

Scholarship Awards Ceremony ..... 1

President’s Message ..... 2

Volunteers Opportunities..... 3

GWSCSW Website Update..... 3

Hidden Trauma – Premature Birth ..... 4

Reaching Out to MSW Students..... 5

Legislation & Advocacy

    Federal ..... 6

    DC..... 7

    Maryland..... 8

    Virginia..... 10

Integrative Therapies Involving Touch:  
Legal and Ethical Considerations ..... 11

What is Polyamory, and Why Do Social  
Workers Need to Know About It? ..... 12

GWSCSW Continuing Education ..... 13  
*(Tear Out and Save This Schedule!)*

Brown Bag Schedule ..... 16

Networking with Wine & Cheese..... 17

Call for Continuing Education  
Proposals for 2012–2013 ..... 17

Professional Development Events ..... 18

Out & About ..... 19

The Spousal Loss Model..... 20

Welcome New GWSCSW Members!..... 21

Our Online Society: Insurance Coverage  
for Couples and Family Therapy..... 22

Book Corner: Infertility Workbook..... 23

Committee Reports ..... 24

Classified Ads ..... 27

## Scholarship Awards Ceremony

By Martha Miller

On October 14, Sue Stevens, Margo Aronson, Joel Kanter, Betsy Amey and Martha Miller had the honor of recognizing the accomplishments of two second-year clinical social work students at the School of Social Work at the University of Maryland, Baltimore, by presenting them each with a \$500 scholarship award. The scholarship awards tradition was started by the Maryland Society for Clinical Social Work (MSCSW) six years ago and has been adopted now by the Greater Washington Society for Clinical Social Work (GWSCSW.) Deans Richard Barth and Deborah Rejent served as welcoming hosts for the event, and expressed their appreciation for the Society’s interest in the School of Social Work’s students. After the ceremony, GWSCSW representatives enjoyed lunch with the students and their guests at the Campus Center, and gave recipients Debra Kanter Klaus and Danyelle Crawford memberships to the Society, welcoming them into our professional community.

Prior to beginning her degree in social work, Debra says she was working with young people as a dance teacher, and “guiding them through

*continued on page 5*



Photo: Matt Conn, UMD

*Left to right: Margo Aronson; Joel Kantor; School of Social Work Dean Richard Barth; scholarship recipient Danyelle Crawford; Sue Stevens; scholarship recipient Debra Kantor Klaus; School of Social Work Associate Dean Deborah Rejent; Martha Miller; and Betsy Amy.*

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

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# President's Message

Sydney Frymire



Now that the holiday season is beginning, we are asked almost daily, to donate funds to support local, regional, national and international causes. "There's no better time than now to 'give where you live,'" says Sally Rudney, executive director of the Community Foundation for Montgomery County. Our community now includes the entire world. We are so interconnected. Giving and volunteering is taking on new dimensions.

As social workers, we give on multiple levels everyday. Most of us have chosen our careers because we are wired to serve families and seniors in our private practices, schools, hospitals, private non-profit and government agencies. We know financial security is only one component of well-being. Emotional, mental, physical, and spiritual aspects are also important for well-being. During my term as president, I've learned how important it is to take care of ourselves and have fun as volunteers. When we do, there are so many energizing and unexpected rewards.

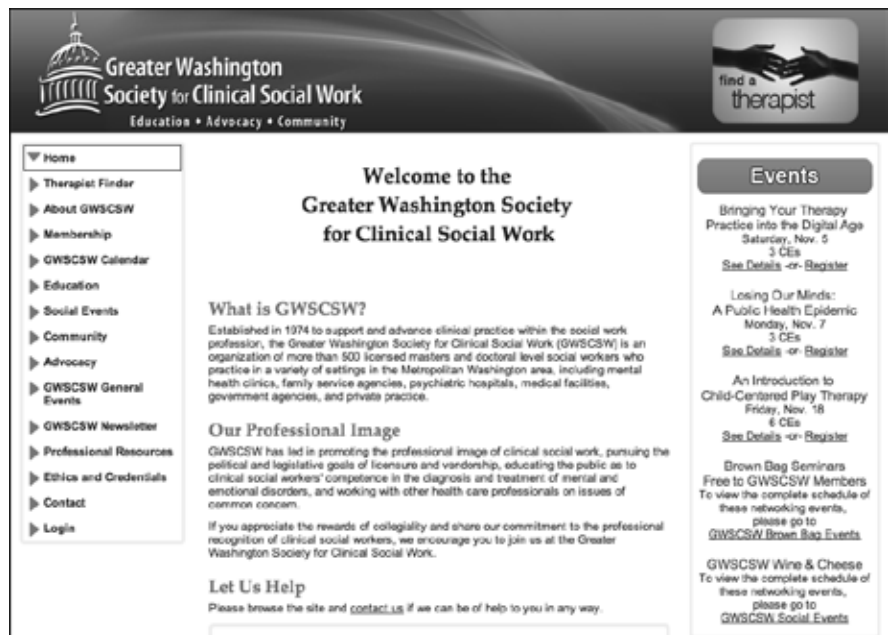
Our Society is becoming increasingly global. While I was in Nepal, GWSCSW had our first Alice Kassabian Memorial Conference, "Shadows of Multiple Realities and Difference Within Clinical Experience" on October 29. This conference highlighted Dr. Kassabian's lifelong advocacy for social justice and her commitment to the promotion of excellence in social work practice. This conference invited us to become participants in an ongoing conversation about the multifaceted issues of diversity and otherness. Like Alice, many of our members are increasingly involved in reaching out to people from other countries.

I'm writing this president's message on the plane leaving Kathmandu, Nepal. My group was immersed in Nepalese culture while we worked for four days for the Dadagaun Village Development Project, an educational support program. As we assisted in assessment and data collection, we were reminded of what is important and true. Before and after our experience, we had time to think and discuss effective strategies to improve the lives of others. This was a profoundly rewarding experience for each of us, our translators, and the villagers.

I'd like to share this poem with you. It is written by Mozella Perry Ademi-lyi, a motivational speaker and poet who joined my group in Nepal. This poem was written after our time working in the village. Mozella wrote it for Jeffrey Slavin, who was chosen by *Bethesda Magazine* as the 2011 Philanthropist of the Year.

Just imagine if  
Each of us  
Followed your example by

Finding our unique way to  
 Reach those in need  
 Even a little goes far  
 Yielding experiential results...  
 Service shines a  
 Light for all to see  
 Altering the way we  
 View our communities, our world  
 Inspiring and inviting the  
 Next big steps for mankind.  
 Thank you for what you contribute  
 every day as social workers and for  
 your contributions to our Society.  
 Happy holidays! I hope each of you  
 enjoy good health, well-being and  
 prosperity this holiday season. ❖



## GWSCSW Website Update

*Irene Walton, Vice President of Development*

The new Greater Washington Society for Clinical Social Work website is up and running! We have had very positive feedback about it, as well as helpful suggestions. We look forward to continuing to work as a community to make it accessible and effective for all of us.

**[www.gwscsw.org](http://www.gwscsw.org)**

All members already have accounts on the website, but each member must activate his or her account in order to use it. Much of the site is “members-only” so it’s worth a minute of your time to activate your account so you can access all the features. If you need help logging in for the first time or activating your account, please contact Jan at the the GWSCSW office by emailing [admin@gwscsw.org](mailto:admin@gwscsw.org) or phoning 202-537-0007.

The website allows us to view all scheduled educational events, conferences, and social events. We can register for events online and renew our memberships. There is also a complete and up-to-date private—not viewable by the public—membership directory.

All members should review their information on the website (tabs: Account Info, Contact Info, Offices, Profile) to make sure it is correct and up-to-date. Some full members will also want to join the Therapist Finder system so that their profiles will be available to members of the public looking for therapists. This is easily done on the Therapist Finder tab. Click on the View Member Profile button to see your profile.

Membership renewals were due on October 1. As we move into the new year people who have not yet renewed their membership will be moved off of the directory and the Therapist Finder. You can avoid this by activating your account and renewing now.

Thank you for your involvement and feedback—it is much appreciated and valuable in making the site work for everyone. ❖



### Volunteers! Volunteers!

Anyone interested in being part of the Society but not have a whole lot of time?

Consider volunteering for a time-limited, one-time event.

If any of the committees sound like fun, but you would just like to try it out, give us a call.

Nancy Harrington LCSW, CGP  
 NAHLCSW@aol.com  
 703-608-0180

## *Hidden Trauma, Part III*

# A Sneak Peek into Often Minimized Experiences – Premature Birth

By Julie Lopez, PhD

In this and each of the previous installments of this three-part series, I have defined a “hidden trauma” as a certain type of experience that is frequently and generally misunderstood, minimized, and remains unlinked to the trauma reactions that it inspires. 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.

In this final installment of the series, I will highlight the hidden trauma of premature birth as it impacts the entire family system—parents, siblings and the child born prematurely.

### **Birth as a Joyous Occasion**

The phenomenon of premature birth is often minimized in our culture. The medical staff, hospital, friends, and community at large, tend to focus on birth as a joyous occasion. The joyous aspects of childbirth are clung to even for children born dangerously premature who spend their first days, weeks or months around machines, lights and beeping, instead of snuggled into their parents. Parents’ feelings of helplessness, fear, loss and powerlessness are swept under the rug as babies come home, or as corrective surgeries and other procedures are finally put behind them. Unfortunately for these parents, siblings, and the babies themselves, some of these memories and losses remain imprinted in their systems and can show up later as trauma reactions. But since birth is not generally understood to be potentially traumatic, individuals suffering with traumatic symptoms resulting from a difficult birth usually remain unaware of the source of their distress. This is the very nature of a hidden trauma: its victims remain

unable to heal from their symptoms because they do not connect them back to their origins.

For the parents of a premature child, once the hospital stay has ended and surgeries are winding up, the community support around a difficult situation dies down. It is during this time that traumatic symptoms can arise. The literal crisis is over but the emotional effects begin to show. The flashbacks, the nightmares, possible depression or anxiety can actually be shocking for the parents because they expect to feel relieved. Parents may try to avoid hospitals or the thought of having another child, but not make the connection about why. For those who do develop trauma reactions without being exposed to the idea that this could be possible, normal and treatable, they oftentimes remain hopeless in their experience. They may feel isolated and wholly unaware that their experience of having a premature child is impacting their emotional and psychological well-being.

In my experience of working with parents of severely prematurely born children, if these symptoms remain untreated, they will and can remain present for the individual for years. This is important to realize and is one of the difficulties of accurately pinpointing and addressing a hidden trauma. The person experiencing the symptoms does not even realize that the event caused a reaction.

### **Impact on the Child**

In the experience of premature birth, the disconnect between symptoms and cause is particularly dangerous for the individual born prematurely. The original experience occurs when they are pre-verbal and the stories for the child are only about how grateful the family is that they are alive and a member of the family. The story of the terror and being out of control is not the part of the story that is told. The child-turned-adult may experience avoidance of any type of sensation reminiscent of their early time in the hos-



If you missed the first two parts of this series, remember you can always access past issues of GWSCSW News & Views at [www.gwscsw.org](http://www.gwscsw.org) > GWSCSW Newsletter > Newsletter & Archives

pital. Although unintentional, the medical seriousness of their birth and the need to be incubated impacts their early attachment experience and can lead to feelings of abandonment, as immediate skin-to-skin contact with parents to support bonding and to ease the transition of birth is not possible. For the adult or older child, the shadow of their premature birth is just a fact that they know, or a distant story that is told. But the psychological and emotional imprint may be responsible for unexplained distress and feelings of abandonment and overwhelm during formative life moments. This unrecognized impact of a past experience is the very definition of hidden trauma.

It is important to note that not every person who experiences a hidden trauma will develop traumatic symptoms; however it is good practice, as clinicians, to explore “hidden” causes—both those highlighted in this series and others you may encounter—for clients who report trauma-related symptoms. Even when clients are fully aware of the traumatic experiences, they may not recognize the impact these experiences have had. It is our privilege to help bring the unacknowledged connection between experience and symptoms out of hiding, thereby opening the way for healing. ❖

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Julie Lopez, PhD, LICSW is the executive 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. The Viva Center is dedicated to optimal living.

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### **Scholarship Awards, from page 1**

the language of movement to share stories with (her) as they embarked on their search for personal meaning.” After what she called a “dialogue with an extraordinary social worker,” she entered the U of MD School of Social Work, and has found that “undertaking the social work program as a returning full-time student has proven to be an extraordinary experience.” Her internship at Adventist Behavioral Health in the Child/Adolescent Partial Hospitalization Program has deepened her knowledge, skills and commitment to working with young people in both school and community settings. Debra “envision(s) designing programs for young people that allow them to express and communicate their struggles, needs, and hopes through dialogue and action.”

Danyelle graduated in 2010 with a BS in Human Services. After graduation, she continued her education at the UMD in the School of Social Work, with child and maternal health as her specialization. Her personal family experience with a younger brother with autism motivated her to enter the social work profession. She saw “the dedication and willpower” that her father exerted to obtain services for her brother. She has gained additional insights into the needs of families through her employment at Baltimore City Healthy Start and other volunteer work with children. As with many social work students, she credits her parents with instilling in her a passion to help people in need. Her father was present at the ceremony to show his pride and support for her hard work and achievement.

Looking forward to next year, several members are needed to coordinate the tasks associated with this awards program. These tasks involve: facilitating the publicity for donations from members to the scholarship fund; communicating with Dean Rejent about the application process; organizing a small committee to review the applications; scheduling a ceremony date; and attending the awards ceremony and presenting the checks. This is a much-appreciated and fun way to encourage the next generation of clinical social workers. If this appeals to you, please contact Sue Stevens, snevets1@gmail.com. ❖

## **Reaching Out to MSW Students**

*By Nancy Harrington*

Each spring, the Membership Committee visits each of the local universities. Several representatives from the Society—volunteers welcome, incidentally—go out to meet the upcoming MSW graduates at each school to introduce them to GWSCSW and to invite them to be part of it. The schools include George Mason University, Howard University, University of Maryland, and Catholic University.

The committee is also beginning a program of assigning a Society liaison to each school to maintain contact throughout the year. For example, Bev Magida is now a member of the GMU Department of Social Work’s Advisory Committee. One of her tasks is to help find guest speakers on social work topics. If you are interested in volunteering, please contact her at bev.magida@verizon.net or 703-821-3055. ❖

# LEGISLATION & ADVOCACY

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## ■ FEDERAL

Laura Groshong

*Affordable care act, medical homes, health homes, accountable care organizations, health information technology*—the language of health care reform remains a mystery to many clinical social workers. In fact, these terms can be confusing, especially since the place of mental health professionals in integrated health care services is very much a work in progress. It is not surprising, then, that clinical social workers in private practice—used to making their own treatment decisions and being very selective in sharing patient information—wonder how coming changes will affect our practices.

For a glimpse of the future, take a look at the short feature called “The Future,” at <http://www.youtube.com/watch?v=3-Rkhrd40BY>. Created by Dr. Martin Black, this you-tube cartoon shows an attempt at communication between a mental health professional and an Accountable Care Organization employee. It not only captures the lack of communication but demonstrates the philosophical divide that makes improved communication difficult, as well. The robot-like voices of the piece highlight the way that becoming part of a “system” feels dehumanizing to everyone involved. But the clip also points out underlying trust issues, with those working in the new health systems having too much trust that their systems will provide better patient care, while clinicians are highly doubtful that these systems will improve mental health treatment.

As the experts in human communication in this paradigm, we LICSWs should be able to apply our skills to these new systems and figure out how to explain our point of view to health care administrators and other health care providers in an open and objective way. While the characters in the cartoon are presented simplistically for the sake of clarity, there is more than a grain of truth to the problems exposed. Navigating the new health care system will be difficult for LICSWs; we need to think through how best to be effective partners and advocates for ourselves and our patients.

The Affordable Care Act is likely to survive, in large measure, the court battles and the political opposition. For our part, we must educate ourselves about

our participation in the changes that it represents and work through our resistance to changing the way that we work in the larger health care system. Take a look at the future. ❖

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*Laura Groshong, LICSW, is director of government relations for the Clinical Social Work Association (CSWA) and the author of Clinical Social Work Practice and Regulation: An Overview. In addition to her legislative work at the national level, Laura maintains a private practice in Seattle, Washington.*



## Advocating for the Profession

Pat Baker

A Clinical Social Work Association (CSWA) legislative alert on the Society’s listserve this fall described the huge impact the national debt crisis and a polarized Congress could have on social workers’ clinical practice. As CSWA’s Laura Groshong explained, failure by the “Super Committee” appointed by Congress to reach agreement on a debt reduction plan by November 23, 2011, could trigger deep across-the-board cuts in spending – to include Medicare provider reimbursement rates. As Medicare rates go, other health insurers frequently follow.

In response to Laura’s recommendation that we call, email, or—ideally—visit our members of Congress, I decided to contact my Representative, Chris Van Hollen, one of the twelve Super Committee members. I requested a meeting for Nancy Wilson, Rene Laje, Milenda Shenk and myself—all constituents, all clinical social workers—and his accommodating staff found time for us. Before the meeting, health policy aide Erika Appel asked me to email our discussion points; at the meeting we were able to add specifics and examples.

We explained that the potential draconian cuts would render our small businesses financially unsustainable. If social workers can't afford to be Medicare providers, patients lose access to care, or lose their continuity of care. Costs are greater when patients wind up institutionalized.

Following thorough, animated discussions with Representative Van Hollen and Ms Appel, we left feeling that we had been heard, and that we have a Representative who is "one of us."

It seems that we ourselves can be the best advocates for our profession.

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Pat Baker is a longstanding GWSCSW member, a member of the Clinical Social Work Association, and a past president of the Maryland Society. She is in private practice in White Oak, Maryland.

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## ■ DISTRICT OF COLUMBIA

*By Margot Aronson*

Every month, the District of Columbia Board of Social Work sees one or more complaints about social workers that—it turns out—aren't really about social workers. Instead, these complaints allege unethical practice by individuals providing direct service to social service agency clients.

We know that direct service workers are, with few exceptions, extraordinary in their dedication; the services they provide are greatly appreciated by clients, and are critical to the work of their agencies. But unfortunately, there is at present no regulation of these workers, and thus no accountability: no process for investigating complaints, tracking problems, or imposing discipline on those few individuals who misuse their positions, cross boundaries, and/or behave unethically.

Concerned with the need for protection of consumers, the DC Board this fall is proposing a category of specialty called Human Service Worker—a catchall term that would include Community Support Worker, Case Worker, Family Support Worker, Social Work Assistant, and so on. Human Service Workers would be registered and their practice regulated.

To introduce the concept, the Board invited agencies from all over the District to its September meeting, creating an open forum for discussion. Dialogue centered on the definition of "Human Service Worker"; the potential financial burden on agencies; supervi-

sion and training requirements; scope of practice; role of licensed social workers; registration cost and fees; grandfathering; and enforcement. Several focus groups have been planned, as well, to assure that any bill will be responsive to community concerns before the formal legislative process begins.

GWSCSW will be following the progress of this proposal. We have been vocal in our support of accountability—especially when the social work profession is wrongfully criticized. And we applaud the Board's commitment to a transparent, open process.

### **Supervision and Continuing Ed Regulations**

Expect some clarifications of supervision and continuing education requirements from the DC Board of Social Work. Proposed changes are currently undergoing policy review, and publication for public comment is expected by early December. We'll make note on the listserve once the proposed changes have been posted; DC licensees are urged to take a look and respond.

### **Continued Vacancies**

The five-member Board of Social Work has had three vacancies for more than a year. In fact, many of the DC Health Profession Boards have vacancies. Several news articles have noted difficulty in finding volunteers, but such is not the case with our Board: excellent candidates are waiting for the decision by Mayor Gray. In the meantime, we can be very proud of the accomplishments of the two incumbents, Dr Eileen Dombo and Willa Day Morris, both longstanding GWSCSW members.

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

The DC Council Committee on Health, chaired by Councilman David Catania, continues to move ahead to be ready for the federally-mandated Insurance Exchanges. The Society has been participating in the discussion as part of a coalition of community organizations led by Families USA. There have been meetings with legislative staff, call-ins, and numerous emails. The coalition's primary focus is ensuring that the Exchanges are consumer-friendly; our GWSCSW representative Mary Lee Stein is speaking up for mental health as a significant part of the final legislation. ❖

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Margot Aronson, LICSW, GWSCSW vice president for Legislation & Advocacy, is a past president of the Society and a former *News & Views* editor. She maintains a private practice in the District.

## ■ MARYLAND

Alice Neily Mutch

This newsletter comes to you when enormous changes are heading our way in Maryland.

It is not surprising that on September 13, 2011, CMS (the national Centers for Medicare and Medicaid Services) recognized Maryland as the national leader in health care reform. The 2011 General Session in Annapolis passed health care legislation that places Maryland on track to implement health care reform that will impact all health care entities doing business in this state. *Maryland's health care train is moving* and we all know that you—the clinical social workers—need to have a voice in this important process.

As your lobbyist, my role has been translating your concerns into language that the legislature understands. Our goal has been to assist members to *understand, analyze, and translate* the relevant issues in order to *protect and promote* the clinical social work profession. Issues such as the standard benefit plan loom ahead.

Your Maryland Clinical Social Work Coalition has identified three areas of special concern which, unless addressed, could seriously threaten the provider base for mental health treatment for the elderly and poor. In these areas, we believe that clinical social workers could be a valuable—and *money saving*—part of a solution:

1. As “parity” for those with mental and substance use disorders is integrated into the health exchange packages, it is imperative that there be an adequate provider base. At present, financial disincentives discourage private mental health practitioners and practice groups from participating in Medicare, Medicaid, and insurance networks. Cuts made to physician Medicare reimbursement (which serves as the basis for insurance carrier rates) produce a ripple effect among other providers, and are especially devastating to clinical social workers who, since 2005, have seen their reimbursement rates decrease by 10–15%.

Additional cuts threaten to make clinical social work practices economically unsustainable. LCSW-Cs provide complex psychotherapy services for our most vulnerable populations at a fraction (75%) of the rates paid to psychologists, for comparable diagnostic and treatment services; studies have demonstrated that the outcomes are comparable.

**RECOMMENDATION:** *Reimbursement rates for mental health treatment must be maintained or increased, with particular attention to the level at which clinical social workers, who provide most of the care, are paid. Paying the same rate to all for the same services—as mandated in the Code of Maryland (COMAR Article 48A, §470U(a), Article 48A, §§354Z and 490A-1)—would go far in rectifying inequity and preventing a crisis.*

2. Considerable attention is being given to the development of electronic health records and “health homes”—that is, patient-centered medical care settings that ensure coordination and information-sharing by regular and specialist care givers. The health home concept promises considerable savings and significant benefits to both patients and providers in terms of coordinated care and electronic health records. Certainly streamlining, easing of paperwork and reporting burdens and clarification of regulations could help all professionals provide better services to more clients.

However, it is critical that each health home be matched to the patient; excluding mental health care providers from the possibility of developing health homes would ignore the very central role such providers play for many patients. Further, if treatment is “bundled” for appropriate cost savings, innovative policies should not exclude the professional services of independent clinical



### Clinical Social Work Issues and the Maryland Legislative Process

*Advocacy Training & Legislative Dinner*

Annapolis Yacht Club

Tuesday, February 7, 2012 • 4–8:30 PM

4 Category I CEUs

\$60 (includes training & dinner)

Plan to attend an afternoon of advocacy training, followed by the second annual Legislative Dinner. Two key legislators will be invited to speak to Society members on the challenges expected in the upcoming Assembly session, in particular on the probable impact of health care reform and budget issues on clinical social workers and our clients.

**Register online at [www.gwscsw.org](http://www.gwscsw.org)**

For information, contact Margot Aronson  
(202-966-7749 or [malevin@erols.com](mailto:malevin@erols.com)).



social workers. LCSW-Cs should not be marginalized or excluded from funding streams.

**RECOMMENDATION:** *The opportunity for funding to develop health homes and electronic records should be extended to a variety of provider types, including LCSW-Cs, so that those in need of treatment have access to the most appropriate, accessible, and—particularly in the case of LCSW-Cs—affordable care.*

3. Too often, the elderly and chronically ill in our state are offered end-of-life counseling about resources such as hospice too late or not at all. The Maryland Clinical Social Work Coalition has been privileged to participate in the legislatively-mandated Counsel for Health Decisions Policy's workgroup as it considered this issue and examined other quality indicators of end of life care.

Ironically, although clinical social workers are trained in bio-psycho-social assessment and experienced in family systems, we are often excluded by medical teams when it comes to end of life consultations—even when, as came out at the workgroup, the medical staff is reluctant to begin the discussion with the family. Making use of LCSW-C expertise on the assessment/consultation team would bring down the cost of end-of-life counseling and, at the same time, assure that the family has been brought into the discussion and decision-making.

**RECOMMENDATION:** *The use of LCSW-Cs to assist with the MOLST (Medical Orders for Life-Sustaining Treatment) discussion and to facilitate family interaction during the difficult end-of-life care decision-making process should be accepted practice, as it is in many other states.*

Your Coalition is expressing these concerns to the appropriate officials, and will soon be addressing ways in which you can help achieve the necessary reforms.

On a positive note, it has been a pleasure to introduce Ms Jaida Collins to the legislators in Annapolis. Jaida is the Masters level intern in social work and health policy at Howard University who will be interning with your Coalition for the year. Jaida brings to our team wisdom and maturity and some pretty well-focused visions about health policy. She has undertaken three years of strenuous training in medical school and voluntarily moved, instead, in the direction of health policy reform through a social work track.

*continued on page 10*

## **The New York Freudian Society Washington Program**

### **SCIENTIFIC MEETINGS FOR 2011-2012**

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

Cleveland Park Club  
3433 33rd Place, NW  
(off Highland Place)  
Washington, DC

There is no charge to attend  
scientific meetings

2 CEUs

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

## **Lisa Snipper and Associates**

has Group Openings in Reston, Virginia

### **High School Girls Group**

Wednesdays • 7:15 PM

This is an ongoing process oriented group that group fosters a safe atmosphere of supporting one another, enhancing self esteem, and increasing confidence.

### **Coffee Talk for Moms**

2/4th Fridays • 10:00 AM

This is a supportive ongoing group for moms who are doing it all and then some! It provides an outlet for moms to come together and support one another in the joys and challenges associated with raising young children. It provides an opportunity for sharing, exploring, managing stress and self care.

If you have someone you would like to refer call: Lisa Snipper, LCSW at 571-230-2349  
email: Lisa.Snipper@me.com  
www.atherapistforyou.com

## **NCSSS Professional Education and Training Program**

For a listing of our Spring 2012 Programs, check out our website at  
<http://ncsss.cua.edu/ce/default.cfm>  
*Information and registration are available online*

***Two Certificate Programs are available...***

### **The Center for Spirituality and Social Work** offers

*Spiritually-Sensitive Practice:  
Client Conflicts and Practitioner Challenges*  
Info at <http://cssw.cua.edu>

### **The Center for the Promotion of Health and Mental Health** offers the

*Online Employee Assistance Program Certificate*  
Info at <http://eap.cua.edu>

For more information, contact  
Ellen Thursby  
202-319-4388 ~ [Thursby@cua.edu](mailto:Thursby@cua.edu)

## **Maryland Legislation, from page 9**

Jaida has been with me for two months and I know that you will be as happy to have her support as I am. You will be able to rely on her support and trust her judgment. Welcome, Jaida! We look to you to continue to be an advocate for the needs of our patients and their families and to address the real concerns of mental health professionals this upcoming year. ❖

Alice Neily Mutch of Capital Consultants of Maryland is legislative representative for the Maryland Clinical Social Work Coalition, the Maryland legislative arm of GWSCSW. She brings a background many years of direct health care experience and federal program evaluation and consultation to her work; she has been a lobbyist for health and human service causes for close to twenty years.

## **■ VIRGINIA**

*Dolores Paulson*

Over the many years of collaboration between the Virginia Society for Clinical Social Work and the Greater Washington Society, our shared legislative consultant has been government and public affairs counselor Chris Spanos of the Spanos Consulting Group, LLC. Chris has kept us aware of any new legislative initiatives that could impact on our profession; he has guided our lobbying strategies, and he has represented our interests to State Senators and Delegates. As you move on to other pursuits, Chris, our heartfelt thanks to you for all you've done for us.

The 2012 Virginia General Assembly will convene on Wednesday, January 11. This year will be a so-called "long session," scheduled to end on Saturday, March 10. The search for a new Virginia lobbyist has begun, and should be completed well before the session begins.

Meanwhile, in partnership with the Virginia Society, we will be tracking State Board of Social Work regulation changes, consulting with NASW on the expansion of consumer protection through licensure of "exempt" status workers, and considering various legislative initiatives. Our GWSCSW legislative representatives for Virginia, Dolores Paulson and Judy Radliff, will keep us informed via the list serve as these efforts progress. ❖

Dolores Paulson, PhD, LCSW, has been a mainstay of the GWSCSW Society Board. Dolores has chaired the Continuing Education Courses Committee as well as several conferences for the Society. In addition, she has served on the State Board of Social Work. Dolores is in private practice in Virginia.

# ADJUNCTS TO THERAPY

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

## Integrative Therapies Involving Touch: Legal and Ethical Considerations

*By Connie Ridgway*

Legislation recently passed in Maryland requires social workers who use some form of touch or bodywork in their practice to document several items in the client's record. This legislation prompted a lively discussion on the GWSCSW listserv in spring of 2011. Some contributors felt the legislation was invasive, and made demands on touch therapy that are not required by other modalities. While these are valid concerns, I personally welcome the new legislation because it indirectly serves to formally recognize the benefits of touch therapies in the context of psychotherapy. It does not ban touch; it merely says there needs to be documentation about its efficacy, as well as an evaluation by the therapist as to its appropriateness for a particular client.

I think this type of legislation is key to being able to integrate any form of bodywork with therapy while the transition to a more holistic view gets hammered out. Before this legislation was enacted, the system of liability and protection for social workers may not have been adequate to protect practitioners who use integrative techniques. As Gloria Mog aptly stated in her contribution to the listserv discussion on April 22, 2011, our legislation has not kept up with the "explosion of theory, research, [and] practice techniques" relative to what we now know about the complexities of our "body mind spirit brain." Maryland's new legislation is one step in this direction.

All of this has significant relevance for my practice, as seen in a little personal background. I began my career as a massage therapist after graduating in 1986 from a credentialed 1½ year program, and then became a social worker in 1993. I have struggled with legal, ethical ways to integrate these two therapies ever since. I maintain licenses in both social work and massage therapy, as well as liability insurance for both. I believe this joint credentialing is necessary, both from a standpoint of scope of practice, and of competence (regarding training and experience).

In my efforts thus far to honor the new legislation, I have come to think of its three main requirements in this way:

1. **Assessment:** Evaluation of a client's ego strength is essential for any touch, including hugs or any other touch outside of a "treatment modality." Assessment would be similar to any form of therapy.
2. **Written Rationale for Treatment Modality:** While this is burdensome, links to research, clinical observation, and client preference should all be taken into account and documented to further legitimize integrative approaches.
3. **Informed Consent:** Having a signed document that includes enough information for a client to make a decision about the treatment modality is a good idea. The only item that may be problematic is the need to spell out "available alternative interventions." Again, while it is not required of other modalities, such documentation could build a case for touch therapies.

The October 2011 newsletter from CPH, the company that provides liability insurance for many of our Society members, further addressed this issue from a standpoint of liability. The article provides a worthwhile discussion of the subject, concluding that, in litigious cases, "On the issue of negligence, the practitioner may prevail if it is demonstrated that he or she provided competent care or that the plaintiff did not suffer injuries or harm as a result of the massage or touch." The article addresses other questions about scope of practice (e.g., psychological testing and life coaching), and is well worth reading.

Many issues remain around the use of touch in therapy, but we are making progress as a profession. While sometimes it's a sticky wicket, this is my path, and it is for many others as well. For me, it's a path worth forging. ❖

# What is Polyamory, and Why Do Social Workers Need to Know About It?

By Tamara Pincus

Polyamory is the practice, desire, or acceptance of having more than one intimate relationship at a time, with the full knowledge and free consent of everyone involved. For some, being polyamorous is an identity that they use to describe themselves, along with their gender and sexual orientation. In our culture, which generally views monogamy as the only viable form of romantic relationship, many people are unaware of the concept of polyamory, or believe polyamorous relationships to be fundamentally and morally inferior to monogamous relationships. If a therapist brings this bias into sessions with a polyamorous client, it can be highly damaging and cause them to quit therapy without addressing the needs which brought them in. For this reason, it is important for clinicians to bring some basic understanding to work with polyamorous clients.

There are an infinite number of ways in which polyamorous individuals form their relationships, and only a few types will be outlined here in order to give a clearer picture of the poly community. In one type, people in a relationship allow one another to have outside relationships, which are seen as secondary to the original relationship. In this case, the original relationship is often referred to as the "primary" relationship. In other cases, people engage in the "multiple primary partners" model, where each new partner is given equal status. Some of these relationships are open to new connections and some are closed, as in a "polyfidelity model." In the polyfidelity model, three or more people engage in a relationship where they do not engage in sexual activity with people outside of the

group. There are also a number of people who identify as polyamorous who are not in a primary relationship, but remain open to date more than one person at a time. (Labriola, 2010)

There is a group of non-monogamous relationships in which people engage in "swinging," which is defined as recreational sex with partners outside of the primary relationship. The distinction between polyamory and swinging is thought to be the level of emotional engagement and commitment with outside partners. There are many in the swinging community who believe that there is no fundamental difference between swinging and polyamory. People in the polyamorous community, however, tend to believe that the close family-like relationships they form with outside lovers separate them from the swing community. There are also people who consider themselves to be a part of the swing community who have long-term friendships and sexual relationships with partners outside of their primary relationships.

Polyamory is focused around having ethically open, respectful, and honest communication about relationships. People in polyamorous relationships often have contracts about what activities are considered to be allowable and not allowable in the context of the relationship. As a result, people in poly relationships often spend a lot of time discussing their relationships and how they are working. Jealousy and envy are major issues which can come up in poly relationships, and often need to be negotiated. These issues can be helped significantly with the aid of a poly-friendly therapist. Also, there are cases in which people are pushed into poly relationships despite misgivings about the lifestyle, and these individuals can be helped to resolve this inner conflict with the nonjudgmental aid a poly-friendly therapist.

## References

Labriola, K. (2010) *Love in abundance: A counselor's advice on open relationships*. Gardena, CA: Greenery Press.

Tamara Pincus, LICSW, has a psychotherapy private practice in the District and can be contacted for case consultation and referrals through her website [www.tamarapincus.com](http://www.tamarapincus.com).

### Johns Hopkins Hospital Psychiatry Social Work Department

24 hr/week position with benefits.  
Working with psychiatry inpatients /  
partial hospitalization patients.  
Responsibilities include individual and family  
treatment, psychotherapy groups, some day  
hospital pre-authorizations and after care planning.

Contact Gretchen Withrow, LCSW-C  
Director of Psychiatry Social Work  
[gwithro1@jhmi.edu](mailto:gwithro1@jhmi.edu) or 410-955-5209



# GWSCSW Course Offerings 2011-2012

TEAR OUT  
AND SAVE

## ■ 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: 10:30 AM – 2:00 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

## ■ 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)

## ■ 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

## ■ 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 (Supervision and/or Diversity)

## ■ 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

## ■ 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 (Supervision)

## ■ 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

**Register online at [www.gwscsw.org](http://www.gwscsw.org)**

**Questions? Email [gwscsw@gmail.com](mailto:gwscsw@gmail.com) Call (202) 537-0007**

## ■ 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

## GWSCSW Study Groups

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

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

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

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

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

## Register online at [www.gwscsw.org](http://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
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
<b>PAYMENT INFO</b>		<b>TOTAL</b>	\$ _____

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

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

Credit Card Billing Address is same as above

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

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

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

Please return to:

**GWCSWS**

**PO Box 3235**

**Oakton VA 22124**

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



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# GWSCSW Brown Bag Workshops

**Free for GWSCSW Members!**

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

**1.5 CEUs per workshop**

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## **Sex Addiction: A Panel Discussion with Sex Addicts and Their Spouses**

*Presenter: Paul Kelner, LCSW-C, CSAT-C*

**Friday, December 16, 2011**

**Noon – 1:30 PM**

**Davis Library**

**6300 Democracy Blvd, Bethesda, Maryland**

This program is a panel presentation by several recovering sex addicts and their spouses in which they tell their addiction and recovery stories. The panel consists of members of 12 Step Programs that are focused on sex addiction and co-dependency. Last names are not disclosed to ensure confidentiality. The presenter will provide a 20 minute overview of sex addiction and how it is treated and the remaining time is devoted to the panel. There is time for questions at the end of the program.

Mr. Kelner graduated from the School of Social Work at the University of Maryland. His sex addiction training is from IITAP (Dr. Patrick Carnes and the International Institute for Trauma and Addiction Professionals).

## **Clinical and Therapeutic Issues in Working With Domestic Violence and Abuse**

*Presenter: Susan Folwell, LCSW, BCDV*

**Friday, January 20, 2012**

**Noon – 1:30 PM**

**Tysons Pimmit Library**

**7584 Leesburg Pike, Falls Church, Virginia**

What it is, why it's often confusing in the therapeutic venue, and predictable blocks and milestones in clinical work. This seminar will provide an overview of understanding the basic dynamics of abusive and violent relationships. Participants will be able to identify and utilize tools that are useful in working with victims of abuse.

Susan Folwell, LCSW, is in private practice at the Growth and Recovery Center where she works with adults, young adults, and adolescents. She is board certified by, and a member of, the American Academy of Experts in Traumatic Stress, and the National Center for Crisis Management. She also is Campbell Danger Assessment certified, and holds clinical licenses in Virginia and DC.

## **Partners of ADHD: Up Close and Personal**

*Presenter: Adam Randolph, LCSW*

**Friday, February 24, 2012**

**Noon – 1:30 PM**

**Davis Library**

**6300 Democracy Blvd, Bethesda, Maryland**

If our spouse has ADHD, even treated, we can become overwhelmed with unreasonable irritability. Trying to provide solutions for them, for ourselves, and especially for the whole family can consume us. To detach, maintain perspective, and separate the symptoms from the solutions, and the issues from the person is a constant challenge. There are simple, specific interventions for individuals and families.

## **Issues in Hospice Care: Assessment, Bereavement and What the Future Holds**

*Presenter: Gilbert Bliss, LCSW*

**Friday, April 20, 2012**

**Noon – 1:30 PM**

**Davis Library**

**6300 Democracy Blvd, Bethesda, Maryland**

With my presentation, I will share my experience as both a Medical Social Worker and Bereavement Coordinator with Community Hospices of Maryland.

Gil Bliss has a private practice in Lutherville, Maryland and experiences in a variety of settings to include the Maryland prison system, the VA Hospital in Perryville, Maryland and his hospice work.

**Register online at  
[www.gwscsw.org](http://www.gwscsw.org)  
Education > Brown Bag Seminars**



## 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. They provide the opportunity to get to know colleagues in an informal, relaxed setting. Those who have attended one 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!

Sunday, **January 22**, 3:30 – 5:30 PM  
Office of Lisa Snipper  
11250 Roger Bacon Drive #6, Reston, VA 20190

Sunday, **January 29**, 4:00 – 6:00 PM  
Home of Hani Miletski  
303 Oak Knoll Drive, Rockville, MD 20850

Friday, **February 3**, 5:00 – 7:00 PM  
Home of Louise Weaver  
3102 Landfall Lane, Annapolis, MD 21403

Friday, **February 24**, 5:00 – 7:00 PM  
Irene Walton at Jackie's Sidebar  
8081 Georgia Avenue, Silver Spring, MD 20910

Friday, **March 9**, 4:00 – 6:00 PM  
Home of Gloria Mog  
5104 N. Third Street, Arlington, VA 22203

Sunday, **March 18**, 4:00 – 6:00 PM  
Home of Adrian Humphreys  
6625 Windsor Court, Columbia, MD 21044

Sunday, **March 25**, 4:00 – 6:00 PM  
Home of Alice Merrill  
6840 Capri Place, Bethesda, Md 20817

Sunday, **April 22**, 4:00 – 6:00 PM  
Office of Sara Mindel  
1633 Q Street NW #210, Washington DC 20009

A special thank you to the following people who opened their homes or offices to us in the fall for these events: Patricia Morgan, Michelle Cole, Helen Power, Sydney Frymire, Gayle Bohlman, Melinda Salzman, Margot Aronson.

## Call for Continuing Education Proposals for 2012–2013

*Marie Caterini Choppin, LCSW-C,  
CE Committee Chairperson*

The GWSCSW CE Committee is now accepting proposals for courses to be taught in the 2012–2013 academic year. The proposal deadline has been extended until February 15, 2012.

### Proposal Template & FAQ

If you are interested in submitting a proposal for review, please do so by filling out our Proposal Template found on the new website:

[www.gwscsw.org](http://www.gwscsw.org)

#### Continuing Education > Instructor Information

Please include as much detail as possible in order to facilitate the process of review and acceptance.

We will be reviewing proposals all fall and providing acceptances/feedback within 60 days. If you have any questions about the process, please review the *Frequently Asked Questions* also located on the Instructor Information page.

We are open to reviewing proposals from seasoned teachers as well as those interested in presenting for the first time. As well, keep in mind that you may pair with a non-social work mental health professional to do these workshops. The main requirement is that the clinical social worker presenting must be a member of the GWSCSW.

We can also provide a mentor to anyone who feels it would be beneficial.

For those interested in presenting in D.C. or Maryland, please send proposals to Marie Caterini Choppin, LCSW-C, at [mchoppin@counselingforcontentment.com](mailto:mchoppin@counselingforcontentment.com).

For presenters interested in teaching courses in Virginia, please send proposals to Lisa Snipper, LCSW-C ([lisa.snipper@me.com](mailto:lisa.snipper@me.com)) who is the Virginia CE coordinator.

We are excited about developing a wonderful educational program for 2012–2013 and we look forward to hearing from you. ❖



## UPCOMING EVENTS

sponsored by the

# GWSCSW Professional Development Committee

### Peer Group Roundtable

Sunday, February 26, 2–4 PM  
(location to be determined)

The Professional Development Committee is sponsoring a discussion of what works in a peer group and how to start a peer group. There will be an opportunity to connect with others interested in starting a peer group, joining, or enhancing an existing one.

To sign up or ask questions, contact Marilyn Lammert: pakm78@gmail.com or 301-951-9645.

### Private Practice Startup Group

3rd Tuesday of Every Month, 6 PM  
Jacki's Sidebar in Silver Spring

GWSCSW members seeking support in setting up (or growing) their private practice are invited to Jacki's Sidebar in Silver Spring, on the 3rd Tuesday of every month. We will begin socializing at 6 P.M., and get down to business at 6:30 P.M. Some weeks will focus entirely on mutual support—and some weeks will include mentoring from Society members willing to share their expertise on private practice issues. Group participation is free; purchase of happy hour food (which is good) and drink is optional. GWSCSW members experienced in private practice issues will sometimes be present for advice.

Please RSVP and send questions or suggestions to Jim Presant, LCSWC at jim234x@gmail.com.

*NOTE: We are searching for a person experienced at getting therapists on insurance and EAP panels, who would be paid by the hour by anyone wishing to have someone else handle their paneling process.*

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**For other Professional Development events, watch the listserv or visit our website [www.gwscsw.org](http://www.gwscsw.org)**



## The Clinical Social Work Association is Celebrating its Five Year Anniversary!

*...and offering a special promotion to new members*

As part of our five year anniversary celebration, the CSWA is offering a promotion for you to become a new member. From October 1 through December 31, 2011 you can now receive a 26% savings on a one year General membership.

At the low cost of \$100, you will receive regular legislative updates on issues such as Medicare changes, Health Homes, HIPAA regulations, Healthcare Reform and more. You will also be able to receive valuable articles on timely topics such as Bipolar Disorder, Skype and Liability, Evidence-Based Practice, Couples Therapy and other interesting clinical topics. We have a consultation service available to members that offers information on questions pertaining to your practice, including legal issues, insurance billing and other matters. All of this information is available in the Member's Only section of our website.

If you are interested in finding out more about the benefits of membership, simply log onto [www.clinicalsocialworkassociation.org](http://www.clinicalsocialworkassociation.org) and see what we are doing to preserve and enrich your professional identity as a clinical social worker.

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We hope you will take this opportunity to join us and enjoy the benefits of membership in the CSWA.

If you are ready to join today, please go to:  
<http://www.formstack.com/forms/?1113638-B11937tWlh>



## Need Help with Adoption?

Gina Sangster, LICSW  
Adoption Counseling & Family Therapy

50 E Street, SE  
202-361-0590  
gshdc@aol.com

# 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.*

Send your Out & About info to [gwscsw.news@gmail.com](mailto:gwscsw.news@gmail.com).

**Sydney Frymire's** first voluntourism trip to Nepal in October was highly successful. Her group spent several days assisting the Dadagaun Village Project. Read about it on her website blog. [www.thetrekofyourlife.com](http://www.thetrekofyourlife.com)

**Melinda Salzman** and **Flora Ingenhouz** presented *Stories of Stroke: An Exploration of Strokes' Impact on Survivors and Caregivers* in October at the Washington School of Psychiatry.

**Dan Campbell** will be speaking on *Facilitating Affect Regulation and Problem Solving in School age Children* to the Northern Virginia Interdisciplinary Autism Discussion Group on December 7.

**Julie Lopez**, executive director, announced that the Viva Center, an optimal living organization, celebrated its grand opening in Dupont Circle on Friday, November 11. It was a huge success and there were free workshops and free raffles. The Viva Center's holistic practitioners showcased the ways they work together to bring about "optimal living" for their clients. The Viva Center was completed on November 9.

**Connie Ridgway** is singing Alto with the City Choir of Washington on Sunday December 11, 2011 at 4:30 pm at the National Presbyterian Church. There will be two other performances on Sunday April 15 and Sunday May 20, 2012. The City Choir recently performed on October 23 and had a wonderful review in the *Washington Post* on October 24. The conductor is Bob Shaffer, who has founded and led three critically acclaimed choirs in the past 40 years. For more information, visit [thecitychoirofashington.org](http://thecitychoirofashington.org).

**Margot Aronson** was one of the speakers on a panel at the annual Frank Lloyd Wright Building Conservancy conference in Philadelphia this fall. Sharing stories about "growing up Wright" in a Usonian home, she reflected on what it was like to live in a work of art, and on the profound influence of the house itself—its form, texture, and interplay with nature—on her life and the lives of her friends. ❖

## Exciting Career Opportunities!



Jewish Social Service Agency, one of the fastest growing social service agencies in the Greater Washington area, is non-sectarian and serves a highly diverse clientele. We offer clinical supervision by master clinicians; free in-service continuing education training throughout the year, opportunities for professional growth and development, competitive salaries, excellent benefits, generous holiday schedule and flexible hours.

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Reference Code C&F 001

Candidate must have experience in individual, family and group therapy with children. Strong working clinical knowledge in treatment of ADHD, depression, anxiety in children, community base consultation and outreach. Training in play therapy and CBT with children preferred. Experience with treatment of early childhood population, a plus. Some evening hours required.

### Full Time LCSW-C or LCPC

Reference Code C&F 002

Candidate must have experience with individual, family and group therapy to children, adolescents, and adults. ADHD, social skills training, and cognitive behavior therapy experience a plus. This position also involves consultation with community organizations and schools. Ability to work independently and have experience with program management/coordination. Afternoon & some evening hours required. Maryland licensure required.

### Two Full-Time Clinical Positions Senior Services Departments (Md & NoVa)

Candidates must have experience with individual, family and group therapy as well as care management with seniors and their family members and be willing to provide counseling in client's homes or in office. Experience in providing information and referral, conducting community outreach, providing workshops and support groups and delivering community presentations required. Some evening hours necessary. Maryland LCSW-C required; Virginia LCSW required.

Please send resume to:

JSSA, Attn: HR  
200 Wood Hill Road  
Rockville, MD 20850

Fax 301-309-2596 Email [hr@jssa.org](mailto:hr@jssa.org)

Visit our website: [www.jssa.org](http://www.jssa.org)

An EOE

# The Spousal Loss Model

By Deborah Levinson, LCSW, LICSW

This article will offer the clinician a practical framework for working with clients who have experienced the death of a spouse, divorce, or end of a long term relationship.

The author crafted this model from a series of qualitative studies that illustrated a pattern of adjustment after major loss of an anchor, or attachment object. Subsequently, a three stage model was framed which outlines the tasks one needs to accomplish to move from one stage of the adjustment process to another, as one crafts the next chapter in his/ her life. It appears that the adjustment for men and women differs based on how men and women form their identity. Grief and mourning appear to take place differently in each stage of the adjustment journey. Adjustment appears to follow a PTSD model.

## Treading Water

When a spouse dies, a person is usually numb and in shock. All the individual can do is put one foot in front of the other, until a new routine is established. The tasks to be accomplished are:

- The mourning ritual
- Taking care of business
- Creating a new routine

## Pseudoequilibrium

With a newly stabilized environment, the surviving spouse can attend to personal change on the surface. The tasks of this stage are:

- Sample a new and different activity
- Make a change in the home
- Make a personal change

- Go on a trip to a place not visited while the spouse was alive
- Consider dating, or make an accommodation to loss of the spouse
- Date and enter a relationship

## Dynamic Growth

For those who date, the relationship is typically healing at first, then sours and ends. The surviving spouse suffers a depression and experiences intrapsychic change as she mourns both the end of the nascent relationship and the death of the late spouse. This idea is predicated on the accepted professional works of Carol Gilligan and Ruthelilyn Josselson, namely, that women usually define themselves by their relationships. Thus, a woman usually requires intrapsychic change in order to recraft that piece of her identity that was defined by her late spouse. Men, in contrast, tend to define themselves by their work and do not normally seem to need intrapsychic change to successfully enter a new relationship. There are exceptions.

After the intrapsychic change process, the surviving spouse enters a new level of emotional growth and development, and enters stage three of the adjustment process. Men appear to proceed to the renewal stage without needing to experience the dynamic growth phase.

## Renewal

The tasks of this stage are:

- Date and enter a new relationship
- Integrate the children into the new family constellation
- Relegate the memory of the late spouse to one's history

Thus, a qualitatively new and different chapter in one's life is created, with a new anchor, and the adjustment process is complete. ❖

Deborah Levinson, LCSW, LCSW-C, is a Johns Hopkins-trained psychotherapist and licensed clinical social worker in practice in Manhattan, New York, and Baltimore, Maryland. More details of her model may be found in her books: *The Next Beginning*, *Stories of Renewal*, and *Surviving the Death of Your Spouse: a Workbook*, which may be viewed at: [www.deborahlevinson.com](http://www.deborahlevinson.com)



### REMINDER...

Subscriptions close for the  
**GWSCSW 2012 Prepaid Legal Plan**  
on December 30, 2011.

For information, or to sign up, go to  
**[www.gwscsw.org](http://www.gwscsw.org)**  
**Membership > Prepaid Legal Plan**

## Welcome New GWSCSW Members!

### Full

Patricia Alfin  
Robin Austrager  
May Benatar  
David Brown  
Susan Egan  
Laila El-Asmar  
Lori Faber  
Kay Fandetti  
Jennifer Glacel  
Evelyn Goldstein  
Melissa Grady  
Carol Heil

Lee Henry

Aziza Jones  
Phyllis Kapin  
Ann Klein  
Galena Kuiper  
Rebecca Mahayag  
Chris Mark  
Martha McHugh  
Diane Miller  
Sara Mindel  
Sheri Mitschelen  
Angela Oddone  
Margaret Reeve

Martin Schnuit

Susan Soler  
David Sternberg  
Katherine Voglmayr  
Janis Walker  
Mary Waterbury

### Graduate

William Gonzales  
Rebecca Greene  
William Hayden  
Kara King  
Barbara Lang

Sandra Murphy

Sarah Thorpe

### Retired

Josephine Donovan  
Steffie Rapp

### Student

Cecilia Brickerd  
Jaida Collins  
Traci-Shara Fields  
Kathy Nguyen

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# OUR ONLINE SOCIETY

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Ann Wroth

## Insurance Coverage for Couples and Family Therapy

*A client told me that her BCBS plan doesn't cover couples therapy. I've never heard of this limitation. What is your experience?*

- ▶ While they don't cover couples counseling they do cover family therapy 90847. If folks aren't married, I use conjoint therapy.
- ▶ Our practice has found that insurance companies (with the exception of EAP benefits) do not cover a "V" code. Marital/couple's work is V61 and thus not covered by most mental health insurance. To bill insurance we need to give a person a diagnosis and focus on the individual with the diagnosis; but true couples work has the relationship as the "client" rather than either of the individuals. It's true that if an individual is the client, a partner can be included in a session, but I think couples work gets off to a bad start if one of the partners is labeled the "sick" one. For this reason, we are adamant that couples work is self-pay.

- ▶ Insurance companies traditionally don't cover marital or couples counseling. Aetna and some EAPs are the exception. It's hard for couples who can't afford to pay out-of-pocket, but it's considered insurance fraud to code this service incorrectly or try to "spin" it. I was on the Maryland Board of Social Work Examiners for eight years and its chair for several years. We received several complaints from insurers about this very issue. Fraud not only gets you in trouble with the Board, but insurers will flag you and may exclude you from working with them. Please be careful. By the way, there's nothing to prevent you from reducing your fee on a case by case basis, if you choose to, as long as you document the reason.

- ▶ I've found no one has insurance that covers couples therapy but most have coverage for family psychotherapy so I use the 90847. The point about who gets labeled as the "patient" is important and I discuss it with the couple. My standard diagnostic code for relationship-focused work is an Adjustment Disorder code, with the rationale that the person is reacting to a situation with some sort of distress (often it's 309.28). The distressing situation arises within the relational dynamics and that's what we focus on in couples work. I make it clear to the couple that the focus is the relationship, not one of them as an individual.

- ▶ I first assess both individuals in the couple. If one or both has anxiety, depression or any other Axis 1 diagnosis, I bill that client's insurer perfectly legitimately. Has there ever been a marriage in trouble in which neither member had anxiety or depression as a result? To treat that person's diagnosis, the spouse must be brought in and the relationship treated.

- ▶ The key question is "are you treating the relationship or are you treating the individual with another party present?" If you're treating the relationship it's fraud to bill insurance. I was also on the Maryland Board of Social Work Examiners and we had regular complaints about this. ❖

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# GWSCSW BOOK CORNER

Our book corner celebrates the works of GWSCSW authors. Please send information about your publications to [gwscsw.news@gmail.com](mailto:gwscsw.news@gmail.com).

Reviewed by Lisa Wilson

## The Infertility Workbook: A Mind-Body Program to Enhance Fertility, Reduce Stress, and Maintain Emotional Balance

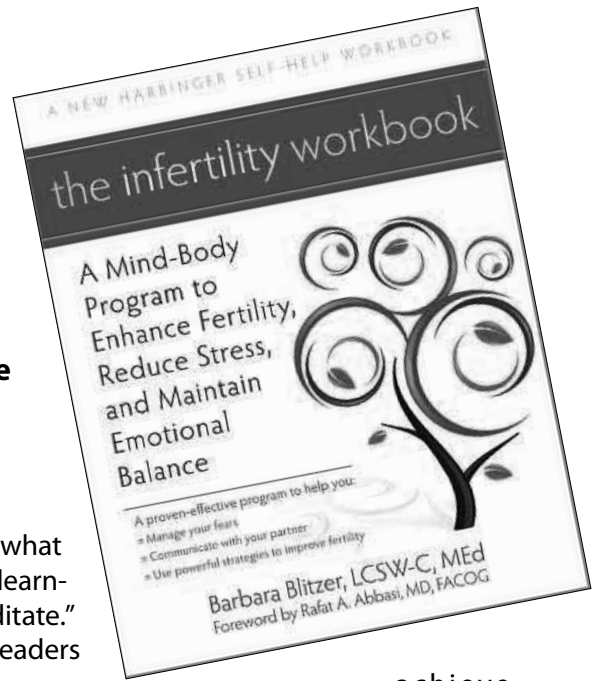
by Barbara Blitzer, LCSW-C, M.Ed.

GWSCSW member Barbara Blitzer is a psychotherapist and coach, who has been a pioneer in the integration of psychotherapy and mind-body practices for fertility. She has been developing her expertise in the area of mind-body work and its applications for help with stress and anxiety for 30 years.

In her new book, *The Infertility Workbook: A Mind-Body Program to Enhance Fertility, Reduce Stress, and Maintain Emotional Balance* (published October 2011), she presents a comprehensive, step by step approach to mind-body techniques that is woven into the subject of infertility. While the book is clearly intended for those wishing to conceive, it is also a useful resource for anyone wanting to take charge of important aspects of life and practice mind-body techniques that effectively reduce stress and increase pleasure.

Barbara explains that *The Infertility Workbook* is distinct from other books of its type. "It talks about everything: working with your thoughts, choosing your doctor, fig-

uring out what to eat, and learning to meditate." It helps readers



achieve not only their goal of having a baby, but also the related goals of feeling more in control and more peaceful. It is a "complete mind-body program designed to be your confidante and guide."

Barbara recommends a two-pronged approach: First, to gain control wherever possible. Readers are encouraged to become informed about fertility issues, learn techniques to help reduce excessive worry, evaluate relationships, and focus energy on nurturing activities. Second, readers are guided to effectively practice mind-body techniques such as meditation, journaling, imagery,

and mindfulness, to reduce stress and to take pleasure in the moment.

For those seeking support working with any of the issues or exercises presented in the workbook, Barbara also offers *The Infertility Workbook Program*, a program of one-on-one coaching with her in person, by phone, or by Skype.

Barbara has been a member of GWSCSW since 2005. She maintains a general private practice in downtown Bethesda and downtown Silver Spring, where she works with individuals, couples, and groups. For more information, visit her at [www.barbarablitzer.com](http://www.barbarablitzer.com) ❖

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Go first to [www.gwscsw.org](http://www.gwscsw.org) and click the Amazon button!

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# COMMITTEE REPORTS

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## Continuing Education

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

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

The academic year 2011-2012 is off to a great start with increased registrations and a lot of interest in the courses we are offering. We hope this is a successful year! We are encouraging members to provide us with feedback so that we can plan, accordingly, for next year.

To that end, the CE Committee is busy working on the 2012-2013 academic year. We have sent out a *Call for Proposals* on the listserv and in this newsletter and have had some positive responses so far. We hope to have another wonderful selection of courses for our members and community.

One of the challenges the committee is facing is making sure that we can cover the costs of the CE courses by having enough registrations per course. In that effort, we'd like to encourage our members to think about how the GWSCSW continuing education program is designed for our clinical social work field by our members and that as you think about your CE budget for the upcoming year, we hope you'll consider spending those dollars to support your fellow social workers in the GWSCSW. With so many CE opportunities available now with other organizations and online, we hope you will think about how to support our own members and one of the missions of the GWSCSW: to provide high quality

courses for our members by our members.

We also want to remind you that you can pair with a non-social work mental health professional, such as a professional counselor, psychologist or psychiatrist in teaching a course. Many of us work with other wonderful colleagues in our field so we want to encourage you to think "outside the box" about whom you could pair with to create a course to teach for the society.

Don't forget that the committee has developed two important documents that are on the website under the Continuing Education tab (<http://www.gwscsw.org/events.htm#continuing>): a *Proposal Template* and *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.

Call for proposals deadline is February 15, 2012.

**Virginia:** Are you living or practicing in Virginia and interested in getting more involved with the society? We have a place for you on the CEU committee in Virginia. This committee was created this year in order to offer more training opportunities for members in Virginia. We continue to listen to the voices of our members and are looking to host more trainings in Virginia. If you have ideas for trainings you would like to see the Society offer, connections to locations where we can host trainings, or are simply interested in getting more involved, we hope you will consid-

ering helping on the Continuing Education committee.

## 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.

## Legislation & Advocacy

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

This has been a busy fall for all three of our Greater Washington jurisdictions, with several important issues in play, and lots of important changes.

This newsletter's legislative article for each jurisdiction will update you on our efforts on various mental health and clinical social work professional issues. You'll also find a report on what's been happening at the national level, thanks to Laura Groshong, director of government relations for the Clinical Social Work Association (CSWA).

We're delighted once again to have a second-year MSW intern from Howard University School of Social Work to work with us on advocacy in Maryland. Jaida Collins is already proving herself to be a strong addition to our team; you'll see more about her on the legislative pages.



As always, we are looking for more participation from GWSCSW members. Follow one particular issue that interests you; take the opportunity to learn and become comfortable with the how-to's of advocacy; or jump in just for the stimulation, satisfaction, and fun (yes!) of getting involved. For more information, send me an email at [malevin@erols.com](mailto:malevin@erols.com) or call 202/966-7749.

## Membership

*Sue Stevens, Co-Chair*  
[snevets1@gmail.com](mailto:snevets1@gmail.com), 301-984-1325

*Nancy Harrington, Co-Chair*  
[nahlcsw@aol.com](mailto:nahlcsw@aol.com), 703-608-0180

This has been a very busy fall quarter regarding the Membership Committee's activities. The second of our small brunch gatherings took place at the home of Sue Stevens in early October. It was a wonderful success attended by new members from universities (some students, some graduates), private practice, agencies, and some of our new Maryland members. There was lively discussion about volunteer opportunities, what the Society has to offer, and the integration of the Marylanders into our fold. We all look forward to getting to know each other better.

By the time this newsletter comes out, we will have met for our Annual New Members Tea on November 6. Judy Gallant, generously volunteered to be our wonderful hostess and offered the use of her house as the venue for the event. We are expecting a large turnout as our membership numbers had a peak increase with the advent of our Maryland neighbors, as well as the Society's outreach efforts.

The next item for the Membership Committee is the planning and seeking out volunteers to represent the Society at the surrounding universities for "College Day" in March. If you haven't ever taken part in this, you don't know what you're missing. It is a very rewarding experience. We were hoping to have a recent graduate, middle graduate, and a long time graduate be there to represent the Society. If you fit this description, do not hesitate to volunteer your much appreciated time and energy. It's a great way to give back.

So, thanks for renewing your membership. Join in the fun, and we look forward to meeting you at the next Society's event!

## Newsletter

*Lisa Wilson, Editor*  
[gwscsw.news@gmail.com](mailto:gwscsw.news@gmail.com)  
202-431-9371

As each newsletter comes together, I'm reminded of the impressive expertise and range of interests represented by our members—and this issue is no exception. Enjoy! And please consider sharing your own contribution in the future. Send articles and updates to [gwscsw.news@gmail.com](mailto:gwscsw.news@gmail.com). I'd love to hear from you!

## Professional Development

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

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

As this newsletter is getting ready for publication, the Professional Development committee is preparing to meet on October 23

to finalize program offerings for 2011–2012.

The early fall has included outreach to potential new committee members, and we are looking forward to this meeting to allow those who have expressed interest to join us in sharing ideas and in planning programs that address concerns over the span of the professional life cycle.

The requests for mentors have been steadily coming to our attention. Mentors for social workers new to the profession or starting private practice are available through the Committee for members interested in a one-to-one relationship with a senior level clinician from the Society. Mentors provide guidance to newer social workers in dealing with concerns related to licensure, establishing a private practice, employment, securing supervision, consolidating professional identity and other questions related to professional development. Mentors and mentees are matched according to location, interests and types of experience. Additional information about the mentor program and applications for a mentor can be found by clicking Professional Resources on the left hand side of the home page for the GWSCSW website, then clicking on Mentor Program. With the constant flow of requests, the committee is in need, now more than ever, for experienced social workers and especially those who have recently joined us from the Maryland Society, to lend their expertise by volunteering time and filling out an application to become a mentor. These applications are also found on the Mentor page under Professional Resources.

*continued on page 26*

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### **Committee Reports, from page 25**

Susan Marks continues to offer a support group for members seeking to start and/or build a private practice. Susan's groups have been well-attended and provide information, as well as discussion and encouragement. The group meets monthly at a location convenient to those interested. For further information, contact Susan at 703-533-9337 or at [surobbin@verizon.net](mailto:surobbin@verizon.net).

We are always interested in ideas from the membership at-large regarding information and programs that will meet needs in the area of professional development. Please email or call Sheila or Karen using the contact information above to offer your input.

### **Program Committee**

*Joel Kanter, Chair*

On October 15, the Program committee, led by members Karen Brandt, Adele Natter and Deborah Marks, organized a successful conference on Ethical Record Keeping with Ellen Luepker, author of *Record*

*Keeping in Psychotherapy and Counseling: Protecting Confidentiality and the Professional Relationship*. (Note: the Second Edition of this book will be published shortly and can be pre-ordered on Amazon.)

The Program committee continues its series of Brown Bag workshops in Northern Virginia and Bethesda. These programs feature GWSCSW members sharing their knowledge with other members and are presented without charge to GWSCSW members.

This fall, Meredith McEver presented on *Mindfulness Based Cognitive Therapy* and Ellen Eule presented on *Fertility Preservation: Psycho Social Implications and Helping Clients to Decide*. Upcoming events include Paul Kelner presenting on *Sex Addiction* on December 16; Susan Folwell on *Domestic Violence and Abuse* on January 20; Adam Randolph on *Partners of ADHD* on February 24; and Gil Bliss on *Issues on Hospice Care* on April 20. If you are interested in presenting in a Brown Bag workshop, contact the BB organizers: Adele Redisch or Tish Reilly (Bethesda) or Lisa Snipper (Virginia).

We are also organizing events in the Baltimore and Annapolis areas for colleagues in those areas. If interested in presenting in those areas, please contact Joel Kanter.

### **Treasurer**

*Flora Ingenhousz, Treasurer*  
[flora.msw@verizon.net](mailto:flora.msw@verizon.net)  
301-649-5525

The treasurer's committee worked hard to create a budget for Fiscal Year 2011. It is a real accomplishment as it is the first budget created since at least 2000. For the first decade of the 21st century, working without a budget turned out OK; during those years income exceeded expenses and our Society was able to build a financial reserve. This gave us a cushion and allowed us to make a capital investment in our website and to hire a bookkeeper who greatly reduces the work for the treasurer.

With the new decade we arrived in new territory—as cost keeps going up, we are looking at how to balance income and expense. Sounds familiar? Please feel free to contact me if you have questions or concerns. ❖

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### **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](mailto:gwscsw.news@gmail.com)**

## ADVERTISEMENTS

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

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**FRIENDSHIP HEIGHTS** – Office in a beautiful suite in a busy medical building. Kitchen, waiting room, sound proofing. Building contains a lunch room, pharmacy and parking garage; near upscale stores and restaurants. Congenial suite mates with general practices. \$800/month with minimum one-year lease. [judithasner@gmail.com](mailto:judithasner@gmail.com)

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

**SPRINGFIELD** – Nice office space available to share for mental health professional in Springfield medical building convenient to I-95 and I-495. Some full days available including evenings, weekends and smaller blocks of time. Possible referrals. Perfect for someone developing a private practice or for part-timers. Contact Goldye Donner, LCSW, at 703-569-6492.

### GROUPS

**ADOLESCENT GROUPS** – Ongoing adolescent psychotherapy groups for grades 6–college. Complete list at [www.rathbone.info](http://www.rathbone.info). Rathbone & Associates. 301-229-9490. Bethesda and Rockville.

**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. Medicare accepted. Sliding fee scale. Collaboration with referring therapists. Questions? Call (202) 966-1381 or email [ibtybe@aol.com](mailto:ibtybe@aol.com)

### SERVICES

**SOCIAL WORK LICENSING** – Prep courses and home study materials. For sample questions, schedule, and information call Jewell Elizabeth Golden, LCSW-C, LICSW, BCD, 301-762-9090.

### EVENTS

**DECEMBER 10, 2011** – *The Perils of Subjectivity*. Presenter: Sander Abend, M.D. February 4, 2012 – *Cultural Shock: A Causal Factor in Dissociative Identity Disorder*. Presenter: Molly Jones-Quinn, Ph.D. 5:00–6:30pm, 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 information visit [www.bwanalysis.org](http://www.bwanalysis.org) or call 301-470-3635 or 410-792-8060.

### 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](mailto:dordia@resourcegrp.org) or fax to (410)-337-8729.



Are you listed on our new  
Find a Therapist?

Have you registered and  
paid for a workshop online?

Have you renewed your membership  
and updated your profile online?

Check out our  
new website at

[www.gwscsw.org](http://www.gwscsw.org)

If you haven't renewed your GWSCSW membership for 2012, this will be your last newsletter.  
**Renew at [www.gwscsw.org](http://www.gwscsw.org)**

This year, we're renewing online at:  
**[www.gwscsw.org](http://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

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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](mailto:gwscsw@gmail.com) or (202) 537-0007

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*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](http://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 30, 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.

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...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](http://www.gwscsw.org) > **Events & Courses**.