

Balancing Care of Self and Care of Others: Addressing Vicarious Trauma for Clinical Social Workers 1

President’s Message 2

Legislation & Advocacy

 Federal 4

 DC 4

 Virginia 5

 Maryland 5

An Internship in Advocacy 9

GWSCSW 2012–13
Continuing Education Schedule 11

Acknowledging Vulnerability and Finding Meaning 16

Our Online Society:
Our Greatest Challenges 17

Out & About 19

Welcome New Members! 19

Committee Reports 20

Classified Ads 23

Balancing Care of Self and Care of Others: Addressing Vicarious Trauma for Clinical Social Workers

By Eileen A. Dombo

Regardless of practice area or population, social workers will engage with clients who have a history of trauma. Research shows that 50% of people experience some form of traumatic stressor in their lifetime. Traumatic stressors consist of direct exposure to major events such as war, rape, fatal accidents; as well as situations in which a person fears their life is in danger or they could sustain a major physical injury. Traumatic stressors also include “indirect exposure” through witnessing or learning about such events happening to others. This indirect exposure is often referred to as “vicarious trauma.”

Examples of traumatic experiences clients bring to their work with clinicians include the sudden death of a family member, pregnancy loss, divorce, immigration, and other difficult life events. These experiences can produce distress so great that the normal capacity for coping may be psychologically overwhelmed. The resulting emotions and behaviors of this distress, referred to as “sequelae,” are often what motivate people to seek social work services. It is through our work with clients recovering from these experiences that we can feel overwhelmed or consumed ourselves. If we are not careful to also care for ourselves, we can lose our ability to be attuned and empathically engaged in our work.

Given that the experience of trauma is subjective, it is important to gain a clear understanding of the unique experiences of each individual. Whether or not a particular experience results in difficulties in social functioning relates to strengths, resiliency, and event-specific factors. What may cause somatic problems, dissociation, and problems with affect regulation in one person, may not in another. As we assess for this information, we are often exposed to a deeper understanding of the client’s trauma history, which often stays with us long after the client meeting.

Vicarious trauma refers to the taking in of the experiences, emotions, and reactions of trauma survivors by professionals working with them in the healing process. It is not just the effect one individual or family with whom the social worker comes in contact, but rather is the cumulative effect of the work over time. The resulting distress reflects the transformation of the social worker’s inner experience due to empathic engagement. In reality, it is a natural by-product of the work; it should be expected, normalized, and addressed.

continued on page 3

Be sure to RSVP for the
**Annual Meeting &
Potluck Dinner**
Friday, June 15
gwscsw@gmail.com
Info / rsvp online at
www.gwscsw.org
Community > Annual Meeting

Greater Washington Society for Clinical Social Work, Inc.

PO Box 3235, Oakton VA 22124
202-537-0007

GWSCSW Board of Directors

President: Sydney Frymire
VP (Educational Affairs): Vacant
VP (Development): Irene Walton
VP (Legislation & Advocacy): Margot Aronson
Secretary: Mary Lee Stein
Treasurer: Flora Ingenhousz
Immediate Past President: Susan Post, Ex Officio
Directors-at-Large: Joel Kanter,
Marie Choppin, Nancy Harrington, Louise Weaver

Liaisons to the Board

Capital Area Crisis Response Team: Nancy Pines
CareFirst Watch Coalition: Mary Lee Stein
Consortium for Psychoanalytic Research: Bonnie Gallagher
DC Coalition on Confidentiality: Danille Drake
Disaster Preparedness: Tybe Diamond
Pro Bono Project: Joyce Harrison

Representatives to the Board

Retiree Liaison: Grace Lebow
Graduate Liaison: Juleen Hoyer
Student Liaison: Sara Girovasi

Committee Chairs

Continuing Education: Marie Choppin
Email Host: Joel Kanter
Hospitality: Sandy Murphy
Legislation & Advocacy: Betsy Amey,
Dolores Paulson, Mary Lee Stein
Membership: Sue Stevens, Nancy Harrington,
Brooke Morrigan
Newsletter: Lisa Wilson
Professional Development: Sheila K. Rowny &
Karen Goldberg
Programs: Joel Kanter



GWSCSW NEWS & VIEWS

Editor: Lisa Wilson
gwscsw.news@gmail.com
Advertising: Kirsten Hall
gwscsw.ads@gmail.com

News & Views is published four times a year: March, June, September and December.

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

The next issue will be published
September 2012 and the deadline is July 20

Email articles to gwscsw.news@gmail.com

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

Contents copyrighted © 2012 GWSCSW

President's Message

Sydney Frymire



Your executive committee, board, and general committees have been hard at work to serve our over 800 members. Our effort to get more people involved on committees and specific projects this year has worked well. Along with having more people involved, we have many new initiatives to support students, graduating social workers and our more experienced members. You can read more about them in this newsletter.

If you have a minute to look at the calendar on our website, you'll see it is full with events related to social work; many of them free. We have interesting educational events, social gatherings located in different neighborhoods, brown bag events (our first one in Baltimore is June 1), and professional development events scheduled.

As we've grown, so have our financial expenses. It has been 10 years since the dues were established. After a year of looking at ways to save money, the board voted to raise our membership dues by \$10, increasing them from \$150 to \$160, and to increase the cost of CEUs by \$5 per hour. It was a difficult decision. We are committed to keeping our membership fees as low as possible, while maintaining a balanced budget. As always, if this is a hardship for anyone, Jan Sklennik, in our office, is happy to work out a reduced fee and/or a payment plan.

Now that our society is running smoothly, we will continue to encourage members to become more active. Juleen Hoyer, our previous graduate student board member, has enthusiastically agreed to head our new Graduate Committee. She explained to me that many of the graduates, working in the public sector, hospitals, schools, and agencies will feel supported and encouraged by this committee.

Our next president, Katherine (Kate) Rossier is particularly interested in leadership development and continuing to figure out the interface of the Internet with therapy and with our Society, as well as continuing to develop our other programs. Kate is a licensed clinical social worker in both Washington, DC (LICSW) and in Virginia (LCSW). Her undergraduate degree from the University of Maryland is in music. She spent the early part of her adult life as a pianist, singer and mother.

On the leadership note, Mary Pipher, Daniel Siegel, and Harville Hendrix spoke about social activism at the Psychotherapy Networker Conference in March. These three and many other prominent clinicians are finding ways to reach greater numbers and have a broader impact through involvement in some of the larger issues of our time. Research supports that when we become active in solving problems in our society, we are mentally and physically healthier. Otherwise, we can fall in despair and depression. There is viable research now to support what many of us already know. I encourage each of you to think about becoming more active in whatever larger issues interests you. It will be good for you and our world.

This is my last president's letter. I've really enjoyed being president. Thank you for giving me this wonderful opportunity. I wish I could convey how much I've loved working with so many of you and having the opportunity to develop my leadership skills. I will be working with Kate, our new president, just as Susan Post worked with me. I will also be co-leading the Professional Development Committee with Karen Goldberg. I'm excited about our new endeavors. If you have any questions or feedback, please feel free to contact me or any board member.

I hope to see you at our annual dinner on June 15!

Volunteers!

Interested in being part of the Society but you don't 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 or 703-608-0180

Young Males (17+) ADHD & Independence Issues

Jim Presant LCSW-C

Eclectic Cognitive Therapy
Results-Oriented
Career Issues

(301) 575 4533
Montgomery County

Blue Cross
Sliding Scale

Child, Adolescent, Couple & Family

Susan Marks, LCSW

Also Supervision for
Practice and Virginia Licensing

(703) 533 9337

Susanmarks.webs.com

Vicarious Trauma, from page 1

It was not until Charles Figley began writing about vicarious trauma as a form of compassion fatigue among professionals that there was any scholarly writing on the topic. Pearlman & Saakvitne addressed vicarious trauma as it related to psychotherapists working with incest survivors. Although vicarious trauma is not specifically connected to the type of trauma the client has experienced, current writing on vicarious trauma tends to focus on the ways client experiences of child abuse, rape, and war impact the social worker.

Vicarious trauma often leads to physical and psychological difficulties for the clinician. Common reactions are seen on professional, interpersonal, and intrapersonal levels. Professional changes are often experienced as a decline in work product, poor morale, and lack of connection with colleagues. Interpersonal changes can result in social isolation, difficulty in intimate relationships, and changes in parenting. Intrapersonal transformations can include changes in emotions (feeling depressed or powerless), behavior (being hyper-vigilant), cognitions (distortions about competence), and spirituality (anger at God and challenges to prior religious beliefs).

As a community of clinical social workers, we need to create more compassionate conceptualizations of vicarious trauma that do not indicate pathology or weakness on the part of the professional. Research shows that novice workers are the most vulnerable to the impact of vicarious trauma, and that most supervisors do not receive training in how to address this phenomena with supervisees. Therefore, it is essential that we become aware of how the work is impacting us personally. There is a wonderful screening tool, the Professional Quality of Life Scale (Pro-QoL, developed by Beth Hudnall-Stamm) that can be found online and self-scored. It can give a sense of levels of compassion fatigue and burnout to help each individual determine if changes in self-care are needed. Specific approaches for clinicians to address the ways clinical issues surface personal experiences include their own psychotherapy, use of supervision (individual and/or peer groups), engaging in a specific self-care practice (e.g. exercise, meditation, etc), engaging in work that is not related to trauma, and finding healthy work-life balance. ❖

Eileen A. Dombo, PhD, LICSW is an assistant professor and chairperson of the Clinical Concentration for the MSW Program at The Catholic University of America's National Catholic School of Social Service. She serves on the DC Board of Social Work and the Archdiocese of Washington's Child Protection Board. She has a private practice in Dupont Circle focused on trauma and vicarious trauma.

LEGISLATION & ADVOCACY

■ FEDERAL

Laura Groshong

Over the past few months, I have received many questions about reductions in Medicare reimbursement rates. I hope this will help to clarify the changes.

All psychotherapists, including LCSWs, received a 5% decrease in reimbursement when the Psychotherapy Extender bill was discontinued in December of 2011. This confusingly-titled bill prevented a threatened cut to psychotherapy reimbursement in 2006 and was renewed each year for five years. On the bright side, the pain of this reimbursement decrease was partially offset by the good news that Congress agreed to hold off on the so-called Sustainable Growth Rate (SGR) formula cut for one more year. That cut—across the board for all Medicare providers—would have been 29.5%.

Some LCSWs have received additional cuts to their reimbursement rates, generally from 2% to 5%. These are likely to be the result of regional adjustments to reimbursement rates. Anyone who received more than a 5% dip in reimbursement this year should check with regional Medicare administration as to whether regional adjustment is the cause.

Meanwhile, for clients, co-pays for Medicare mental health services continue to fall, going to 40% in 2012. The co-pay will be reduced to 35% in 2013 and 20% in 2014, which will finally put mental health co-pays on par with medical-surgical co-pays. ❖

Laura Groshong, LICSW, is director of government relations for the Clinical Social Work Association (CSWA), which represents our profession at the national level. (www.clinicalsocialworkassociation.org) She is the author of *Clinical Social Work Practice and Regulation: An Overview* and maintains a private practice in Seattle, Washington.

■ DISTRICT OF COLUMBIA

By Margot Aronson

Good news in DC: those longstanding vacancies are on their way to being filled. Mayor Vincent Gray has nominated five individuals for the DC Board of Social Work, one for each license level (LICSW, LISW, LGSW, LSWA) and one consumer representative—just as the

law prescribes. All have very impressive resumes; you can find them on the District of Columbia Legislation List at <http://dcclims1.dccouncil.us/lims/search.aspx> (type in “social work”, PR19-0633 to PR19-0637).

We'll hold our congratulations for the next issue, when the lengthy process of consideration, approval, review, and swearing in has been completed. Meantime we turn to the retiring members, who both were appointed to the Board of Social Work by Mayor Adrien



Fenty in October, 2008. Eileen Dombo, PhD, LICSW is on the faculty of Catholic University and in private practice; Willa Day Morris, LICSW is clinical director for the non-profit agency Green Door.

When Eileen and Willa were appointed, there was one vacancy on the five-member Board; for the past 18 months, there have been three vacancies. This left these two to soldier on, month upon month, doing the oversight required for the 4,000 licensed social workers of the District. They have fulfilled this volunteer commitment with professionalism and grace. We thank them and applaud their public service.

Thanks, too, to Councilman Jim Graham, who has been most helpful in resolving the vacancy problem.

New Requirements for DC Licensees

An update to the DC social work regulations has been published in the DC Register. There are some clarifications on continuing education requirements, some changes in provisions related to the supervised practice of students, specifics for reinstating an expired license, and a new requirement of 12 hours of clinical academic coursework for applicants taking the exam for advanced clinical licensure. All licensees (and would-be licensees) should review the changes.

To find the Notice of Rulemaking establishing these new regulations, go to the DC Register at <http://www.dcregs.org/Default.aspx>. Notice ID 2329084; Rule Number 17-7000, in the DCR Issue for May 4. ❖

Margot Aronson, LICSW, is GWSCSW vice president for Legislation and Advocacy; she maintains a private practice in the District of Columbia.

■ VIRGINIA

Dolores Paulson, PhD

New Virginia Board of Social Work (VBSW) regulations defining “Clinical Social Work Services” and a “Clinical Course of Study” went into effect in March of 2011. These regulations were developed in response to MSWs applying for advanced clinical licensure despite very limited clinical coursework and/or experience.

This situation is not unique to Virginia: a number of Boards have put similar regulations into place—or are in process of considering doing so—in response to the same concerns.

In an open process that started in 2007 and spanned close to four years, the VBSW invited the participation of the academic and clinical social work community in deliberations; stakeholders were welcomed and listened to in VBSW regulatory meetings, VBSW Board meetings and public hearings. Virginia Commonwealth University, George Mason University, Radford University, NASW VA and ASWB all participated in some manner at various points in the process.

Even so, perhaps it is not surprising that, now that the regulations are in place, there are concerns and complaints.

Joe Lynch, an active member of the legislative committee of the Virginia Society for Clinical Social Work (and a former chair of the VBSW) has taken a careful look at the controversy, and his full report can be found at vscsw.org, the Virginia Society’s website; it’s titled “VSCSW Response to the Social Work Summit March 24, 2012.”

Joe identifies the two stakeholder concerns as follows:

- Even someone with a clinical concentration from a CSWE accredited program could be 6 credit hours short of meeting the VBSW requirement for “explanatory theory” coursework.
- Some applicants for the LCSW exam submitting their two years of experience to the VBSW could discover that the VBSW has determined their experience does not meet the definition of “Clinical Social Work Services.”

Certainly the problem, as Joe points out, is unintentional. Yet emotions are running high, and there is even talk of litigation. Our Society, working with the Virginia Society’s legislative committee, is focused instead on

finding resolution of specific problem areas through communication and advocacy with the VBSW and the social work community.

The regulations themselves can be found at: http://www.dhp.virginia.gov/social/social_laws_regs.htm. ❖

Dolores Paulson, PhD, LCSW, represents our Society on the legislative coalition of GWSCSW and the Virginia Society for Clinical Social Work. A longtime GWSCSW Board member and former Board member of the VBSW, Dolores has a private practice with the Ashford Center in Virginia.

■ MARYLAND

Alice Neily Mutch

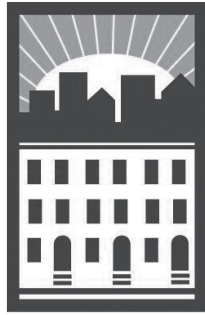
Legislators who get to know clinical social workers - who you are and what you value—can become your greatest allies in the future. The more visible the profession, the more opportunities you will have to collaborate on legislative and executive efforts.

This year these efforts paid off, leading not only to legislators’ greater understanding of clinical social workers and your concerns, but to the specific inclusion of clinical social work language in important pieces of legislation on autism and telemedicine. The Maryland Clinical Social Work Coalition—the legislative arm of the Greater Washington Society—worked hard to increase visibility, offering views and recommendations on matters related to Health Care Reform, legislative initiatives, and regulatory proposals. In addition to letters, calls, informal meetings, and testimony, the Coalition hosted a lively evening discussion with leaders of the Maryland legislature. MSW Intern Jaida Collins developed an internet “matrix” linking Society members to their legislators, and a number of you wrote and received responses from legislative leadership.

The 2012 Assembly

The last day of the 2012 Assembly was April 9, but they were back in Annapolis on May 14 for a special session to try to agree on funding for the budget. With a \$1.1 billion deficit and disagreements on using gambling or taxes to bring in necessary revenue, the public mental health system has been threatened with \$9.6 million in cuts (added to those already sustained). The Coalition wrote to the Governor and key legislators in opposition to these cuts.

continued on page 6



ClearView

COMMUNITIES

Residential Treatment Center

operated in affiliation with Sheppard Pratt

*Treating adults with depression,
schizophrenia, schizoaffective
and bipolar disorders*

- Evidenced-based treatment that includes supported employment services
- Integrated treatment for dual disorders
- Individual and group therapy
- On-site psychiatry with 24/7 back-up care
- 24/7 staffing at highest level of care
- Semi-independent and apartment living options
- Beautiful homes integrated into Frederick, Maryland's community life
- Located less than one hour from Washington DC and Baltimore

www.clearviewcommunities.org

(240) 439-4900

Legislation, from page 5

Health Benefit Exchange. The most important health reform initiative of the year was Maryland's Health Benefit Exchange (HBE) (SB 238/HB 443), giving authority to the HBE Board to begin the work of implementing individual and small business exchanges. The Board has been working with a broad range of experts and stakeholders to develop a series of policy recommendations and now, as it determines a standard benefit package, the advocacy sector is well represented.

The Coalition's position paper stressing workforce and payment issues will be shared with the various advisory groups under the Exchange.

Health Insurance Coverage for Telemedicine. (SB 781/HB 1149) is of considerable concern to clinical social workers. Three legislators in particular took up the cause of our Coalition on the matter of ensuring the appropriate use of telemedicine in the field of mental health. These legislators, Delegate Wade Kach, Senator Karen Montgomery, and Senator Catherine Pugh, understood concerns raised solely by the MD Social Work Coalition, and inserted the following into the final language of the bill:

"The Department of Health and Mental Hygiene shall: (1) conduct a review of the current literature and evidence regarding the different types of telemedicine, and conduct a review of other payers' and other State Medicaid agencies' telemedicine policies and procedures; (2) include in its review the evidence regarding the appropriate use of telemedicine in delivering mental health services; (3) based on its review, determine which types of patients would be suitable for which types of telemedicine and conduct a fiscal impact analysis that estimates the potential effect of Medicaid coverage of telemedicine on utilization, price, substitution, and effects on other services; and (4) on or before December 1, 2012, report to the Senate Finance Committee and the House Health and Government Operations Committee, in accordance with § 2-1246 of the State Government Article, on the findings of its review and any recommendations on the provision of telemedicine for the Maryland Medical Assistance Program population."

Transparency and Medical Loss Ratios. We supported SB 484/ HB 286, legislation to increase transparency in the process by which Medicaid Managed Care Organizations report their Medical Loss Ratios (ie, the percentage of every dollar spent on medical expenses as opposed to administrative or other costs).

Penalties for Failure to Report Child Abuse. As a result of the recent national publicity over failure of university personnel to report ongoing child abuse, there were nine separate bills introduced on this subject. Initially, most were highly punitive, with the most extreme criminalizing those who failed to report and mandating incarceration plus fines up to \$10,000. There was extended, heated debate. We and others such as the highly-respected provider coalition known as Med Chi emphasized the duplicative nature and deleterious effects of defensive over-reporting. The Coalition supported legislation fostering education rather than punishment, and sought reassurance that the language would not cause undue burden on professionals, especially social workers, who already have mechanisms for oversight and disciplinary actions through their respective licensure boards. Ultimately, none of the bills passed, but the issue will assuredly return next session.

Cultural Competency and Health Literacy. HB 679 expands the voluntary Cultural Linguistic Health Care Provider Competency Program passed in 2009 to encompass all health care professionals, including pharmacists and health educators. The bill requires that by December 1, 2012, universities, colleges, and higher education programs for specified healthcare professionals report to the legislature on training programs they have identified or developed, specifically for health care providers and focused on cultural and linguistic competency as it relates to providing health care. The Coalition is named in the legislation among those required to participate in this process. (The bill was amended to change the Maryland Society for Clinical Social Work to the Maryland Clinical Social Work Coalition.)

The Coalition has already taken steps to identify relevant CEU courses and reached out to University of Maryland and Howard University.

Scope of Practice Protection. This Health Occupations Boards bill would have authorized the Secretary of Health and Mental Hygiene to appoint a “scope of practice advisory committee” to examine a “scope of practice dispute”, and provide recommendations on resolution of the dispute to the Secretary. This bill was highly controversial: many provider organizations weighed in heavily against it (as did we); the Boards themselves supported it. The bill died quickly, but it reflects the thinking of the administration and it may reappear in another form in the future. While it may

save time to have a bureaucratic body—which serves at the pleasure of the Governor—to resolve scope of practice disputes between two or more Boards, it would abandon the longstanding responsibility of the legislature to enact public policy and diminish the voice of the licensees.

The Palliative Care Counseling in Hospitals. This bill offered an approach to dealing with the serious need for increased access and appropriate referral to palliative and hospice care. We supported the bill with a specific amendment which addressed the historic role of clinical social workers who, in hospitals and other

continued on page 8

CONGRESSMAN CHRIS VAN HOLLEN

invites you to his

**Congressional Field Hearing
on Mental Health Parity**

in cooperation with

Honorable Patrick J. Kennedy

Maryland Parity Project

Parity Implementation Coalition

Tuesday, June 26

7:30 pm

Village of Friendship Heights Village Center

4433 South Park Avenue

Chevy Chase, Maryland

Congressman Chris Van Hollen (MD-08) and other Members of Congress will convene a Congressional Field Hearing on the implementation and enforcement of the Mental Health Parity and Addiction Equity Act of 2008.

Consumers, providers, and state and local experts in the mental health community will testify.

This event is being organized by the Parity Project of the Mental Health Association of Maryland; the Greater Washington Society for Clinical Social Work is a sponsoring organization.

We urge you to share your concerns at the open mic.

For more information and to sign up,

please contact Judy Gallant at

jg708@columbia.edu or (301) 587-2552

Legislation, from page 7

settings, work with clients and families struggling with decisions regarding palliative and hospice care. The amendment was accepted, but, because of objections from the Maryland Disability Law Center, the bill was sent to summer study; a revised bill will be drafted for the 2013 session under the support of the House Government Operations Committee

Autism Treatment. This year we were successful in having the autism mandated-benefit bills include clinical social workers in their original draft and introduction. We knew that these bills had no hope for passage in 2012 but expect they will be offered again once a federal restriction on mandated benefits is lifted. A separate autism bill did pass. Silent on the matter of mental health aspects of autism, it authorizes a study of the role of habilitative services (occupational and speech therapies) in autism treatment.

The Interim and the Future

The passage of health care reform and parity legislation has resulted in high exposure for mental health topics, providing an excellent opportunity to “get the

word out” on mental health services delivered by clinical social workers.

Your help is needed. We have a number of activities to pursue this summer and fall. We’re asking that clinical social workers step forward to participate in new and/or ongoing legislative workgroups - on palliative care, on cultural competency, on health care reform, on autism, on pre-authorization issues, on end of life issues. We will be asking Maryland members to send personalized letters to their Senators and Delegates. We will be planning another legislative dinner, probably in Montgomery County this time. And we invite you to participate in a Congressional Field Hearing in Friendship Heights on June 26 in support of Parity, co-sponsored by your Society. Featuring Representative Chris Van Hollen and organized by the Parity Project of the Mental Health Association of Maryland, this event will give you the opportunity to speak out about parity violations you have observed. (Look for the ad in this newsletter.) ❖

Alice Neily Mutch of Capital Consultants of Maryland guides the GWSCSW legislative committee in the development of legislative strategy, reviews and monitors policy and legislation relevant to our profession, and advocates actively on our issues in the Maryland House and Senate. Her website, www.capitalconsultantsofmd.com, has a wealth of legislative information.

Enjoy the Rewards of Your Job Without the Risks



It's Easy With Our Professional Liability Plan

You have a challenging job counseling a variety of clients with diverse needs and expectations. It can be very rewarding. But also risky - unless you have the right protection.

Our Professional Liability Insurance Plan takes the worry out of being a Clinical Social Worker:

- “Occurrence” protection with lifetime reporting for incidents that occur during the policy period.
- Added coverage for personal and bodily injury and property damage.
- A+ rated carrier.

The plan, sponsored by the Clinical Social Work Association, has exceptional benefits to ensure comprehensive coverage.

Enjoy the rewards of your job without the worry. Call today.



Call: 800-875-1911 ■ Visit: www.cphins.com

Offered in partnership with CPH & Associates, Inc. Underwritten by Philadelphia Indemnity Insurance Company, rated A+ for financial strength by A.M. Best.

©2008 USI Affinity

An Internship in Advocacy

by Jaida Collins



Of the total of 2,605 bills introduced in the Maryland 2012 legislative session, the Maryland Clinical Social Work Coalition monitored over 60 bills. As an intern for the Coalition, I had the privilege of watching the behind-the-scenes work and learning the interesting, intricate, and at

times perplexing process of grassroots organizing, advocacy, and the legislative process.

The Coalition provided testimony for many legislative topics: the health benefit exchange, scope of practice protection, and palliative care counseling, to name a few. Child abuse was a hot topic, with most proposals calling for civil penalties and misdemeanor charges for not reporting suspected cases of abuse. The Coalition actively opposed such measures as unduly punitive.

Many of the bills we worked on “died” in committee. However, advocacy efforts are not in vain even then. In fact, a major accomplishment of the Coalition this session was a rise in its influence, aided by a stronger grassroots network and the second Annapolis Legislative Dinner. The increase in visibility, in turn, increased legislators’ understanding of the nature of the social work profession and the services offered by social workers. Thanks to the Coalition’s action, “clinical social work language” was specifically included in three important pieces of legislation: Senator Klausmeyer’s autism bill; Delegate Kach’s telemedicine bill, and Delegate Nathan-Pulliam’s cultural competency bill.

I walk away from this internship having learned so much—professionally and personally. I now understand that due to the complex nature of advocacy, one cannot judge “success” based solely on the outcome of a piece of legislation. It takes networking, research, educating, petitioning, and partnership to influence legislation. What is most important is having a voice and making sure that voice is heard and understood.

Alice Neily Mutch, my task supervisor for the internship, has been amazing at meeting me “where I am at” and pushing me to grow beyond what I thought was possible. I have learned a great deal about the practical application of personal advocacy, and Alice has taught me, through example, how to be firm and tough, yet professional. I have seen the importance of networking and taking a genuine interest in others.

Margot Aronson has been an outstanding supervisor and mentor! With patience and a gentle approach, she has guided me and helped me to remember the big picture. She has corrected me when I needed correcting, and reassured me when I needed reassuring. Overall, it has been a pleasure to work directly with both Alice and Margot.

Personally, I have solidified my understanding of the career path I would like to take. I have learned that in whatever role I find myself—organizational, community, state, federal—I want to be an advocate and voice for those who are assisting others—a social worker for social workers, if you will. Macro and direct practice should not be split as it often is. There is great opportunity to build a stronger force when the parts of the system work together as a whole.

This internship was worth my effort in every way. Yes, it was hard; there were plenty of times I got lost; there are a lot of skills I have yet to master. Not being able to see immediate fruits of one’s labor is tough. However, this has been an opportunity I would not trade for anything!

I urge the Society to continue the work that is done through the Coalition, and to continue to partner with Howard in offering this internship. If you are not already involved, I ask you to become involved—read an email, stay abreast, write a simple letter, come to Annapolis and visit. And I thank you for the opportunity of my lifetime. ❖

Jaida Collins, a second year MSW graduate student at Howard University, has served as intern for the Coalition this year.

ADELE NATTER

announces the re-location of her Kensington practice to
3720 Farragut Avenue, Suite 103
Kensington, Maryland 20895

Also practicing at 4545 42nd Street NW, DC
one block from Tenleytown Metro station

ISTDP (Intensive Short-Term Dynamic Psychotherapy)
Specializing in anger issues, self-sabotaging behaviors,
character pathology and highly resistant patients

(301) 509-4848

Nancy Newport, LPC, LMFT & Tracy Ryan Kidd, LCSW

The Long and the Short of It: Treatment of Acute and Complex Trauma

12 hour DVD of a live 2-day workshop delivered by the presenters (12 CE Hours)

All of us see clients who have either recently or long ago been traumatized. They come to us complaining of depression or anxiety or relationship issues or addictions or health symptoms and as we listen carefully to their story, we frequently hear a story of hurt, pain, and fear, sometimes abandonment, lack of protection, and triggered responses to present day conditions that may be caused by childhood trauma like chronic physical, sexual and emotional abuse and neglect.

We may hear, as we listen carefully, that a traumatic response has recently developed following any number of severe stressors, such as rape, assault, murder, robbery as well as accidents, scary movies, exposure to violence, animal attacks, war. With the continued rise in violence in our communities, many adults and children are experiencing a crisis response where coping skills are overwhelmed by a stressor causing internal confusion, destabilization and disequilibrium.

We have pooled our expertise and designed 12 hours of strategies and techniques for creating a change in traumatic responses for those clients. We call it *The Long and the Short of It* because we will cover Acute Stress Disorder to Post Traumatic Stress Disorder, shorter term therapy to longer term stage oriented therapy.

Let's take action. Let's know what to do (and what not to do) to stabilize and improve the functioning of our clients, adults and children alike, acutely or chronically traumatized. Watch and be empowered to return to your office and begin applying what you have learned right away. It's time we all felt more skilled at working with trauma because it is everywhere!

~~Regular Price: \$267~~ **Introductory Price: \$237**

To view video clips or to purchase the DVD, visit
www.nancynewport.com/traumadvd.htm

This program is approved by NASW for clinical social work (Approval #886508131-5380) for 12 continuing education contact hours. In order to obtain credits, you must take an online test and pass with a score of 80%. Instructions for taking the online test are included in the handout section of the DVD. Once you pass the test, you will be able to print out your certificate of completion.

For those trained in EMDR, we offer a 12-credit EMDRIA approved DVD on the same topic. For information about this alternate DVD, visit www.nancynewport.com/emdrtraumadvd.htm.

These DVDs are formatted to run on a PC using Windows. If you want to run these DVDs on a Mac it is recommended that you install one of the Windows for Mac software programs (i.e., Parallels or VMware Fusion).

In this highly practical, skill-building two-disc DVD, participants will be exposed to the latest techniques and strategies for effectively treating clients with acute trauma, as well as those with a history of long-term trauma.

Acute Trauma Objectives

- Identify a crisis response
- Learn six key actions to take as a first responder—on the scene or in your office
- Review Acute Stress Disorder: criteria, symptoms
- Practice five stabilization/grounding strategies that can be initiated immediately following a crisis response
- Identify key strategies to rapidly building a therapeutic alliance following an acute trauma
- Learn Meridian Tapping (also known as Emotional Freedom Techniques).
- Learn Resource Tapping
- Become familiar with several grounding strategies and trauma protocols for use with traumatized adults and children using Meridian Tapping (EFT)
- View video case examples of actual trauma client sessions using the strategies being taught

Complex Trauma Objectives

- Learn about the three stages of trauma work
- Be given an in-depth exploration of Stage 1 stabilization techniques
- Learn and watch video demonstrations of strategies for containment, resource development and installation, and affect regulation skill development
- Be able to teach clients techniques for self-soothing as well as 15 strategies for grounding
- Learn 11 signs of readiness to proceed to trauma processing
- Be exposed to an overview of methods that can be used to process trauma
- Watch a video demonstration of a trauma processing session using EMDR with a client
- Learn how to construct a future template of desired behavior in Stage 3

■ **Gottman Couples Therapy: What Makes Relationships Work?**

This seminar is an introduction to John Gottman's research about relationships and how you can begin to apply these findings to assessment and intervention for couples. As a result of your attendance at this workshop, you will be able to understand how to think about what makes relationships work well and what makes them fail using Gottman's Sound Relationship House Theory; begin to use the theory to accurately identify the specific problems and strengths in the dynamics of a couple's relationship; determine the most beneficial points in the couple's interaction where intervention will be most effective; and, begin to apply this new, research-based couple therapy to the broad spectrum of problems you encounter in your daily practice.

Date: **Saturday, September 8, 2012**
Time: 9:00 AM – 12:15 PM
Location: Sunrise at McLean
8315 Turning Leaf Lane, McLean VA 22102
Instructor: Patricia Gibberman, LCSW
Info: pgibbermanmsw@gmail.com or 703-208-9988
Cost: Members \$60 / Non-Members \$90
CEUs: 3 hours

■ **Empty Cradle: Coping with Perinatal Loss**

How does one cope with the unexpected end of a pregnancy? The depth of sadness is so overwhelming, the feeling of isolation so strong and even guilt can slither its way into your heart. Perinatal loss, including stillbirth, miscarriage, termination for poor prenatal diagnosis and abortion, is a heart breaking and misunderstood experience that is felt by millions of women each year, but not a topic that is openly discussed. Students will differentiate and define the categories of perinatal loss and explore how the grief process is related to the sudden end of a pregnancy; how different partners grieve a loss; the physical and psychological reactions following a loss; and the psychological effects subsequent pregnancies have on a family.

Date: **Wednesday, October 10, 2012**
Time: 9:15 AM – 12:30 PM
Location: 5818 B Hubbard Drive, Rockville MD 20852
Instructor: Leslie McKeough, LCSW & Julie Bindeman, Psy-D
Info: lamckeough@gmail.com or 703-909-9877
Cost: Members \$60 / Non-Members \$90
CEUs: 3 hours

■ **Working with Children & Adolescents with Autism Spectrum Disorders**

The Person-In-the-Environment approach, which addresses clients' reciprocal relationships with multiple environments, is particularly suited to treating children and adolescents on the autism spectrum. The autistic child impacts his family and community, which, in combination with medical, educational, and social service systems, have an enormous impact on his development. This course will describe the individual, family, community, and larger systemic factors that influence the development of the autistic child, and will outline ways in which the clinician can effectively intervene on multiple levels in order to establish a stable, positive environment that maximizes the child's growth.

Date: **Friday, October 19, 2012**
Time: 9:00 AM – 1:00 PM
Location: 3930 Knowles Avenue, Suite 200
Kensington MD 20895
Instructor: Jonah Green, LCSW-C
Info: jgreenlcswc@aol.com or 301-466-9526
Cost: Members \$70 / Non-Members \$105
CEUs: 3.5 hours

■ **Losing Our Minds: A Public Health Epidemic**

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

Date: **Monday, November 2, 2012**
Time: 9:30 AM – 12:45 PM
Location: Sunrise at McLean
8315 Turning Leaf Lane, McLean VA 22102
Instructor: Terry Ulman, LCSW-C
Info: tlulmanmsw@gmail.com or 301-854-1121
Cost: Members \$60 / Non-Members \$90
CEUs: 3 hours

■ **Stories of Stroke: An Exploration of Stroke's Impact on Survivors and Caregivers** —————

Stroke is the leading cause of long term disability and the fourth leading cause of death in our country. Given this frequency, we are bound to encounter it in our offices. How are our clients and their families affected? What are the bio-psycho-social impacts of stroke? How does stroke affect one's sense of self? What challenges do caregivers face? How do marital and family dynamics change? Together, through stories, we will learn about stroke survivors and caregivers—their struggles and victories. We will consider their experience through the lens of Self Psychology. We will focus on helping stroke survivors and caregivers adapt, examine the impact on ourselves of cumulative suffering and how we can replenish ourselves.

Date: **Friday, November 9, 2012**
Time: 9:15 AM – 1:15 PM
Location: 11500 Nairn Farmhouse Court
Silver Spring MD 20902
Instructor: Flora Ingenhouz, LCSW-C & Melinda Salzman, LCSW-C
Info: flora.msw@verizon.net or 301-649-5525
Cost: Members \$70 / Non-Members \$105
CEUs: 3.5 hours

■ **Creative Art Therapy Techniques for Therapists: Managing Burnout & Vicarious Trauma** —————

This is an experiential workshop designed to help therapists manage countertransference and vicarious trauma through creative art making and sharing in a small group. In our work with clients, we clinicians advocate for self-care, the reduction of stress and the restoration of the core—that curious, creative, life-affirming center of the self. In the process, our own countertransference or vicarious trauma responses may build up, almost unnoticed. In this workshop, we extend an invitation to therapists to add the unique experience of making art to their personal resources for restoration and balance. The facilitators will offer a few simple creative exercises to be completed by participants during the workshop. We will explore how the very process of making art and reflecting on it in an emotionally safe environment promotes empathic understanding of our clients' inner world as well as our own. Prior experience in art making is NOT a prerequisite.

Date: **Sunday, January 13, 2013**
Time: 2:00 PM – 5:15 PM
Location: 2607 Connecticut Avenue, Washington DC 20008
Instructor: Tally Tripp, MA, LICSW, ATR-BC & Barbara Sobol, MA, LPC
Info: ttripp@gwu.edu or 202-785-2124
Cost: Members \$60 / Non-Members \$90
CEUs: 3 hours

■ **Cross-Cultural Complexity in Therapy: An *In-Treatment* Case Study** —————

Using one of the HBO *In Treatment* therapy cases as a case study, explore some basic and some more subtle issues of cross-cultural conflict. The case—a widower recently from India whose son is married to an American—is rich in cross-cultural nuance and complexity. There are six half-hour therapy episodes. Each will be followed by discussion of the case study, and participants will be encouraged to share their own experiences as well. Some short readings in cultural diversity/cultural intelligence/differences will be assigned.

Date: **Friday, January 25, 2013**
Time: 9:00 AM – 4:00 PM
Location: 3201 Porter Street NW, Washington DC 20008
Instructor: Margot Aronson
Info: malevin@erols.com or 202-966-7749
Cost: Members \$120 / Non-Members \$180
CEUs: 6 hours

■ **Psychodynamic Psychotherapy: Theory and Technique** —————

This course is designed for recent graduates (<3yrs post MSW) to provide an overview of basic psychodynamic theory and technique. By the conclusion of the class participants will have learned how to form a therapeutic alliance, work with resistance in deepening the treatment of adults, understand and work with defenses and intrapsychic conflict as well as be able to apply an understanding of early development in the treatment of a variety of disorders.

Date: **Friday, February 1, 2013**
Time: 9:00 AM – 4:00 PM
Location: Sunrise at McLean
8315 Turning Leaf Lane, McLean VA 22102
Instructor: Danille Drake, PhD, LCSW
Info: ddrakephd@verizon.net or 301-320-5659
Cost: Members \$120 / Non-Members \$180
CEUs: 6 hours

REGISTRATION REQUIRED – Register online at www.gwscsw.org

■ What Therapists Need to Know about Polyamory

The polyamorous community has been growing and thriving in the past few years and has been evidenced by the beginning of coverage of polyamory in the media. As therapists we need to be prepared to work with this growing population of clients. The goal of this course is for therapists to learn the basics of polyamory in order to be able to adequately work with clients in these relationships and provide them with the services they need. The course will begin by defining polyamory and explaining some of the advantages and disadvantages for families including children. Following that we will discuss different types of poly relationships and some demographic information; the stigma surrounding polyamory and how that affects the therapeutic experience; contracting; and managing jealousy.

Date: **Friday, February 8, 2013**
Time: 9:00 AM – 12:15 PM
Location: 1629 K Street NW, Suite 300
Washington DC 20036
Instructor: Tamara Pincus, LICSW
Info: Tpincus76@gmail.com or 202-531-2780
Cost: Members \$60 / Non-Members \$90
CEUs: 3 hours

■ Adjustment to Spousal Loss

Adjustment to Spousal Loss presents a way of thinking about loss of a spouse as a post-traumatic stress reaction. Numb and in shock, all a person can do at first is tread water before moving on and crafting the next chapter in his/her life. In contrast to traditional mourning theories, grief and mourning take place differently at different points in the life transition process. This idea is in contrast to mourning theories that suggest that one should grieve and mourn before moving on. Qualitative studies have suggested that in fact, grief and mourning takes place all along the life transition process. New ideas about grief and mourning will be presented in the DSM V when a new diagnostic category will be introduced, suggesting that there are kinds of grief that are not “normal.” This concept is separate from the traditional idea of complicated grief.

Date: **Friday, March 8, 2013**
Time: 9:00 AM – 12:15 PM
Location: Sunrise at Fox Hill
3800 Burdette Road, Bethesda MD 20817
Instructor: Deborah S. Levinson, LCSW-C
Info: dslevinson@gmail.com or 410-653-9610
Cost: Members \$60 / Non-Members \$90
CEUs: 3 hours

■ Symptom Reduction through Mind-Body Medicine

This didactic and experiential workshop will explore a variety of mind-body skills that therapists can use to support themselves and can easily be taught to clients. The material the presenters will teach is medically proven to calm the central nervous system, activate the parasympathetic nervous system and the frontal lobe. These techniques are applicable to many situations including, but not limited to, helping manage ADD, addictions and mood.

Date: **Saturday, March 16, 2013**
Time: 10:00 AM – 2:30 PM
Location: 559 Viewtown Road, Amissville, VA 20106
Instructor: Fran Zamore, LCSW-C & Michael Shea, MSW
Info: fran.zamore@gmail.com or 240-688-9099
Cost: Members \$80 / Non-Members \$120
CEUs: 4 hours

■ Emergency Coverage of Your Practice: Practical and Ethical Considerations

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

Date: **Friday, April 12 & 26, 2013**
Time: 9:15 AM – 12:30 PM
Location: Sunrise at McLean
8315 Turning Leaf Lane, McLean VA 22102
Instructor: Melinda Salzman, LCSW-C
Info: salzmanmsw@starpower.net or 301-588-3225
Cost: Members \$120 / Non-Members \$180
CEUs: 6 Ethics hours

REGISTRATION REQUIRED – Register online at www.gwscsw.org

■ Introduction to Narrative Family Therapy

This presentation will focus on the enhancement of family sessions through the use of the narrative therapy stance. Humans are meaning-making beings. As such, we tend to make sense of our experience through the creation of life stories or narratives. When families present for therapy, the ending of the story is usually negative. We will talk about how to follow and work to undo endpoint narratives of those we endeavor to help. Narrative approaches discussed will include: externalizing conversations, remembering conversations, re-authoring conversations, scaffolding conversations, definitional ceremony, and rite of passage maps. Didactic presentation, discussion, case examples and practicing of skills will be utilized to help participants develop their understanding of the narrative family therapy approach.

Date: **Sunday, April 14, 2013**
 Time: 9:00 AM – 12:15 PM
 Location: 3200 Tower Oaks Boulevard, Suite 200
 Rockville MD 20852
 Instructor: Erica Berger, LICSW, LCSW-C
 Info: erica@ericabergertherapy.com or 202-244-5121
 Cost: Members \$60 / Non-Members \$90
 CEUs: 3 hours

■ Creative Listening: The Art of Mind-Heart Integration

This workshop will offer a model for creative listening that integrates social work training, ethics, and direct practice experience. Drawing from research on creativity, intuition, and wisdom traditions, this program will provide a framework for understanding mind-heart integration in clinical settings. We will focus on development of clinical discernment that emerges at the intersection of the polarities of the mind and the heart. Listening creatively, we will explore case materials that are rarely discussed in clinical training.

Date: **Saturday, April 20, 2013**
 Time: 9:00 AM – 4:00 PM
 Location: 5319 Lee Highway, Arlington, VA 22207
 Instructor: Marilyn Stickle, LCSW, BCD
 Info: ms@marilynstickle.com or 703-790-0232
 Cost: Members \$120 / Non-Members \$180
 CEUs: 6 hours

REGISTRATION REQUIRED – Register online at www.gwscsw.org

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

GWSCSW COURSES REGISTRATION FORM

Name _____

Address _____

City _____ State _____ Zip _____

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

E-Mail _____

Courses Title:	Date:	Course Fee	Late Fee
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

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

Check (payable to GWSCSW) \$ _____

Charge to my VISA or MasterCard \$ _____

Credit Card Billing Address is same as above

Billing Address _____

_____ Zip _____

Credit Card # _____ - _____ - _____ Exp ____/____

Please return to:

GWCSWS

PO Box 3235

Oakton VA 22124

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

Washington Center for Psychoanalysis INC.

4545 42nd Street, NW, Suite 209, Washington, DC 20016 • 202-237-1854 • Fax: 202-237-1856

P
R
O
G
R
A
M
S

The Psychoanalytic Institute

Comprehensive education and training in the theory and practice of psychoanalysis. The curriculum includes classical and contemporary schools and supports candidates' efforts to find their own integration as they establish their identities as psychoanalysts. Immersion in didactic classes, supervised clinical work and a personal analysis provides the knowledge and skills to practice psychoanalysis and apply psychoanalytic principles to a range of clinical and intellectual endeavors.

New Directions

A unique, highly regarded three-year postgraduate training program for clinicians, academicians, and writers who want to develop a richer understanding of writing with a psychoanalytic perspective and apply it to their own work. Program consists of three seasonal weekend conferences and optional summer and winter retreats.

Scientific Meetings

Throughout the year, the Center sponsors numerous scientific lectures, programs and workshops featuring experts from the United States and around the world. Watch the Center website for announcements.

The Psychoanalytic Clinic

Referral service for psychoanalysis, individual, couple, and family psychotherapy. Composed of individual private practices, the WCP clinic offers treatment based on an individual's ability to pay. For services, leave a confidential message on the Clinic voice mail: 202-337-1617.

Institutional Review Board

Board established to review human research protocols to safeguard the rights, safety and well-being of all trial subjects. The WCP IRB is registered with the US Department of Health and Human Services and obtained a Federal-wide Assurance, and specializes on reviewing studies in the area of psychoanalysis and psychoanalytic psychotherapy.

close attention

New!

A new, entirely clinical, hands-on training program in psychotherapy. Using a variety of learning formats, this program focuses on the nuances of the individual session. Reading will be kept to a minimum. Students and faculty will be presenting their work as a basis for learning. For information contact rjwinermd@yahoo.com or sharon.alperovitz@gmail.com.

Couple and Family Therapy Training

Two training options: One-year CE experience including theoretical readings, group classes and video discussions of faculty clinical interviews; Two-year certificate program incorporating theoretical readings, group classes, video discussions of faculty clinical interviews, plus supervision and group case conferences. Both options geared to deepen the clinician's work and skill sets.

Fellowship in Psychoanalysis

Ten session program for mental health professionals/students designed as an introduction to psychoanalysis. Fellows participate in monthly didactic seminars and an ongoing case presentation. They also have an opportunity to meet with an individual mentor and to attend complimentary WCP Conferences.

Scholars Program

A two-year introduction to contemporary psychoanalytic theory. The program is open to applicants from any profession or discipline, including the

Psychoanalytic Takes on the Cinema

Participants attend a series of films and join in a discussion of psychoanalytic thought as it applies to the films from cultural and literary perspectives.

Psychoanalytic Perspective on Theater

A psychoanalyst leads post-performance discussions of plays held at metropolitan area theatres. Tickets for the performances are purchased by registrants directly from the theatres.

Visit www.wcpweb.org for more information or email Center@wcpweb.org. The Center offers continuing education credits for physicians, psychologists and social workers.

Acknowledging Vulnerability and Finding Meaning

By Marilyn Lammert

Last May, I posed this question on the list serv: "In your life as a person and a mental health professional—currently or in the past—what is most difficult or stressful for you?" You can read representative excerpts from the responses I received in "Our Online Society" on the next page or find a full compilation of responses reposted to the list serv on June 15.

One issue that was raised and especially resonated with me was how to invest in work while managing the personal stressors inherent in this work and life in general. This has been a focus for me throughout more than 40 years in the mental health profession, beginning in my twenties, which were, for me, a time of much idealism. I worked 12 to 14 hour days in St. Louis' inner city, before and while I was in social work school at Washington University. I put everything into what I was doing and ended up in the hospital; actually I almost died. I loved that work, but couldn't continue. So I've done different things--gotten another degree, taught in several schools of social work, entered private practice.

After my illness, I struggled for a very long time, angry at life for handing this to me. Miriam Polster, a Gestalt therapy mentor, told me early on that I had something special to offer because of my illness and near-death experience. That surprising concept pointed me toward meaning.

How do we make the most of what life hands us? This seems the richest vein we have to mine when we are the "thou" in the I-thou relationships that are at the center of our work.

I had faced a serious risk, both with issues of the illness and its treatment. I knew deeply about facing death and the potential negative consequences of treatment I underwent in order to live.

An early private practice client had my same autoimmune illness and extreme treatment options. He didn't recognize his stress or vulnerability. I knew personally and from the literature that this illness is exacerbated by stress, and that acknowledging vulnerability often equates with weakness.

Intuition led to imagery work to access his vulnerability. Imagery allowed a kind of "end run" around his conscious awareness of anxiety about feeling vulner-

able; focusing (in imagery) on the medically vulnerable body part was just enough distance for him to be aware of those feelings and take part in a dialogue with what was needed to care for them. We worked this way until he was more comfortable with his feelings and with expressing them.

No extreme medical treatment was needed. He came to recognize the positive meaning of his illness. I knew we could get there because of my experience.

About this time I met Lynn Braillier, a pioneer in stress management. As part of our research on coping with stress, I interviewed participants in her stress management classes. We found that those who coped better had found some positive meaning in what had happened to them. This resonated with my experience.

In stressful situations, we are both vulnerable and also have the possibility of growth. Recognizing the positive aspects of negative experiences is strengthening, and serves to build internal resources. This, in turn, leads to more positivity and an upward spiral of feeling good that sustains itself.¹ This growth as a result of struggle has been coined "posttraumatic growth."² I look for meaning of events and solutions rather than obstacles. Understanding opportunities in events can provide a basis for using these to reinforce and inform clinical work.

The future is open and can be influenced. No matter what the current circumstances might be, I believe life is still full of possibilities. ❖

Marilyn Lammert, LCSW-C, provides mentor-coaching to social workers at all stages of their career; in groups or individually, in-person or virtually.

1 Eric L. Garland, Barbara Fredrickson, Ann M. Kring, David P. Johnson, Piper S. Meyer, and David L. Penn, "Upward Spirals of Positive Emotions Counter Downward Spirals of Negativity: Insights from the Broaden-and-Build Theory and Affective Neuroscience on The Treatment of Emotion Dysfunctions and Deficits in Psychopathology," *Clinical Psychology Review*, November, 2010, 849-64.

2 Richard G. Tedeschi and Lawrence G. Calhoun, "Posttraumatic Growth: Conceptual Foundations and Empirical Evidence," *Psychological Inquiry*, 2004. Vol.15, No.1, 1-18.

OUR ONLINE SOCIETY

Marilyn Lammert

Our Greatest Challenges

In your life as a person and a mental health professional—currently or in the past—what is most difficult or stressful for you?

► My practice is focused on children and adolescents. My ability to effect change in the child is often contingent on my ability to affect change in those around them, to provide them with the care and support they need. I find it stressful to constantly consider all the multideterminants of behavior in all the systems I interact with, while trying to help a child professionally. Like a parent, I often feel there is more I could/should be doing and worry that my choices regarding what to focus on will not be most efficacious. I feel I have to be “on my game” and, when I am, I feel very effective.

► The most stressful aspect of my career as a private practice mental health professional has nothing to do with the clinical work. It is, unquestionably, the financial expense —rent, advertising, office supplies, malpractice and health insurance, professional association dues, continuing education expenses, license renewal fees, taxes, and costs of networking. Add to this the years it often takes to pay off student loans. With the exception of health insurance, no one of these cost is unreasonable, but taken together they can demoralize and eventually defeat even a skilled and motivated private pay practitioner. And while all of the costs I have cited are legitimate, many are certainly inflated as they have become profit-making industries unto themselves.

I also perceive an unspoken taboo among clinical social workers against talking about this issue. (Perhaps most private clinicians are just really well to do to start off with, which goes full circle into sociological and clinical issues for our field and our clients.)

► My MSW internship was at a day treatment program with chronically mentally ill adults. What was most stressful during that time was figuring out how to have “boundaries” with my very ill clients and not taking their problems home with me! At that time, I developed insomnia for the first time in my life.

After I graduated, I also had a very hard time leaving work at work. I was working in the inner city in Baltimore, and it was a very stressful population and terrible support at the agency I was working at; and I became depressed, stressed and burned out.

Since that time, it’s been easier, as I’ve worked mostly in outpatient clinics. However, the same stresses hit periodically: worrying about clients; taking problems “home” with me; getting anxious about how my sick clients are doing, etc

► My most vulnerable point is “rejection” - which occurs rather too frequently in this occupation.....and I have to remind myself that the people who come to see me are having a very difficult time with their lives; and their reasons for rejecting, most often, have to do with their own miseries. The most helpful avenues for me involve talking to friends/other colleagues.

► Most difficult and stressful for me is a pervasive cultural attitude perpetuated by the solely-financially-oriented upper management of the community mental health clinic where I work. I get the sense they think that what I do doesn’t matter; and anyway, anyone could do it - I’m totally fungible with any other LICSW. (I don’t mean I think I’m irreplaceable, but I do mean that management doesn’t have a clue about attachment or transference and actively disregards our efforts to explain that massive turnover in personnel traumatizes our population.)

► My most difficult challenge comes with the amount of stress related to liability for my clients...worrying about litigation and legal issues, being misinterpreted, not being available for, or somehow not receiving a call/message from a client in crisis that would bring about risk for me, being slapped for something that was unintentional, and the risk of being sued for anything that would cause me to lose my livelihood and my property without doing anything inappropriate.

continued on next page



Exciting Career Opportunities!

JSSA, a fast growing non-profit/nonsectarian organization serving Greater Washington, D.C has immediate openings with great benefits!

Northern Virginia

Synagogue Liaison/Social Worker LCSW: Part-time/full-time position for a Clinical Social Worker/Synagogue Liaison. Candidate will be an experienced, organized professional with strong clinical skills to represent JSSA to area synagogues in Northern Virginia. Consult with rabbis, staff, and congregants about interpersonal and organizational issues. Provide outreach, assessments, short term counseling, workshops, referrals to JSSA and community resources. LCSW required.

Rockville, Maryland

LCSW-C Hourly: Needed to provide individual, family and group therapy and case management with children, adolescents, and adults who are deaf or hard of hearing. Maryland LCSW-C with strong ASL (American Sign Language) skills required.

Autism/Special Needs: Full time candidate must be experienced in individual, family and group therapy with children and adolescents. A strong knowledge base and experience in working with individuals on the Autism Spectrum and other developmental disabilities is desired. Experience with case management and an overall understanding of life span development is preferred. LCSW-C required. Some evening hours necessary, minimum of 2 years clinical experience required. Benefits provided; free CEs. Send resume with salary requirements to: JSSA, 200 Wood Hill Road, Rockville, MD 20850. Attn: HR, fax 301-309-2596, email: hr@jssa.org www.jssa.org An EOE.

Please send resume to:

JSSA, Attn: HR
200 Wood Hill Road
Rockville, MD 20850
Fax 301-309-2596 Email hr@jssa.org
Visit our website: www.jssa.org
An EOE

Online Society, from page 17

This is a personal challenge for me but professionally it haunts me regularly.

► By far the most difficult thing is managing childcare for a 2 year old. It is the stress of the dual responsibilities when they conflict that is the hard part—e.g., when my daughter is sick or has a snow day, and I need to “same day” cancel sessions with clients, often without room in my schedule to reschedule them. Secondary to that is the general daily marathon of getting myself and everyone else where we need to be. And wanting to boost my income while working fewer hours.

► I find it most difficult when a client is severely depressed and suicidal for a prolonged period of time, and no medications or therapy have helped them get any relief. It's at the point when I start to really understand their will to die that I struggle most. Part of it has to do with not knowing what will help, and feeling helpless.

► In my professional life, the biggest stressors have been the amount of time it took me to feel like a competent and valuable professional, and angry, litigious clients. I guess I would have to expand that to include the times that legal testimony was requested and the potential impact that could have on someone's life. There have also been anxieties when cases strike a bit too close to home, as well as when there has been a real possibility of someone's taking their own life.

My primary coping tool has been engagement in my own personal psychoanalysis for 16 years. It has helped me enormously in managing my self-doubts and in finding my therapeutic “voice.” Additionally, friends and extended family have been sources of comfort and calming. My husband has been a source of stress, as well as a source of comfort and support; fortunately leaning toward the latter. ❖

Due to space restrictions, only a representative sampling of responses are printed here. Please check the listserv on June 15 when a full compilation of responses will be reposted.

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

Marie Caterini Choppin, MSW, LCSW-C, LICSW received her certification in Emotionally Focused Couple Therapy. After many hours of intensive training, videotaping couples, meeting with a supervisor to review taped sessions and ultimately submitting these tapes for review by the certification committee of the International Centre for Excellence in Emotionally Focused Therapy, in Ottawa, Canada, Marie was notified of her approval to be a Certified Emotionally Focused Couple Therapist.

In January, **Mike Giordano** trained the DC-based Community of Hope's housing staff on cultural competency when serving LGBTQ clients. In February, he served on a panel for a public conversation on "Healthy Hook-ups" at Whitman Walker Health, also in Washington, DC. He spoke to the emotional and relational aspects of sexuality and casual sex for gay men.

Jen Kogan wrote for the *Washington Post* blog, "On Parenting" recently about *The New Science of Self Compassion*. Jen is now writing a regular guest blog for "On Parenting" (www.washingtonpost.com/blogs/on-parenting) every other week. Her posts will cover issues relevant to parents and families.

Joel H. Marcus, a Baltimore member, will be published in the summer 2012 edition of *Voices: The Art and Science of Psychotherapy*. The title of the article is "Take Care of Yourself First: The Greatest Gift to Your Patients." The article promotes psychotherapist self-care as actualized through practice policies as a prerequisite to caring effectively for patients.

Helen Power recently presented a training for the Australian Association of Social Work, in Sydney, Australia. This March training, "The Therapeutic Use of Art and Play Therapy techniques", was attended by social workers from around Australia. In addition, Helen—back in Washington—taught two workshops, one on "Art Therapy" and another on "Theraplay" at Gallaudet University, Washington, DC.

Did you know that **Charles Rahn** worked with the *Washington Post's* Writers Group before becoming a social worker? Charles and his guests Margot Aronson and Susan Post were front row center at a National

Press Club luncheon featuring former congressmen Patrick Kennedy (D-RI) and Jim Ramstad (R-Minn). The March 14 event was the kick-off for a national bipartisan grassroots campaign to strengthen the Mental Health & Addiction Treatment Equity Act and to fully implement parity in the Affordable Care Act. ❖

Welcome New Members!

Full

Theresa A Beeton	Amy Hooper
Elana Benatar	Carol Kutzer
Courtney Cohen	Bradley M Lake
Mary C Cummins	Elizabeth Za McDonnell
Jeffrey Davidson	Marisa A Parrella
Tara Devineni	Marjorie Roberson
Cynthia K Glass	Annemarie Russell
Dara Goldberg	Gina Sangster
Deena Goldsmith	Molia Sieh
Kelly A. Haines	Haniya Silberman

Graduate

Rosa M Hamilton	Candice T Karber
Ellen Harms Morocho	Lisa McLish
David L Hill	Yvany Peery
Meagan Howell	Amanda Slatius
Susanna M Jabine	

Students

Frances Armour	Chaka Meney
Rebecca M Betman	Rochon Moore
Bridget M Breen	Bumgardner
Elyse J Brunais	Dorine K. Ndayizigiye
Meg Cusack	Meredith A Page
Sherry Dray-Hoover	Orit Paytan
Sara Feldman	Genevieve Roanhouse
Catherine S Foot	Josefina Rodrigo
Frances M Ford	Deborah L. Sanders
Kelly V Gordon	Caroline Seipp
Sharon Greenbaum	Nancy C Sharpe
Bryna Hackett	Jenae N Stainer
Lisa D Katerman	Adrienne M Stokes
Kelly Keenan-Trimble	Mutsuko Sugita
Elizabeth C. Kelly	Marissa Sussman
Margot Lamson	Olivia Swanson
Ryan Joseph Long	Judy Watta
Helene Longden	Tyrone N. White
Maria McKain	Mary R White
Sarah A Meharg	Jennifer Wilson

COMMITTEE REPORTS

Continuing Education

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

Terry Ullman, Co-Chair
tlullmanmsw@gmail.com
301-854-1121

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

We are pleased by the success of this year's courses, which have been well-attended and evaluated highly. We hope this trend will continue!

The Continuing Education committee has been hard at work putting together the courses for 2012–13. We think you will be pleased with the variety of interesting courses, including family therapy topics, health-related topics, self-care and ethics. As well, we have heard the need of the Virginia members to have more courses offered locally, and Lisa Snipper has worked hard to put together a wonderful selection of courses to be held in Virginia. We hope these will be well-attended and meet the needs of our members.

Although it was mentioned in the previous newsletter that Marie Choppin would be stepping down as the CE chairperson, she has decided to continue and as co-chair with Terry Ullman, LCSW-C. Terry has been a hardworking and important member of the committee for the past two years, and brings a lot of enthusiasm to her new role.

We are also still recruiting new members and hope to have a few

additions by September. If you have any interest in joining, ideas/suggestions, or an interest in offering a course for the 2013–14 year, please contact one of us. For courses, please fill out the Proposal template located on the website under the Continuing Education tab.

Thanks to everyone for your continued support for continuing education.

Hospitality

Sandy Murphy, Chair
sandyilmurphy@aol.com

From January to May 2012, nine wine and cheese socials were held in Maryland, D.C., and Virginia. Thank you to the following members who graciously hosted these popular events: Lisa Snipper, Hani Miletski, Irene Walton, Gloria Mog, Adrian Humphreys, Alice Merrill, Sara Mindel, Judith Ratliff, and Gil Blis. They were a wonderful opportunity to network and form new friendships.

A nice time was had by all at the Volunteer Appreciation Lunch at Clyde's in Rockville on April 22. We are planning the annual meeting for June 15 at 6:30 p.m. Thank you, Janet Dante, for hosting this event once again this year. We need volunteers to help with set up and clean up. Also, if you have a raffle item that you would like to donate, please contact Sandy Murphy at Sandyilmurphy@aol.com.

Many thanks to all the members of our hospitality committee for all their hard work and support throughout the year in

planning the events. They are: Cristina Cunha, Judy Gallant, Steve Wechsler, Adrian Humphreys, and Rebecca Greene.

~~~~~  
Special thanks to Sandy Murphy. Sandy came into GWSCSW as a new member last year. The Hospitality committee was just forming and Sandy took on the chairmanship. She has done a great job of getting the committee up and running. Sandy has coordinated the Wine & Cheese events, the Volunteer Brunch and the Annual Meeting. She will be stepping down this month and we will miss her leadership in this area very much. Thank you, Sandy!

## Legislation & Advocacy

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

Turn to the legislative pages of this newsletter for a flavor of the activities of the Legislative committee over the past few months. You'll notice that the committee focus and approach differs from one jurisdiction to the next. In Virginia, where the committee works closely with the Virginia Clinical Social Work Society, the primary focus has been on issues coming before the Virginia Board of Social Work. In the District of Columbia, we have lobbied to fill longstanding Board of Social Work vacancies, monitored District plans for health care reform, and advocated for privacy protections for mental health records. Maryland committee members, working with lobbyist Alice Mutch and MSW intern Jaida Collins to enhance clinical



social work visibility in Annapolis, were rewarded as legislators asked our opinions and incorporated our thoughts in several important bills this session.

We appreciate that we can count on many of you for grassroots support on hot-button issues, but the committee itself is stretched too thin. Summer is a perfect time to learn about the issues and the opportunities, and to become actively involved. Please contact Margot Aronson with your questions and interests.

## Newsletter

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

It's graduation season! And as we welcome a cohort of freshly-minted MSWs to our ranks, this issue of *News & Views* highlights some of the most pressing and poignant issues we face as social workers. Nine members reflect on the greatest challenges of their careers in "Our Online Society;" Marilyn Lammert shares her unfolding experience of finding meaning through more than 40 years in the profession; and Eileen Dombo equips us to guard against one of our greatest professional hazards. In addition to providing information relevant to the society's mission to educate and advocate, this issue also conveys a sense of the Society's third priority, our rich community, with the tremendous peer resources that are available here at each stage along our professional path.

Please consider contributing to that community with your professional expertise or personal insights in a future issue. Send articles and "Out & About" submissions to the editor at: [gwscsw.news@gmail.com](mailto:gwscsw.news@gmail.com)

## Professional Development

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

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

The Professional Development Committee started off 2012 with a Peer Group Roundtable on February 26, which was well attended and raised future directions to explore in making peer groups effective. Many thanks to Marilyn Lammert and Ann Morrison for organizing and facilitating this activity. She is also currently working on follow-up sessions to address issues raised in greater depth. On Sunday, April 29, the Committee is sponsoring a panel discussion, *Clinical Work in Agency Settings*. Thanks to Sydney Frymire, Laura Ballard, Melissa Grady, Randy Smith, and Melanie Eisner for volunteering to speak on the panel.

On April 15, the Committee held a meeting to begin planning activities for the coming year. In addition to the future Peer Group Roundtable sessions, other topics in the planning phase include workshops/panel discussions on licensing, supervision, and professional

### Nominating Committee

The board would like to extend special appreciation to Judy Gallant. Judy stepped up to coordinate the Nominating Committee for new officers. In this capacity she pretty much single-handedly developed a strong roster of candidates for the upcoming election. Thank you for your leadership, Judy!

development directions for social workers in the later phase of their careers.

A sub-group of the committee is also collecting information on developing a Facebook presence for the Society, to allow its mission and programs to reach a wider audience and expand the membership. At the same time, the sub-group is exploring necessary steps and processes to insure that a GWSCSW Facebook presence would reflect the integrity and boundaries of the Society, as well as our profession. Another sub-committee, organized by Juleen Hoyer, will represent the professional development needs of newer social workers and will be composed of individuals from this category of our membership.

Mentors for new social workers or for those starting private practice are available through the committee for members of GWSCSW. Mentors provide guidance through one to one relationships with 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, as well as applications for a mentor or to become a mentor can be found by pressing the Professional Resources tab on the left hand side of the home page for the GWSCSW website and clicking on the Mentor Program listing. Experienced social workers willing to lend their expertise from the Baltimore and DC areas are

*continued on page 22*

## Committee Reports, from page 21

especially needed Requests for further information can be forwarded to Sheila Rowny as listed above.

The Professional Development Committee continues to seek new ideas and input. If you are interested in joining the Committee or contributing ideas, please contact Karen Goldberg at goldbergs@aol.com.

## Programs

Joel Kanter, Chair  
Joel.kanter@gmail.com  
301-585-6126

On Saturday, June 2, we are presenting a workshop with Melissa Grady on *Implementing Evidenced-Based Practices in the "Real World": Clinical and Ethical Challenges* at the new Silver Spring Civic Center at Veteran's Plaza. This workshop is co-sponsored by the Alumni Association of the Smith College School for Social Work and will offer ethics CEUs.

This spring, the Program committee initiated a Brown Bag lunch meeting in the Baltimore area with a June 1 program with Gayle

Bohlman on *Carl Jung and the Red Book* at the Cockeysville library. Thanks to Gil Bliss for coordinating events as we begin programming in the Baltimore area.

Gil also presented a Brown Bag workshop himself in Bethesda on *Issues in Hospice Care*. Tish Reilly and Adele Redisch continue to coordinate the Brown Bag series.

In March, Dori Aronson and Rebecca Mayhag presented a lively workshop: *Using Skype in Your Psychotherapy Practice*. Both this workshop and the recordkeeping workshop last fall were launched by members interested in specific topics. The Program committee welcomes such initiatives and can help to transform ideas into successful programs. Please contact Joel Kanter if you would like to explore possible ideas for next year.

## Website Committee

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

The Therapist Finder committee worked very hard over the last year to get the Therapist Finder on the

new website up and running. We would like to thank Melinda Salzman, Naomi Greenwood, Tania Ponomarenko, and Michael Payne for the dedication, time, and clinical knowledge that they put into this job.

A Website committee has been formed with the goals of overseeing the website, monitoring content, increasing search engine visibility, and exploring social media. Now that the website is up and running, a great deal of interest has been expressed in using the website and the Internet to expand our reach in the community.

Michael Payne has moved over to the Website committee and is spearheading the beginning of an ad words campaign. We are very grateful for his knowledge and hard work. Debra Turkat, Vicki Allen, Juleen Hoyer, and Sarah Edmunds have joined the committee and have been helping with this campaign.

It is an exciting time with so many changes going on. If you have some knowledge of the Internet and interest in getting involved, please contact Irene Walton. ❖

CORRECTION: In an article about advanced training opportunities in the March issue of *News & Views*, the website for the Washington Center for Psychoanalysis was listed incorrectly. It is [www.wcpweb.org](http://www.wcpweb.org).



### EARLY CHILDHOOD PSYCHOTHERAPY SERVICES NOW AVAILABLE

Marie Caterini Choppin, LCSW-C & Associates, Counseling For Contentment LLC has expanded to include services geared towards families with young children (birth-6 years) who are encountering emotional, behavioral, or developmental difficulties.

Services include: Family Therapy. Play Therapy. Group Play Therapy. Parent Guidance.

[www.CounselingForContentment.com](http://www.CounselingForContentment.com)  
301-625-9102

For the best in child, family and senior services...Think JSSA

## JSSA Training Institute 3 Hour CEU Training

**Clinical Ethics and Risk Management**

**Presenter:**  
David A. Jobes, Ph.D., ABPP

**Date/Time:**  
June 5: 9:00 am-12:00 pm

**Location:** Jewish Community Center of Greater Washington, 6125 Montrose Road, Rockville, MD 20852

**Cost:** \$65/per person. Group rates for 4 or more available: call 301.816.2645 or email [traininginstitute@jssa.org](mailto:traininginstitute@jssa.org)

Register on-line: [www.jssa.org/traininginstitute](http://www.jssa.org/traininginstitute)



301.838.4200 • 703.204.9100  
[traininginstitute@jssa.org](mailto:traininginstitute@jssa.org)



Partner Agency of  
The Jewish Federations  
of Greater Washington



United Way  
UNITED WAY  
OF GREATER WASHINGTON  
DWM 8028 CIC 08/04

## ADVERTISEMENTS

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

Material should be sent to [gwscsw.ads@gmail.com](mailto:gwscsw.ads@gmail.com). For questions about advertising, call 202-537-0007.

|                                                                      |                                                                                                                      |                                                                                      |
|----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| <b>Classified Ads:</b> 75¢ per word<br>Minimum price \$15 (20 words) | <b>Display Ads:</b> Full page 7 x 9¼ .....\$300<br>Quarter page 3¾ x 4½ .....\$100<br>Eighth page 3¾ x 2¼ .....\$ 50 | Half page ..... \$175<br>Horizontal: 7 wide x 4½ high<br>Vertical: 3¾ wide x 9¼ high |
|----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|

Size of display ads indicated above is width by height. These are the only sizes that will be accepted. Electronic submission (PDF) preferred.

Publication does not in any way constitute endorsement or approval by GWSCSW which reserves the right to reject advertisements for any reason at any time.

### OFFICE SPACE AVAILABLE

**BETHESDA** – Topaz House two-office suite. Large sunny offices, four afternoons and evenings plus two mornings available. Three blocks to Metro; free client and therapist parking on site. Call 240-460-6818

**TYSONS / WEST FALLS CHURCH OFFICE SPACE AVAILABLE** – Space available on hourly basis in beautiful suite shared by psychologists and social workers. Very convenient to Rte 66 and to 495; we are inside the Beltway near Marshall High School, Whole Foods, and Trader Joe's. Offices have floor to ceiling windows looking out on park-like setting. Tenants have access to kitchen, therapy play room, fax, copier, and wifi. Parking is easy. Building has deli on main floor and picnic tables outside. We are a comfortable, friendly and supportive group and we value our tenants. Please contact Lisa Herrick PhD, 703-847-5793 or [lherrickphd@gmail.com](mailto:lherrickphd@gmail.com).

**PIKESVILLE** – Psychotherapy offices with large windows for a part-time therapist. Near Baltimore Beltway. Attractively furnished and decorated. Includes telephone, fax, internet. Free parking. Price depends on hours. Starts at \$225. 410-654-1300.

**SILVER SPRING/WHEATON** – Attractive part-time office for rent with large window. Near Beltway. Telephone, fax, copier, internet. Free parking. Accessible anytime. Rent based on use; starts at \$225. See pictures [www.sharedoffice4rent.com](http://www.sharedoffice4rent.com) 301-588-5800.

**WOODLEY PARK** – Part-time rental available in a suite of sunny, comfortable offices across the street from the Woodley Park Metro. High ceilings, large windows, secure building, friendly and convenient neighborhood. Shared waiting room and possible therapist parking. Reasonable hourly rates (2 hour minimum). Call Don Zuckerman at 202-483-2660 x6.

### GROUPS

**ADOLESCENT GROUPS** – Ongoing adolescent psychotherapy groups for ages 11–26. Many groups meet through summer. Bethesda and Rockville. Complete list at [www.rathbone.info](http://www.rathbone.info). Rathbone & Associates. 301-229-9490.

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

### SERVICES

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

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

### 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)

## PLAN AHEAD — SAVE THESE DATES!

### The Second Annual **Alice Kassabian Memorial Conference**

*Falling Through the Cracks:  
Psychodynamic Practice with Vulnerable Populations*

Keynote Speaker  
Joan Berzoff, MSW, EdD  
Professor, Smith College School for Social Work

**Saturday, November 10, 2012**

9:00 AM – 1:00 PM  
Location: TBA

Reflecting the theme of Professor Berzoff's recent volume, *Falling Through the Cracks: Psychodynamic Practice with Vulnerable and Oppressed Populations* (Columbia Univ Press, 2011), this conference will address clinical social work practice with clients in settings often viewed as incompatible with psychodynamic theory and practice.

Along with a keynote address by Joan Berzoff, breakout groups led by contributors to the book will offer participants an opportunity to learn more about specific populations, including low-income post-partum mothers, deaf and hard-of-hearing clients, and persons with severe mental illness. These contributors include William Meyer, MSW, Duke University Medical Center; Carol Cohen, MSW, PhD, Associate Professor, Galluadet University, and Joel Kanter, MSW.

This conference memorializes Alice Kassabian, a founding member and past president of the GWSCSW, whose leadership in clinical social work emphasized the integration of psychological and sociocultural factors.

As they become available, details and registration information will be posted to our listserv and on the website: [www.gwscsw.org](http://www.gwscsw.org)

### **Frederic Reamer Ethics in Clinical Social Work**

**Sunday, April 7, 2013**

**6 Ethics CEUs**  
Location: TBA

*"New and fresh every time we hear him."*

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

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

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

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

As they become available, details and registration information will be posted to our listserv and on the website: [www.gwscsw.org](http://www.gwscsw.org)

### **GWSCSW 2012-13 Continuing Education Schedule**

See pages 11–14 for an early look at the coming year's continuing education series. If you see something you like, sign up NOW!

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

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