial Conference is titled *Shadows of Multiple Realities and Difference Within Clinical Experience*. Honoring Dr. Kassabian's life long advocacy for social justice and commitment to the promotion of excellence in social work practice, this conference is an invitation to become participants in an ongoing conversation about the multifaceted issues of diversity and otherness.

Using contemporary bio-psychosocial theories and case material from individual to couples, families and genocide, the presentations will provide a space for taking a holistic fresh look at the impact of self/other dynamic transactions involved in the experience of otherness. Presenters: Golnar Simpson, PhD, Kathryn Basham, PhD, Audrey Walker, MSS, and Janice Berry Edwards, PhD. Alice Kassabian's daughter, Lynne A. Kassabian, M.A., will read her mother's last paper: *Resilience, Relational Dynamics and the Armenian Women Survivors of Genocide*, which Alice was preparing for presentation in California at the AAPCSW conference in March, 2011.

Parking is available on the street and in nearby parking garages.

A continental breakfast and a break snack will be provided.

4 CEUs

Early Bird Fees if registered by October 15:
\$75 / GWSCSW Members | \$100 / Non-Members
(add \$25 after 10/15/11)

Register online: www.gwscsw.org

Or MAIL check to PO Box 3235, Oakton VA 22124

(Write 'Kassabian Conference' on the memo line. Non-Members must include an email address.)

Or CALL the office at (202) 537-0007 to register with a credit card

A Conversation with Ellen T. Luepker, MSW

By Deborah S. Marks, MSW

DM: Our committee is thrilled that you've agreed to be the key speaker at our conference, "Ethical Record Keeping: Protecting the Professional Relationship" on October 15, 2011. We are impressed with your enthusiastic willingness to collaborate with us on every aspect of this program. Given that many of my colleagues perceive record keeping workshops as a boring chore, what makes your presentation unique and timely?

EL: Most of us look at record keeping as a tedious duty. Given the demands on our psychotherapy practices, it's often hard to make the effort to maintain these records. My goal is to provide information that will make record keeping simple and easier, not more of a burden.

Over the years, I've received numerous calls from practitioners who were scared of receiving a subpoena. Recently, they've been scared by licensing boards demanding their records. It is essential that practitioners become proactive about keeping coherent, concise, and timely client records, and that they assiduously protect the confidentiality of those records.

I find it helpful to think of the record as a therapeutic tool. The practitioner works in collaboration with the client to develop, review and reassess treatment planning. Record keeping can help foster the establishment of the therapeutic relationship and alliance. It's also critical to think about the manner in which we record. Clients can get horribly hurt by the way in which we describe them.

DM: Typically, our practice policies state that the client will have access to the records, but I don't think that we always keep that in mind.

EL: I feel inspired thinking of record keeping as a form of mentalizing with our clients. I view record keeping as an ongoing, interactive, humble process of mutual learning and discovery between clinician and client. As we think about what to write, we need to be mindful of what the client will see in our records.

DM: Sometimes it's just hard to keep up with the documentation of sessions, phone calls, and collaborative work with peers. Our work is mentally and emotionally exhausting.

EL: We all need to feel less anxious in our work. Record keeping actually helps to lessen the anxiety about dif-

ferent parts of our practice. We face ethical decision-making on a daily basis. We need to learn ways to document our decision-making, as well as the basis for our decision-making.

DM: I recently read your book, *Record Keeping in Psychotherapy & Counseling: Protecting Confidentiality & The Professional Relationship*. I was pleasantly surprised to find that your chapter, "Psychotherapist and Records in the Legal System," covered everything I needed to consider in preparing to testify in a legal case. You outlined the procedures, clarified the rules and highlighted different scenarios including what to expect from cross-examination. Knowing how to prepare and what to expect helps to lessen my anxiety and stay focused on the task. I'm still uneasy, but I have a better sense of how to manage my feelings and quiet my mind.

I see you've just finished a 2nd edition of this book. What keeps you so engaged in this topic?

EL: There is an urgent need for knowledge about record keeping in clinical practice, supervision, and training. Record keeping training is hard to come by. Some of us are lucky to get it in our internships. Most of us muddle through by creating our own system.

I've been in practice 40 years, and I'm still learning. I'm learning as I go along. Record keeping and how records can be used has become more complex. In my 2nd edition, I discuss the impact of electronic communications on the therapeutic relationship, as well as the impact of changes in financial circumstances, family patterns, social rules, world events and the influx of immigrants.

DM: We look forward to your conference on October 15.

Ethical Record Keeping: Protecting the Professional Relationship with Ellen Luepker, MSW

Saturday, October 15, 2011

9:00 am to 12:30 pm

Holy Cross Hospital, Silver Spring, Maryland

3 Ethics CEUs

\$45 / GWSCSW Members • \$75 / Non-Members

Register online: www.gwscsw.org

or mail check to PO Box 3235, Oakton VA 22124

GWSCSW Course Offerings 2011–2012

TEAR OUT
AND SAVE

■ 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 or 240-547-7497

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

CEUs: 4 hours

■ 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. Bring your laptop or tablet (optional).

Date: **Saturday, November 5, 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 or 301-460-3111

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

CEUs: 3 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: tlullmanmsw@gmail.com or 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 or 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 2, 2012**

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 (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: 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

■ Emergency Coverage of Your Practice: Practical and Ethical Considerations

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

Date: **Fridays, January 27 & February 10, 2012**

Time: 9:15 AM – 12:30 PM

Location: Civic Building, One Veterans Place
(Corner of Ellsworth Drive & Fenton Street)
Silver Spring, MD 20910

Instructor: Melinda Salzman, MSW, LCSW-C

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

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

CEUs: 6 hours (Ethics)

■ **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 2, 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 or 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 or 301-922-2345

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

CEUs: 3 hours

■ **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 or 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, April 13, 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 or 202-265-1000x1

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

CEUs: 3 hours

Register online at www.gwscsw.org

Questions?

Email gwscsw@gmail.com

Call (202) 537-0007

**■ 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 or 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 or 301-770-1111

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

CEUs: 6 hours

Register online at www.gwscsw.org

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
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
PAYMENT INFO		TOTAL	\$ _____

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

New Website, from page 1

4. When the dialog box opens, enter your email address in the 'Email' box.
5. Enter the temporary Password you copied from the email into the 'Password' box (using "Paste" if possible).
6. Select the button, "**Login**". (Do **not** click on 'Create Account')
7. The dialog box will then open up two new entry boxes, "New Password" and "Retype New." Type a confidential password of your choice (6 or more characters) into both the "New Password" and "Retype New" boxes.
8. Select the button, "**Login**" again. This will take you to your Member Area home page.

You are now logged in to your GWSCSW Member account. You should see a link just below your name: "**To View the Help Page for the Member Tabs, click here.**" Click on this to open a wonderful reference to our site in a separate window. You may even want to print it out for future reference and to remind yourself of all the new features you can now access.

Use the row of 'Tabs' along the top of the page under the Member Area header to update your information.

Welcome to gwscsw.org!

AAPCSW Meeting

By Susan Marks

A local meeting of the American Association of Psychoanalysis in Clinical Social Work (AAPCSW) was held on June 12. Four of us met at the home of Susan Marks to discuss the importance of research and study on the effects of diversity in our clinical practices, ways the ethnic and cultural make-up of our country is changing, and the importance of understanding this change both for our patients and ourselves.

We hope to build a local chapter here, using our meetings to further develop our ideas on diversity, and eventually have a conference on this topic. We hope more members of AAPCSW will join us for our next meeting to be held at Dr. Sarah Pillsbury's home on Sunday, September 12, 4-6 PM. Colleagues who are not members but are interested in finding out more about this association are welcome to attend. For more information, email surobbin@verizon.net. ❖

IPI Gala Awards Dinner & Dance

presenting the

*David and Jill Scharff Award
for Lifetime Achievement and
Contribution to Mental Health*

to

*Jason Aronson, MD
Premier Publisher of Psychotherapy Books
and Co-founder of IPI*

Saturday October 22, 2011 at 7:30 pm

*Kenwood Country Club
5601 River Road
Bethesda, Maryland*

~

IPI is a registered 501(c)(3) corporation.

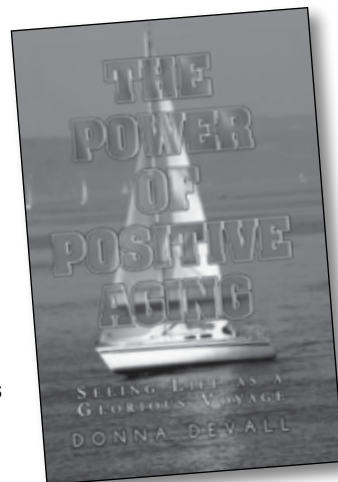
Donations to International Psychotherapy Institute are fully tax deductible.
For each individual GWSCSW or NASW member \$140 ticket ticket,
\$50 is tax deductible.

Checks should be written to the International Psychotherapy Institute
and mailed to Anna Innes, Executive Administrator, IPI
6612 Kennedy Drive, Chevy Chase, MD 20815

THE POWER OF POSITIVE AGING SEEING LIFE AS A GLORIOUS VOYAGE

by Donna Devall

Donna Devall has worked with elderly clients and their families for over 20 years as a clinical social worker, practicing psychotherapy, music therapy and care management. This experience has led to her strong conviction that getting older can be a boon and a privilege. She invites the reader to discover how to see life as a glorious voyage.



www.thepowerofpositiveaging.com

Order today from **amazon.com**

Annual Dinner Meeting 2011

By Susan Post

The gods that be looked kindly upon our Society June 10, holding off on the rain that had been predicted all week for the evening of our annual membership dinner meeting. Gathering as we have for years in Janet Dante's beautiful back yard amidst an array of purple tablecloths and African violets, we were graced by a lovely breeze, sunny skies and a temperature of only 90 rather than the 100 degrees of the previous few days.

As over 70 members convened to meet our newly elected officers and new members, we were entertained by two young musicians found by organizer Susan Post's granddaughter during a Bethesda street festival: Erica Snowe on guitar and Claude Martin on the fiddle. Their lively bluegrass and folk music set the mood for the warm evening of socializing while enjoying a delicious meal and wine.

President Sydney Frymire welcomed new members and introduced officers and committee chairs, who shared their hopes and plans for the upcoming year. Several members spoke in recognition of the extraordinary life and contributions of Alice Kassabian, a past president who had passed away just the day before.

Naomi Greenwood, our raffle organizer par excellence, provided the entertainment for the evening, and many members were delighted to win such prizes as a massage, acupuncture, a chiropractic evaluation, restaurant and gallery certificates, garden consultation, pedicure, pilates and yoga sessions, sports psychology consultation, and more.

Thanks to the many members who volunteered their help: Judy Wentworth, Marilyn Lammert, Lisa Snipper, Susan Lesser, Ellen Eule, Sara Girovasi, Alice Merrill, Michael Abrahams, Jeanine Lamb Philip Callahan, Joyce Harrison, Tricia Olsen, Diana Seasonwein, Sabine Cornelius, Marjorie Swett, Jean Senseman, Judy Ratliff, Amanda Shapiro, Kara Falck, Jane Whitaker, and all who pitched in spontaneously on the spot. Beth Altman and Irene Walton photographed the gathering for posterity. Jan Freeman, Melinda Salzman, Tybe Diamond, Flora Ingenhouz, Sheila Rowny, Mary Lee Stein, and Walter Knauff added to Naomi's long list of raffle items. A special thanks to Janet, our ever-gracious host. And of course thanks to everyone who attended—you are evidence of the purpose and strength of the clinical society and your presence made June 10 a night to remember. ❖



Photo: Irene Walton



Photos: Beth Altman

**INSTITUTE OF CONTEMPORARY
PSYCHOTHERAPY & PSYCHOANALYSIS**

UPCOMING EVENTS

ICP&P is offering several thought-provoking programs this year.
Join us and other professionals for stimulating and
engaging educational opportunities.

**2011-2012 Self Psychology Institute
40 Years of Growth and Innovation**

with Frank M. Lachmann, PhD, Joseph D. Lichtenberg, MD, Donna Orange, PhD,
James L. Fosshage, PhD and Judith Guss Teicholz, PhD

Four full-day Saturdays,
September 17, November 19, 2011 and February 4, April 28, 2012
The Cosmos Club, 2121 Massachusetts Avenue, Washington, DC
27 CE credits

Self Psychology Institute Optional Pre-Conference Sessions

Fridays, September 16 and November 18, 2011 and
February 3 and April 27, 2012, 3:00 – 6:15 pm
Location: TBD

Each pre-conference session offers 3 CE credits

**The Growth of the Individual:
A View Through the Empathic Lens**

with Frank M. Lachmann, PhD
Saturday, September 17, 2011, 8:30 am – 4:00 pm
The Cosmos Club, 2121 Massachusetts Avenue, Washington, DC
5 CE credits

Short Course – Infant Observation

with Jaedene Levy, MBA, MSW
Wednesdays, September 7, 14 and 21, October 5 and 12, and November 2, 2011
6:30 – 8:00 pm.
5816 Brookside Drive, Chevy Chase, Maryland
9 CE credits

**Short Course – A Dialogue on Couples Therapy from the
Perspective of Two Complementary Contemporary Theories**

with Mary O'Farrell, PhD and John Gualtieri, PhD
Friday, October 14, 2011, 11:30 am – 2:30 pm
ICP&P office, 4601 Connecticut Avenue, Suite 8, Washington, DC
3 CE credits

After the Affair: From Trauma to Reconnection

with Janis Abrahms Spring, PhD, ABPP
Saturday, December 10, 2011, 9:00 am – 12:30 pm.
National 4-H Conference Center
7100 Connecticut Avenue, Chevy Chase, Maryland
3 CE credits

For information on these programs or for registration information

visit www.icpeast.org

call 202-686-9300 ext. 5

email icpeastadmin@att.net

Neither ICP&P nor the presenters have any relevant financial relationship with any commercial interests.

Welcome New Members!

Full Members

Lauri Alsaffar
Betsy Amey*
Robert Bacharach*
Katharine Blakeslee*
Gilbert Bliss*
Gayle Bohlman*
Laura Brooks*
Daniel Buccino*
Mary Burke*
Claudia Cameron*
Elizabeth Champney*
John Collins*
Elizabeth Cornick
Rebecca Dalton
James David*
Julie Derby
Eileen Dewey*
Catherine Drennan*
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Stafanie Feldman*
Lisa Ferentz*
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Susan Gibbons*
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Mary Ann Hayes
Adrian Humphreys*
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Margaux LaFortune
Ann Lehwald*
Mary Lesser*
Deborah Levinson*
Lynn Lewis*
Joel Marcus*

Joshua Metz
Martha Miller*
Sabrina N'Diaye*
Latoya Nkongdo*
Kathryn Parke*
Amy Peck*
Deborah Permut
Jean Ratner*
Erica Rubinstein*
Carole Seddon*
Lenali Smith
Mary-Beth Smith*
Natosha Speight
Meghan Voris
Louise Weaver*
Steve Wechsler*
Elizabeth (Lisa) Williams

Graduate Members

Aimee Block
Nicole Fauble
Elizabeth Fenzel
Jerilin Mesa*
Lynne Ramirez*

Student Members

Gelareh Bassiery
Danyelle Crawford*
Elias Manrique
Latoya Nkongolo
Julie Noble
Amanda Pickerall*
Sofia Rosenblum
Melanie Shapiro

* MCSWS Members

GWSCSW BOOK CORNER

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

Reviewed by Erin Gilbert

Wearing My Tutu to Analysis and Other Stories: Learning Psychodynamic Concepts from Life

By Kerry L. Malawista, Anne J. Adelman, Catherine L. Anderson

Several years ago, GWSCSW member Kerry Malawista participated in the New Directions in Psychoanalytic Thinking writing program offered by the Washington Center for Psychoanalysis. While the program's goals may have included improving writing skills, Malawista's participation accomplished more than this. It inspired her new book, *Wearing My Tutu to Analysis and Other Stories: Learning Psychodynamic Concepts from Life*. Over the course of the program, she composed several memoir-style essays about her work as a psychoanalyst. In 2008, it occurred to her that these stories often were useful when teaching, and also would be valuable when compiled in a book. She asked two peers from the writing program, Anne Adelman and Catherine Anderson, if they would like to join the venture as well.



Anne Adelman, Kerry Malawista, Catherine Anderson

Wearing My Tutu to Analysis and Other Stories is divided into five sections, though the chapters share the format

New Directions in Psychoanalytic Thinking

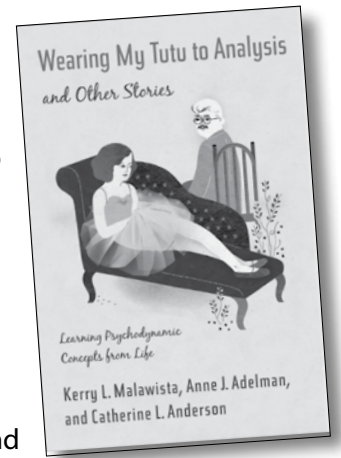
New Directions in Psychoanalytic Thinking is a postgraduate training program offered to professionals of differing backgrounds who share a psychodynamic interest. Over the course of three years, participants gather for three weekends each year in Washington, DC. A specific topic is chosen for each weekend meeting, and the goal of the weekend is to improve critical thinking and professional or personal writing skills by using the topic as material for special assignments, workshops, and forums. Malawista noted that several books have been written as a result of participation in the program. The program is sponsored by the Washington Center for Psychoanalysis.

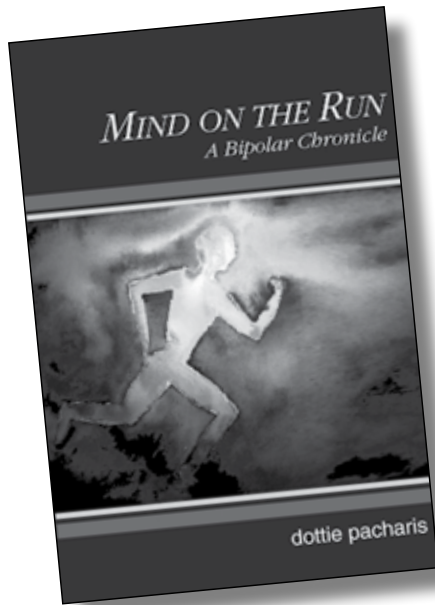
of beginning with a story, and following with a reflection on the concepts illustrated by the story. Part one of the book covers theory, including concepts such as screen memory, symbolic representation, dream theory, superego development, and enactment. Part two discusses development issues ranging from transitional objects to identity struggles, adult development, and parenthood. Part three focuses on technique, while part four features treatment challenges and part five includes thoughts on themes such as trauma, loss, and betrayal.

Malawista reads a lot of novels. Most novels are personal and intimate, attributes that she finds lacking in many clinical books. She wanted to combine the accessible nature of the novel with clinical information when writing *Wearing My Tutu to Analysis and Other Stories*. She named some authors who inspired her in this regard. Oliver Sacks is a prominent neurologist who wrote a book called *The Man who Mistook his Wife for a Hat*, which she found to include amazing stories. She frequently recommends Patrick Casement to students because of his clear language and great writer's voice.

Malawista is in private practice in Potomac and McLean, and also is a teacher and supervisor. She and Adelman are currently working on their next book, *The Bereaved Therapist*, in which a variety of authors write about their experiences as therapists who have lost patients to sudden deaths. It will be released in 2012.

Wearing My Tutu to Analysis and Other Stories was written for therapists and clinicians, and also may be of interest to those who wish to further an understanding of psychotherapy. An excerpt of the book may be found at tutumoments.com. ❖





Available from Amazon
or Barnes & Noble

For more information
or to order, visit
www.mindontherun.com

An Unnecessary Tragedy

Mind on the Run chronicles a family tragedy—the life and death of Scott C. Baker. It's a story of a family's efforts to help Scott through five major, prolonged bipolar manic episodes. It's the story of a suicide that proper treatment would have prevented.

The book tells a compelling story of love and loss. It's a tragic account, filled with sadness and frustration, of a family's futile attempts to save their loved one. It takes readers inside the bipolar mind, a mind tormented by psychotic and delusional thoughts that erase any semblance of reality, a mind trapped in a body ravaged by irreversible damage from untreated bipolar disorder. Readers will grieve for Scott as they watch him lose his successful business, his family, and ultimately his life.

Even as a broken mental health system protected Scott's civil right to remain mentally ill by refusing treatment, it rejected the fight by Scott and his family to obtain timely and humane treatment for him. When Scott was well, he tried to empower his family to help him during bipolar episodes, but the courts rejected his requests. His story shows us ways we can improve the system.

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www.wcpweb.org

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and other professional offerings available through the Center.

CLINICIAN'S MONEY UPDATE

The Financial Dimension of Psychotherapy

Peter Cole, LCSW

A psychotherapy practice is a complex and fascinating entity. For a practice to function optimally, the therapist must respect the fact that their practice functions as both a small business and as a place of growth and healing. Sometimes these two factors can seem to be at odds with each other, and many clinicians find dealing with the business aspects alienating. However, when we appreciate that it is the integration of the business aspects of a psychotherapy practice with the emotional work that takes place in the consulting room, we embrace the complexity that defines the private practice of psychotherapy.

In a private practice, the fee and business relationship contribute to the frame of the treatment: the boundaries that are essential to safety. The emotional work of the treatment cannot proceed safely without the boundaries that the fee and business aspects of the treatment provide.

In taking good financial care of yourself in your practice, you are modeling positive self-care. Your clients may balk at your fees and at your cancellation policies, but in upholding the financial boundaries of your practice, you are modeling good self care, and are showing your client that you respect the boundaries of the therapeutic relationship. I encourage you to embrace difficulties that arise in the financial dimension of the treatment. It is a foundational aspect of the psychotherapeutic work, not an interruption of the work. When difficult financial issues arise in a particular therapeutic relationship, you might think in terms of:

- What is being communicated between the client and you?
- How does this enactment or difficulty assist you in understanding your client's lived experience?
- What does the money symbolize for both you and for your client?
- Is there a transference test here?
- What will it mean to both you and the client if you hold the line?
- What will it mean to both you and the client if you are flexible?

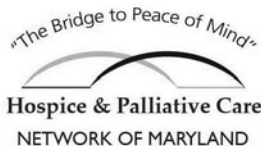
- What will it mean to both you and the client if you do not address the financial issues?

I am not suggesting here that therapists should be rigid. In opening up the financial issues in the therapeutic dialogue, you may find that making a financial accommodation to your client is exactly right for both you and your client. However, it is almost always important to discuss these issues in some depth with your client, and to discuss the financial dimensions of the treatment in your own clinical consultation.

The fee and financial dimensions are especially vulnerable to enactments in the therapy that can be problematic for both client and therapist. This is largely because the fee is a place where the therapist's needs become foreground in the therapy. It is the arena in which the reciprocal nature of the therapeutic relationship is highlighted. The therapist attends to the life and emotional needs of the client. The professional therapist takes their own emotional needs elsewhere and does not burden clients with them. However, the therapist does get something overt in return from the client. The therapist receives a fee from the client! This simple fact can be a source of much conflict for the client and sometimes for the therapist as well. Therefore, we must be vigilant in understanding our motivations and communications around the fee, cancellation policies etc. When we diverge from our stated policies around the fee, we are well advised to take this to consultation and inquire into what is being enacted.

Working effectively with the financial aspect is integral to your private practice clinical success and to your own financial well being. Good luck, and feel free to contact me with your questions and feedback. ❖

Peter H. Cole, Director and Financial Services Specialist, Insight Financial Group, (916) 444-1122. Securities through Securities America Inc, a registered broker/dealer, member FINRA/SIPC, Peter Cole, Registered Representative. Advisory services through Securities America Advisors, an SEC Registered Investment Advisory Firm, Peter Cole, Investment Advisor Representative. CA insurance license 0D04931. Insight Financial Group is not affiliated with the Securities America companies.



Why We Do What We Do? Realistic Short Term Psychotherapeutic Therapies at End of Life

September 16, 2011

9:00 am – 4:30 pm

Hilton Garden Inn Baltimore/Arundel Mills
 7491A New Ridge Road, Hanover, Maryland 21076

COURSE OBJECTIVES

At the end of this dynamic and interactive course, the participant will be able to:

- Identify appropriate key goals of short term psychotherapeutic interventions.
- Articulate a minimum of three short term therapies.
- Identify appropriate and inappropriate situations for the use of each therapy.
- Identify techniques to match therapies with individuals and families.
- Articulate the most common clinical blunders therapists make when using short term strategies.

CONTINUING EDUCATION CREDITS

The Maryland State Board of Social Work Examiners certifies that this program meets criteria for 6.0 credit hours of Category 1 continuing education for social workers and associates licensed in Maryland.

PRESENTER: MARY RAYMER



Mary Raymer, LMSW, ACSW, DPNAP, is a psychiatric social worker and marriage and family therapist who has served the terminally ill and their families for 30 years. Mary serves as president and chief clinician for Raymer Psychotherapy and Consultation Services, P.C., where she specializes in complicated grief issues and life-threatening

illness. She has served in a variety of capacities in the hospice community.

CONFERENCE SCHEDULE

8:30 AM	Check In/Continental Breakfast
9:00–9:30AM	Key Goals of Short Term Therapies
9:30–12:00PM	Review of Short Term Therapies (Problem solving, cognitive re-structuring, assertiveness training, expressive therapies, life review, self hypnosis, progressive relaxation)
12:00–1:00PM	Lunch
1:00–1:30PM	Common Clinical Blunders When Using Short Term Therapies
1:30-2:00PM	Application of Short Term Therapies
2:00-2:30PM	Group Application
2:30–2:45PM	Break
2:45–4:00PM	Team Communication
4:00–4:15PM	Wrap up, evaluations

REGISTRATION

Fees: \$259/Non-Members
 \$129/Members (GWSCSW Members have been invited to register at the Hospice Member rate)

Mail check to:
 Hospice & Palliative Care Network of Maryland
 408 Headquarters Drive, Suite 3H
 Millersville, MD 21108

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ABOUT THE HOSPICE & PALLIATIVE CARE NETWORK OF MARYLAND

The Hospice & Palliative Care Network of Maryland is a non-profit organization which promotes quality hospice care, acts as an advocate for the terminally ill, and promotes the hospice concept of providing compassionate, multi-disciplinary care to patients and their families. It provides professional education, a forum for the exchange of ideas in end-of-life care, works with state and federal agencies, and acts as a liaison to national, state and local hospice organizations.

OUT & ABOUT

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

Barbara Blizer has written a workbook entitled *The Infertility Workbook: A Mind-Body Program to Enhance Fertility, Reduce Stress, and Maintain Emotional Balance*. This workbook integrates information on a broad range of fertility topics with self-exploration exercises and step-by-step instruction in mind-body skills such as meditation, journaling, and mindfulness. It is designed as a personal coach, guide, and confidant for women struggling to achieve a successful pregnancy.

Mary Lee Esty, LCSW-C, PhD presented "The Results of Neurotherapy on Service Personnel Suffering from PTSD and TBI" addressing the "signature wounds" of the wars in Iraq and Afghanistan in warfighters coming back from theater at the Third Annual Military Conference, San Antonio, Texas on March 1, 2011. She also participated in the American Neuropsychiatric Association, Twenty-second Annual Meeting, March 2011 in Denver, Colorado. Poster Presentation: *Neurotherapy of Attention Deficit Hyperactivity Symptoms*.

Adele Natter was awarded a Certificate in Intensive Short-Term Dynamic Psychotherapy after completing a three-year program at the Washington School of Psychiatry.

Marilyn Stickle will be presenting a workshop on "Creative Listening in Clinical Practice" at NASWs Sixth Annual Clinical Conference, September 23, 2011, at the Maritime Institute of Technology, Linthicum Heights, Maryland. ❖

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—————
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rajanwab@comcast.net

Positions Available for Mental Health Professionals

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If interested please send a résumé with a letter of interest to familycompass@aol.com with "therapist application" in the subject line. The letter of interest should highlight the applicant's relevant experience in one or more of the areas above.

OUR ONLINE SOCIETY

Ann Wroth

Married with Infidelity

A New York Times Magazine entitled "Married with Infidelity" sparked a spirited exchange on the listserv this summer. The article, which looked at the state of marriage, monogamy, and relationships outside marriage, including polyamory, included extensive input from Dan Savage, a national sex advice columnist, known for the starting the "It Gets Better" You Tube campaign.

Below are some examples of the discussion.

► I'm glad to hear someone finally talking about this. Our culture is very monogamy centric and it doesn't leave a lot of room for other options. I would like to give people the opportunity to at least think about and explore whether monogamy is right for them instead of going through life thinking there is no other choice and as a result committing infidelity which can wreak havoc on relationships.

► I agree with that the forces of jealousy are a huge issue within polyamorous relationships and that entering into polyamorous relationships does lead people into a psychological minefield. Despite that, people continue to enter into these relationships and I think as therapists we should do our best to help them the same as we do everyone else. People who are considering entering into a polyamorous relationship should be very careful about what they are doing. There are a number of things to be negotiated including how jealousy will be handled, how time will be managed, and a whole host of other issues that go along with these. This includes what the couple will do if one of the members falls in love with someone else. I don't think it makes sense for people to "promote" polyamory, but I do think that these relationships are out there and that people in these relationships need help navigating them without pre-judgment.

► I'm struck by the use of the phrase "without pre-judgment,". I don't think we as therapists either can or should always be "without pre-judgment." Of course, we must be cautious in expressing judgment; about anything our clients bring to us. We don't want to shut down the conversation! But, on the other hand, we do - and I think should - make judgments about the actions our clients are contemplating. While not condemning

our client for contemplating or even enacting what we see as unsafe behavior - would want to explore and seek to mitigate. Wouldn't we see it as dangerous to our client's well-being, and therefore wouldn't we try to help the client sort out what's going on that leads to them wanting to do that? It's not so much a matter of "judging" it, in the sense of passing moral judgment on it, as it is of recognizing the emotional disturbance that underlies it and of seeking to help the client resolve the disturbance.

Obviously, I'm not suggesting that relational adventuresomeness is necessarily in a class with self-harm. But there are dangers inherent in it, dangers to the client and to those with whom they enter into relationship. Though I would not want to take some sort of hard and fast stand against it, in thinking about it with my client, I would probably press pretty hard to encourage my client to look deeply at the possible motivations and the potential implications of their desire to embark on such a course (or continue on it, if he or she is already engaging in it).

And of course, an area of discourse very ripe for examining one's countertransference!

► The powerful unconscious forces surrounding jealousy seem highly relevant here. Deliberately "opening up" one's relationship would seem to inevitably lead couples into a psychological minefield. While some couples can navigate these; undoubtedly many couples cannot. It strikes me that one cannot fully prepare in advance for this "journey". I can imagine a couple who talks for hours about "openness" and consciously decides to venture into erotic or even polyamorous exploration. Yet, how can one prepare for one's partner discovering, perhaps without any intention to do so, that the "third party" is incredibly special and that the partner is "swept away". The partner

can tell the spouse that “I love both of you—but in different ways” or “I’m attracted to both of you—but in different ways.” But nothing can tell the partner that he or she must be “even-handed” and passions often sweep people downstream into new relationships. And regardless of what is verbalized, choices are made about where time is spent and who is slept with.

None of the above suggests that “openness” in relationships is doomed to failure. As Dan Savage suggests, there are situations where it does work for at least an extended period. But I think it is problematic to promote this without understanding the risks involved for both the individuals and couples.

► I think the observation that some couples pursue “openness” when one partner is pushing for this and the other agrees because they fear losing the relationship is not an unusual pattern. Back in the 70’s, when “Open Marriage” was a best-selling phenomenon, Leslie Farber wrote a very wise article “On Jealousy”. He suggested that expressions of jealousy had become more of a taboo than the infidelity itself. Of course, jealousy, as with our other passions, never really vanishes; it is simply suppressed or repressed and emerges in other forms. I’ve resurrected an e-copy of this article; email me if you’d like a copy.

► The appropriateness and usefulness of the therapist’s “judgment” have to do more with such questions as: What is the therapist’s “judgment” based on? Is it conscious or unconscious? To what extent are countertransferential issues being played out? How will exploration of differing points of view (between therapist and client) further or complicate the client’s work? And so forth.

► An inquiry into “why someone would decide to get married” is important. We are often quick to glide over decision-behavior that is congruent with the dominant cultural attitudes, but this also constitutes “judgment,” doesn’t it. Because the decision fits in with cultural expectations, we are less likely to challenge it, and we imagine ourselves to be free of “judgment”! But of course we ARE making a judgment, one that may need close examination just as “judgments” about non-traditional decision-behaviors need close examination.

► I have come across a number of couples for whom this has worked for a significant amount of time. Not

only in relationships where people occasionally sleep with someone outside the relationship (as in a swinging type relationship) but also in polyamorous relationships where people are free to not only date, but fall in love with someone outside of their primary relationship. I know one couple with an 11-year-old daughter who have been together for 18 years. They don’t tell their daughter that they are sleeping with other people; they just introduce their lovers as friends, just like any other friend. This couple has been polyamorous from the beginning of their relationship and they have dated people outside of the relationship. They seem remarkably happy. One thing I have noticed is that people in these types of relationships often feel uncomfortable seeking therapy because they feel their lifestyle will not be understood.

The people that I know in successful polyamorous relationships tend to be very skilled at working through relationship issues as they have had to face jealousy and all sorts of other relationship problems that are more complicated than those of traditional monogamous relationships. I am just starting my own private practice and I am planning to market specifically to the

continued on page 34

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polyamorous and kink communities because I have seen how this pro-monogamy bias can make people uncomfortable seeking the therapy that they need.

► I have to wonder at the sensationalistic title of this article; it seems to me that what is being proposed by Dan Savage is a form of fidelity, a term which is generally defined as a state of being faithful to promises and commitments. The article considers the possibility that some couples may have better quality and longevity of relationship if the mutually constructed terms of their commitment include the freedom to have other sexual partners. If these terms are mutually desirable and agreed upon, then those outside encounters are by no means "infidelity", right?

I say this not merely to parse words. The good faith agreement is at the heart of the matter. It seems to me that if that is truly in place, people ought to be able to work out whatever arrangements they wish, as long as everyone is above board, including with the outside partners.

Except I have yet to encounter a couple for whom this has worked for long. I'm very curious if other clinicians

have. I am willing to set aside my pro-monogamy bias in the face of disconfirming evidence. But whenever I've come across this situation, in gay or straight couples, there has been one of two dynamics:

1. One partner has agreed to the arrangement only because he or she believed the alternative was losing the relationship. This has mostly been women agreeing to their male partner's wish for variety, but not exclusively - I have seen it in several gay male couples as well, and in one straight couple in which the woman wanted a particular female outside partner.

2. Both partners are highly ambivalent about intimacy and commitment, wanting the security of a partner, but not one that gets too close too often, and they collude to keep this delicate balance via allowing outside partners. This one can include the variation of three-ways.

In the first case, it's easy to see what the problem with the arrangement is. By the time I see the couple for therapy, or sometimes the reluctant partner for individual work, the downsides have long ago manifested themselves. And the dynamic is pervasive throughout the relationship, not just in the non-monogamy issue; one partner believes he or



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she is powerless in the relationship, and there can be no good faith agreement when that's the case. In the second, I suppose we could say that it's a valid choice for people to limit their closeness in this way, and what's the problem? We are not the intimacy-enforcing police, nor do we know what's best for everyone. But because of the context in which I come across these folks, there is a problem, whatever form it takes that they present with, and it always boils down to one or both of them not wanting to pay the opportunity cost of a limited relationship. At least one of them wants to be more seen and known and connected, or secure that they are primary, even if he or she is still holding out for having that while maintaining the escape valve of other partners. Or sometimes, Partner A has become anxious and threatened by what he or she perceives as Partner B's growing closeness with or preference for an outside partner - the escape valve that was designed to protect from suffocation has brought about, instead, fear of abandonment.

► Extremely important is the impact on the emotional well-being of any children in the equation. How this would play out in the presence of a truly mutual "open" arrangement? Kids should not be privy to the details of what goes on behind the bedroom door of their parents, so does this extend to not mentioning to them that sometimes Mommy or Daddy has sex with other people? Is this misleading them? If and when they discover it, will they experience betrayal? Or do you explicitly let the kids know this is part of your relationship? At the very least, they then have to deal with the fallout from knowing their parents behave outside the mainstream. ❖

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

Rebecca Dalton, LICSW
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Upcoming Events and Seminars
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Dementia Care Seminar Series and Certification Program

6 Saturdays - September 17, October 1 & 22,
 November 5 & 19, December 17.

Presenters: Anya Gill, MD, PhD; Cathy Lonas, BSN, PN, MSBA;
 Bonnie Gallagher, LICSW; Alexis McKenzie, MscD; Benedetto Vitiello, MD
 12 CME/CE Credits

Fee: \$ 540 / Student Fee: \$270 / General Public Fee: \$360

Infant and Young Child Mental Health Seminars

Therapeutic Presence: Reflections on Countertransference

Nine monthly seminars on Fridays from 12:15 to 3:15PM.

Begins September 16, 2011

This seminar series fulfills the new 3 credit CE multicultural
 requirement for Maryland Psychologists.

27 CE/CME Credits / Fee: \$810

ISTDP Conference - Working with the Highly Resistant Patient

Saturday and Sunday, September 17 & 18.

Presenter: Jon Frederickson, MSW

10.5 CE/CME Credits / Fee: \$315 / Student Fee: \$105

*Conference sponsored jointly by Washington School of Psychiatry
 and Washington Psychiatric Society*

**Hoarding and OCD: Theory and Treatment Options from Therapy
 and Medications to Deep Brain Stimulation**

Saturday, September 24 8:30am to 1:45pm

Suburban Hospital Auditorium

Presenters: Elspeth Bell, PhD, Harry Gill, MD, PhD,
 William Lawson, MD, PhD, Donald Shields, MD, PhD, MBA

4 CE/CME Credits / Fee: \$120 / Student Fee: \$40
 (fees includes lunch)

Being a Group Therapist: A Journey Through Life

Friday and Saturday, September 23 & 24, 9:30am to 6:30pm

National Group Psychotherapy Institute

Presenter: Morris Nitsun, PhD

12 CE/CME Credits / Fee: \$360 / Student Fee: \$120

**75th Anniversary Conference Series: Sexuality and Intimacy:
 In Society at Large and In the Therapist's Office**

Saturday, October 15

Presenters: Ann Louise Silver, MD, Naoko Wake, PhD, Jeff Akman, MD
 3 CE/CME Credits / Fee: \$90 / Student Fee: \$30

Stories of Stroke.

An Exploration of Strokes' Impact on Survivors and Caregivers

Sunday, October 23, 12:15 to 4:30pm

Center for Aging

Presenters: Flora Ingenhausz, MSW and Melissa Salzman, MSW
 3.5 CE/CME Credits / Fee: \$100 / Student Fee: \$35

75th Anniversary Conference Series: Politics of Mental Illness

Sunday, December 11, 3:00 to 6:00pm

Suburban Hospital Auditorium

Presenters: Foster Gesten, MD, Harry Gill, MD, PhD
 3CE/CME Credits / Fee: \$90 / Student Fee: \$30

If you are interested in any of these events or seminars please call
 202-237-2700 to register or visit our website at www.wspdc.org.

Also, there may still be openings in several of our training programs,
 including our Supervision Training Program and Child and Adolescent
 Psychotherapy Training Program. Please call for more information.

COMMITTEE REPORTS

Continuing Education

Marie Caterini Choppin, Chair
mchoppin.lcsw@verizon.net
301-625-9102

Lisa Snipper, Virginia CE
lisa.snipper@me.com
571-230-2349

The CE committee spent the spring months putting together the 2011–2012 CE courses that are now available for registration. These courses are listed on the website and in the newsletter. Registration is quick and easy online at the new website.

The committee has developed two important documents that are on the Instructor Information page under CONTINUING EDUCATION: a *CE Proposal Template* and *CE Instructor Frequently Asked Questions*. These are posted in an effort to facilitate the process of sending in proposals and getting all the information you need to understand what is expected of a presenter.

We were pleased with the many proposals that we received; there are a number of them that didn't get into this year's schedule but will be offered for the following year. When we began to develop the program for 2011–12, we looked at ways to offer courses that members had requested. One of these is the 3-part series for Supervision Certification which we hope to offer every other year. As well, we began exploring other options and possibilities for offering CEUs. We have thought of ways to increase enrollment in courses and have been researching the possibility of having designated locations for our programs to be

held. If any members know of a good location or have an office space that holds up to 15 people, please let us know. We believe that if members become used to certain locations, they will come to more courses, have more registrations and use the opportunity to network, as well. A goal of the CE committee is to offer courses that will draw enough registrations so that we do not ever have to cancel a course. This means that we have to have at least seven paid participants in order to break even.

Along this line of appealing to our members, we are also going to be trying to increase our courses located in Virginia. To do this, we decided to add a Virginia "branch" of the CE committee. Lisa Snipper, LCSW-C has agreed to head this effort. Therefore, those of you who are interested in presenting in Virginia (whether you practice there or not) can now send your proposals to Lisa Snipper directly. She will have her own committee that will be reviewing proposals and setting up courses for the 2012–13 year.

Members interested in presenting a course for the 2012–13 should send in their proposals no later than January 15, 2012. If you are interested in presenting in Virginia, email the proposal to Lisa Snipper. For all others, email to Marie Caterini Choppin.

We are always looking for new members to join the committee who are willing to mentor new presenters, review workshop presentations for approval, be able to commit to attending monthly meetings and are invested in making the changes we may need.

If you think you are interested in volunteering, please email me at mchoppin.lcsw-c@verizon.net to discuss this possibility.

Please feel free to contact me with any questions, suggestions and/or ideas for workshops or other CEU venues.

Legislation & Advocacy

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

This summer, our Maryland and District of Columbia legislative subcommittees have been monitoring their jurisdictions' differing approaches to federal health care reform: What role will clinical social workers play in the proposed "medical homes"? How will our clients' privacy be protected once Health Information Technology (HIT) regulations have put health data on line? Can we make the case for extending to our profession the financial incentives for HIT that at present are being offered to doctors? In Virginia, where there has been resistance to the federal mandate, the subcommittee has been working on regulatory concerns. These and other committee efforts are outlined on the legislative pages of this newsletter.

Such advocacy has been a cornerstone of the Society from the beginning. We made our voices heard in Maryland, Virginia, and the District of Columbia back in the '70s, fighting for—and gaining—professional licensing for clinical social work. Since then, we have spoken up in our three jurisdictions about a number of legislative issues: we have lobbied for

or against numerous regulatory changes, always emphasizing the importance of maintaining high clinical social work standards; we have advocated for fairness in health care coverage and access to quality affordable mental health treatment for all; we've raised our voices to confront managed care and related challenges, and—in some cases—even won.

One of the most eloquent of those voices is now silent, and we feel the loss deeply. Alice Kassabian, past president of the Society and an activist from the Society's earliest days, died this June. Alice was our rock. From the earliest days until her illness last winter, she could be counted on to speak up for us at Virginia Society legislative strategy meetings, at Virginia Board of Social Work open sessions, and at hearings in the General Assembly in Richmond. Alice brought to our profession a fine intelligence, thoughtful judgment, sensitivity, kindness and caring, understanding. Her energy and gumption, at age 85, was an inspiration.

We miss her.

Membership

Sue Stevens, Co-Chair

snevetss1@gmail.com, 301-984-1325

Nancy Harrington, Co-Chair

nahlcsw@aol.com, 703-608-0180

The Membership Committee has been busy again this quarter planning activities to both welcome and increase new membership. We continue to welcome new members from the area and in particular from the local graduating Master's programs graduates. Also, with the addition of the new Maryland contingent, our numbers have really grown, as has the reach of

our plans that now include distant Maryland.

As you've probably seen or will see, the new GWSCSW website has so many wonderful benefits and advantages, one of which is that the annual renewals and payments can be done online now.

There is a complete listing of all our members with pictures, and after this year, this will be the new 'Directory.' (If you have a smartphone, you can even add the website to your app page for easy access to your directory!)

There was one Happy Hour in August, and in the Fall all are welcome to the "Happy Hour" hosted by Larry Smith at *Jackies* in Silver Spring—look for notices on the listserv. If anyone is interested in hosting a Happy Hour in other locations in Virginia and DC, please contact Sue or Nancy and we'll try to help.

The Annual Newcomer's Tea is scheduled for November 6, 3–5 PM, with more information to follow. The Membership committee has been contacting the last batch of new members, and we will be having small "get-acquainted" brunches before then. If you are new and would like to participate in this and have not been called yet, give us a call or drop an email and we'll get you an invitation. Nancy Harrington will be hosting the small Virginia luncheon for new members in Annandale on September 10, 11 AM–1 PM. Sue Stevens will be hosting a Maryland luncheon in Rockville in September. The exact date will be posted on the listserv.

So, keep up your membership, attend the events, and even come *join* the Membership Commit-

tee—there may be all kinds of unexpected surprises. When the co-chairs of this committee met for the first time, they were thrilled to discover that they were long lost cousins! You never know who you'll meet!

Newsletter

Angela Fowler-Hurtado, Co-Editor

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202-544-2032

Lisa Wilson, Co-Editor

wilsontherapy@gmail.com,

202-431-9371

What a talented and creative community of social workers we have! Our newsletter contributors this month offer a variety of clinical information on a range of topics including trauma, grief, parenting, health and more. We thank each author and contributor for helping to create a great publication.

After a year of service as co-editor of the newsletter, I (Angela) have decided to decrease my role in the newsletter in an effort to maintain the precious work-life balance. I will be stepping down as editor, but will continue to volunteer with the committee. Our dedicated Lisa Wilson will be taking the role of sole editor. We can certainly use help in producing the newsletter each quarter, so if you are interested in volunteering with the newsletter committee, please contact Lisa Wilson at *wilsontherapy@gmail.com*.

I have thoroughly enjoyed my role as Editor and thank the Society for the opportunity to serve. I hope you have found the issues over the last year enriching and thought provoking. More great newsletters are yet to come!

continued on page 38

Professional Development

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

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

The Professional Development Committee would like to extend a personal welcome to all the new members joining GWSCSW from the Maryland Society for Clinical Social Work—and all other new members as well! We are excited to be able to join forces and are dedicating this newsletter committee report to introducing the Professional Development Committee's mission, offerings and future plans.

Our committee formed to assist GWSCSW members in moving through the stages of the "professional life cycle." We sponsor services and programs that support clinical social workers as they complete their education, investigate licensing, seek employment, begin private practice and work in the public/private sector. Panel discussions provide members an opportunity to gain information and share experiences. Small groups have formed to allow members to focus on specific challenges. Committee member Susan

Marks leads a support group for members seeking to start and/or build a private practice. The group meets monthly at a location convenient to those interested. Susan can be contacted at 703-533-9337 or at surrobin@verizon.net. The Committee is exploring additional topics for short-term and/or ongoing groups.

Another service the committee developed is the Mentor Program. Social workers new to the profession or starting private practice are matched with a mentor to provide a one-to-one relationship with a senior level clinician from the Society. Mentors provide guidance to newer social workers as they encounter 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 an application on the mentor page of the website.

The expanded membership of GWSCSW means access to the

ideas, experience and energy of even more individuals committed to professional excellence and collegiality. We hope that some of you will choose to join our efforts so that we will be able to increase the number and scope of the panel discussions, as well as develop new programs. A plan for a committee meeting is in the works so please contact Sheila or Karen if you are interested in becoming a committee member. Also, we have begun to receive additional requests for mentors and would like to encourage willing and experienced members from the broader Maryland region to complete the application on the Mentor page of the Society website (<http://www.gwscsw.org/mentor.php>). We welcome ideas and input from the GWSCSW membership.

Hospitality Committee

Irene Walton
irenewalton@gmail.com
301-758-5945

Are you looking for a fun easy way to get more involved with your colleagues? How about joining a Hospitality Committee? We are looking for members to help with planning and supporting events. The more the merrier! Please contact Irene Walton. ❖

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 – 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 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 and are subject to editing for space and clarity.

Send all submissions to gwscsw.news@gmail.com

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Advertisements, accompanied by full payment, must be received by the GWSCSW by the first of the month preceding publication.

Material should be sent to gwscsw.ads@gmail.com. For questions about advertising, call 202-537-0007.

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FRIENDSHIP HEIGHTS, DC – Part-time office available. Walk to Metro or easy parking. Light-filled, furnished or unfurnished. Share kitchen, bathroom, waiting room with established group. Available any two weekdays plus Saturday. For more info email cpsofwashington@gmail.com or call 202-244-8855 x3.

SILVER SPRING – Office available 2½ days (shared with another psychotherapist). 10'x19' with huge picture windows, wireless, printer/fax in two-room suite with soothing waiting area, shared with Alexander Technique teacher/massage therapist. Elevator, public parking garage in same block, two blocks from Silver Spring Metro. Minimum 1 year commitment, \$400 for 2½ days, includes possibility of Saturdays and evenings. Located at 8701 Georgia Avenue, #406 at Cameron Street. Contact Carol Boggs, 301-681-8318.

TENLEYTOWN – Sunny, spacious therapist's office available half time. One block from the Metro in a three-office suite with waiting room, restroom and small kitchen. Available Mondays, Fridays and Saturdays plus Thursday mornings. Parking may be available in the building for an additional fee. Contact Dr. Suzan Stafford, 202-237-7035 or suzanms@verizon.net or Marilyn Bono, MSW, 202-253-4444 .

FALLS CHURCH – Part time office space for rent. Available up to 2½ days per week. Centrally located, bright, sunny room, reasonable rent. Available October 1. Call Carolyn at 703-532-2424.

TYSONS – Half-time 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, lherrickphd@gmail.com or 703-847-5793.

GROUPS

"STEPMOTHERMATTERS" – A biweekly support group designed to foster increased understanding and satisfaction as a stepmom and partner. Great opportunity to meet others in a similar situation. Beginning Tuesday evening, October 4, in downtown Bethesda. Members pay what they feel they can afford. For more info: afscottmsw@gmail.com.

SEX/CYBERSEX ADDICTION – Groups meeting in Rockville for sex addicts and spouses/partners of sex addicts facilitated by Paul Kelner, LCSW-C, Certified Sex Addiction Therapist, 301-388-0178 or visit www.sexaddiction-recovery.com.

EVENTS

THE PSYCHOANALYST AS CONSULTANT IN A THERAPEUTIC CLASSROOM: A CASE STUDY – October 29, 2011. Presenters: Kathleen Miller, PhD and Anne Jaegerman, MS; 5:00–6:30 pm, at the Baltimore Washington Center for Psychoanalysis, ten minutes from the Capital Beltway at 14900 Sweitzer Lane, Suite 102, Laurel, MD 20707. 1 CEU. For more information visit www.bwanalysis.org or call 301-470-3635 or 410-792-8060.

TRAININGS

VOICE DIALOGUE: THE PSYCHOLOGY OF SELVES – Level I Training Program. Meets 9/29, 10/13, 11/10, 12/8, 1/12, 2/9 from 10am to 1pm. 16.5 CEUs Cost: \$135/month. Ann Dobbertin 301-422-0101 www.anndobbertin.com.

ADVANCED INTEGRATIVE THERAPY BASICS SEMINAR – October 14, 15 and 16, 2011 in Vienna, Virginia. Presented by Mary Branch Grove, LCSW. Approved for 21 CEUs. For information and to register please call Mary Branch at 703-442-7735.

POSITIONS

GREAT PRACTICE IN TOWSON – The Resource Group is seeking LCSW-Cs as contractual affiliates in our office in Towson. Opportunities for group work, individual, family, and child psychotherapy among congenial and experienced colleagues. Experience with addictions, CBT and/or DBT a plus. Please call Dr. John Davis or Betsy Amey at (410) 337-7772 or send your CV and employment objectives to dordia@resourcegrp.org or fax to (410)-337-8729.

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.

CLINICAL SUPERVISION – by LCSW-C with over 30 years experience, private practice since 1980. Towson, Maryland location. Jungian theory, cognitive behavioral strategies, individual, couples and groups, EMDR, body centered, yoga instructor, spiritual perspectives. Call Gayle at 410- 583-7443.

Are you listed on our new
Find a Therapist?

Have you registered and
paid for a fall workshop
online?

Have you renewed your
membership and updated
your profile online?

Check out our
new website at
www.gwscsw.org



PO Box 3235
Oakton VA 22124

ADDRESS SERVICE REQUESTED



Renew your GWSCSW Membership by October 1

This year, we're doing it online at:
www.gwscsw.org

\$150 Full | \$75 Graduate | \$25 Retired | \$25 MSW Students

If you prefer to pay by check, mail your check to:
GWSCSW, PO Box 3235, Oakton VA 22124

If you have any problem logging on to the website or if you have any questions about your membership—or anything else!—please contact Jan at the office at gwscsw@gmail.com or (202) 537-0007

A New Free Benefit for Full Members

List Your Private Practice on the New Find A Therapist

Current full members may choose to list their practices on our new Therapist Finder. It is similar to our previous Referral Panel, but with these enhancements:

- There is no longer a charge to be listed; it is free to all full members.
- It now includes an interactive map, increased search categories, a place for your photo, and much more.
- You can update it anytime, yourself, by logging on at gwscsw.org and updating your profile.

While you're at the website renewing your membership, don't forget to sign up for the optional

2012 Prepaid Legal Plan

The 2012 Prepaid Legal Plan will be serviced by the same attorneys as this past year, and members can subscribe at the same time they renew their GWSCSW membership.

The plan will be in effect from January 1, 2012 to December 31, 2012.

The opportunity to subscribe to the 2012 Prepaid Legal Plan closes December 31, 2011. There are no mid-year subscriptions and no pro-rations.

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

...and one more thing. You might be wondering what happened to the list of GWSCSW continuing education and social events, usually listed here on the back page. They're all online at www.gwscsw.org > **Events & Courses**.