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Women and Retirement: Issues of Transition, Denial and Loss

Ruth Neubauer, LCSW

The overarching psychological issue I have witnessed during years of co-facilitating support groups, workshops, and discussion groups, is the fear of loss. Inevitably, loss entails dealing with or avoiding grieving, mourning, and letting go. Along with letting go, questions of meaning, identity, self, and aging emerge, ultimately leading to the question of “what next?” (Please note our work with women of retirement age over the last ten years explains my focus on women for this essay, though issues may be similar for men.)

“Retirement” no longer means “the rest of my life of non-working,” since we live longer with a great deal of vitality and energy at fifty, sixty, seventy, and beyond. Because we have no precedent or role models for this new phase of development, our current retiring generation is left with the task of formulating the relevant questions and finding ways to answer them—one person at a time. The task of formulating those questions may be quite lonely and isolating. This is especially true in the beginning when the rumblings in the deep internal waters of change do not yet have a voice, a forum, or a community of women, to affirm the validity of the questions as they begin to take shape.

The most interesting finding in the informal research with my colleague, Karen Van Allen, is that all the women we have worked with over these decades have similar questions, whether they:

- have always worked/never worked/sometimes worked
- are in long-term marriages/second marriages/divorced and living alone/or never married
- they have had children or not
- they have loved their work or just had a job

The deep questions about loss of structure or identity, “bag lady” fears, and the search for meaningfulness, surface at this time of life more than before.

The universal issues may be voiced as feelings of isolation, as in “I’ll lose my working community of peers”; fears of the loss of external structure, such as “what will I do with my time?; and questions about Self, stemming from a loss of the well-worn belief that what one does is who one is. In addition, financial worries, whether realistic or not, seem to surface in old un-worked-through forms stemming from cultural and familiar attitudes

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Frederic Reamer: Ethics in Clinical Social Work

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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 March 2013 and the deadline is January 20

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President's Message

Kate Rossier



It already seems like much has happened since I began this presidential journey on June 15, but it's only been four months as I sit down to write this column. Among the big events, two stand out: our annual Board Retreat, where 16 Board members met for five hours on Saturday, September 8, to consider some larger ideas than we're able to attend to in the course of usual meetings; and the Clinical Social Work Association Summit—held in Crystal City on

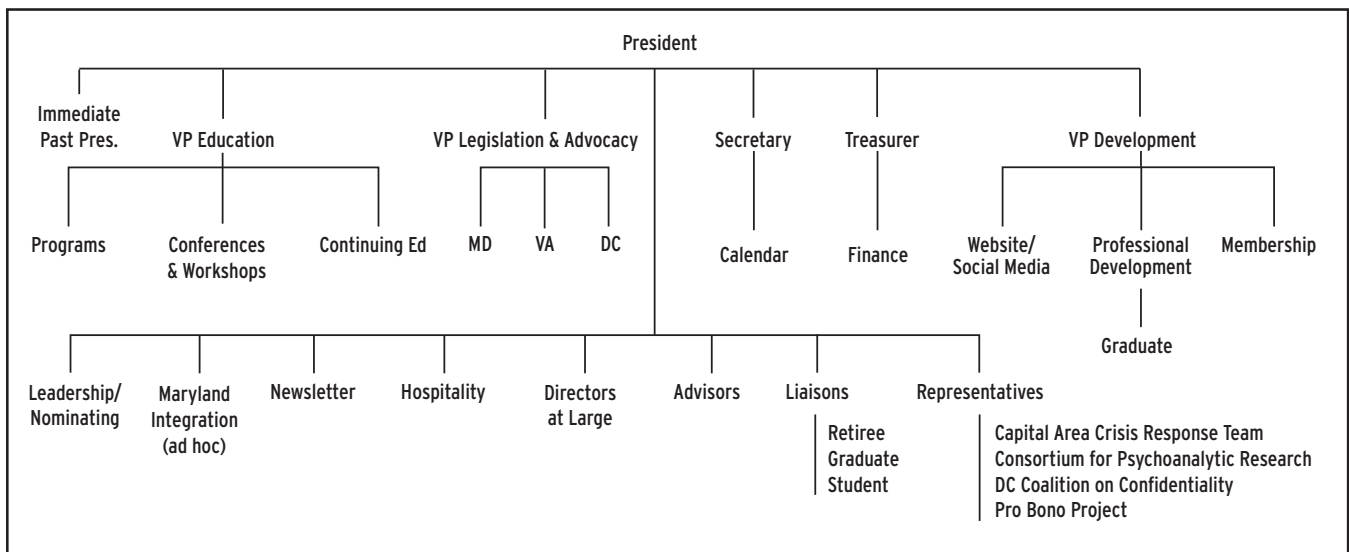
Saturday, October 6. In this column, I'll start with my musings and then say a little about each event.

First – My Musings!

As I've stepped into this role, various parts of our work as a society have begun to preoccupy parts of my brain. Perhaps the largest preoccupation is wondering—along with other board members—about how to get more of our members active in our clinical society. There are many personal rewards of working with like-minded people to advocate, develop community, and educate our profession. In this day and age when we are working harder than ever and have so many demands it is nice to collaborate with others. Our board members and committee members contribute in many different ways and have fun doing it. The more people we have working with us, the lighter the load is for each of us.

We are developing an approach to invite more involvement. Some of our ideas are to ask for help on specific time limited jobs, co-chairing committees, and have shorter term assignments. If any of you have ideas of how we can structure things please let me know. We'd love to see more of you. I can attest to the fact that everyone on the board is generous with their time and supportive of each other. We are the third largest clinical society in the country and the more of you who become active by attending a wine and cheese, a legislative event, a conference, or brown bag, the more inviting we become as a community and the stronger we become as advocates for the social work profession. We now have an ongoing Leadership Committee, led by past presidents Susan Post and Sydney Frymire, devoted to cultivating a culture of leadership amongst our membership. They have an exciting event planned in early 2013. Leadership growth can be a wonderful and exciting professional—and personal—step in our journey as clinical social workers. We enhance our sense of connectedness with our peers, we learn in a vivid and experiential way how we fit into the larger picture of mental health service in our tri-state area and beyond, we meet people working on these issues but coming from different perspectives, and we are enlarged and enriched.

So, I invite you all to ponder all of this—as I have—and to come closer and more connected to the wonderful mission of our large and wonderful society. Think about where your gifts and interests lie and intersect with the core mission: education, advocacy, and community. Feel free to



contact me—or any of our Board members—if you have any questions about becoming more active in the society!

The Board Retreat – September 8, 2012

This year, we hired a professional facilitator, Katherine Green, to help us have some conversations in which we could come up with some concrete directions and tasks to take away from the day. We began with an engaging contemplation of the various changes in the world around us (aging population, cultural shifts, increasing influence and dependence on technology) as well as the likely changing face of health care in the near future (electronic health records; the Affordable Health Care Act; continued restrictive practices by insurance companies impacting diagnosis and reimbursements, etc.). This conversation provided a platform for us to build from as we considered the two specific areas we addressed over the remainder of the day:

1. Social Media/Technology: How might we want to engage more with social media as an organization, and how might we help our members use emerging technology in their practices. We broke into three groups (reflecting the three core areas of our society: education, advocacy, and community) and came up with some directions for each core area. Particularly exciting was our decision as a full Board to allow the Graduate Committee, headed by Juleen Hoyer and Sara Girovasi, to develop a GWSCSW Facebook page (see more information elsewhere in this issue). This would be another place clinical social workers in our area could go to find information about our events—and this is just the

first phase. If this is an area of interest for you, please contact Marie Choppin or Juleen Hoyer.

2. Integration of the former Maryland Clinical Society members: Given that this is the first year after the Maryland society decided to close down and we invited the members to join GWSCSW, we explored how to reach out to the Maryland clinical social workers who live and work beyond the mighty beltway. Aiding us in this second part of our day were Gil Bliss, who has taken on the helm of the Maryland Integration Committee, and Louise Weaver, GWSCSW Director-at-Large. Both talked about their different experiences in joining GWSCSW and concerns that the Maryland folks have who feel geographically and culturally distant from Washington, DC. (In this regard, Joel Kanter has been working with Gil and others to hold some Brown Bag educational events up in the Baltimore and Annapolis areas—and if you are interested in being part of this effort, please contact Gil).

The Clinical Social Work Association (CSWA) Summit – Saturday, October 6, 2012

This was the first summit held by CSWA to bring together leaders in clinical societies around the county and to talk about the national trends and issues that face us all. From GWSCSW, the attendees were Margot Aronson, VP of Legislation and Advocacy; Lisa Wilson, Newsletter Editor; and me. (Joel Kanter was involved in the pre-summit day and gave a talk about the trend towards more on-line education in MSW programs). This was a tremendous opportunity for us to discuss concerns in common and to compare notes on how we approached running our respective organiza-

continued on page 4

PLAN YOUR CE DATES NOW FOR 2013

**Gloria Vanderhorst, Ph.D.
Ellen Kandell, Esq.**

**The Ethics of Counseling Your Clients on
Workplace Issues**

MARCH 8, 2013 • 6 Cat. I CEUs

The first segment of the workshop will clearly delineate the rights of the employee in the areas of disclosing mental health, attention and learning problems that may impact their performance on the job and require accommodations. Case examples will be provided for discussion and illustration of the emotional stress that each of these issues causes the client.

The second segment of the workshop will focus on knowing and understanding the employer's role in responding to each of these areas. Discussion will focus on the potential impact of each disclosure on the welfare of the client and potential for workplace consequences.

The third segment of the workshop will help the therapist discern their role and responsibility when counseling a client who is struggling with any of these workplace issues.

**Expanding Your Practice to
Collaborative Counseling**

MARCH 15, 2013 • 3 Cat. I CEUs

Collaborative practice is a new and growing application of counseling skills to dispute resolution. The need for interested and well trained collaborative mental health professionals is growing. Collaborative law is a process of resolving disputes without going to court and in an atmosphere of respect and transparency. Collaborative processes have been applied to divorce, partnerships, estates and a variety of other areas where past disputes would have resulted in lengthy legal battles. This workshop will enable you to decide if this is a place for you.

Divorce: The Impact on Treatment

MAY 3, 2013 • 3 Cat. I CEUs

When an ongoing treatment process is disrupted by separation and divorce, the therapist has the responsibility to be educated about the various processes of divorce and how to manage the dynamics that impact treatment. The focus of this workshop is to review the four most common ways that a couple may divorce, examine the impact of each process on the emotional stability of the client and how the dynamics of divorce may disrupt or inform the treatment process. Continuing therapeutic progress while a client goes through a divorce requires knowledge of the various methods to divorce and clarity on the common dynamics of transference and counter-transference as associated with these stressors.

**The Difficult Conversation:
Conflict Management in Treatment**

OCTOBER 4, 2013 • 3 Cat. I CEUs

Managing conflict is a difficult process for all of us. When the conflict involves our clients, the difficulty is compounded. How do we address that difficult issue of payment, scheduling, boundaries, and ethical responsibilities. Participants will assess their preferred style using the Thomas Kilmann Conflict Mode Instrument. The therapy room is our workplace and the client is employing us to do a job for them. In this setting, how can we address critical issues and resolve the common conflicts that arise? What are our professional and legal obligations?

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For more information contact

Gloria Vanderhorst: 301-578-8760 or gkvanderhorst@gmail.com
Ellen Kandell: 301-588-5390 or ek@alternativeresolutions.net

Register at

www.mentalhealthceus.eventbrite.com

President's Message, from page 3

tions. The alarming news (and I don't use this word lightly) was that there are substantial threats to the way in which mental health service is provided in our country and to the way we practice our profession. By now, you have all no doubt seen the various "Bullet Page" reports from Laura Groshong, the indefatigable lobbyist who works for us via CSWA, about upcoming CPT code changes, Electronic Health Records and Health Homes, and more. These are part of the changing landscape that will impact us greatly. Four issues that carry considerable urgency were outlined by the CSWA leadership:

1. Insurance: the growing impact of a bias in insurance companies toward "evidence based practice" which seems to translate into reimbursement only for short-term therapy
2. Social work education: the lack of a clinical focus in social work programs (of the 143 schools that offer MSW degrees, only 36 report having a clinical track) and a disturbing trend towards more online courses
3. Electronic Healthcare Records: mandated to go into effect on January 1, 2014—as well as the organization of healthcare around "Health Homes"
4. Managed care: the erosion of managed care reimbursement and shift towards a recovery-based model of peer support for mental health services. We will need to continue to fight for Mental Health Parity and it will be a difficult battle.

These are all important and urgent issues that face us as clinical practitioners. We need to get involved and have our voices heard in the national conversation as decisions are made. I urge all of you to go to the CSWA website (www.clinicalsocialworkassociation.org) where you can learn more about these important issues and add your voice! We need to have them advocating on our behalf—and they need our support as they do so!

And here's some wonderful news...the CSWA's Board has decided to reduce the cost of individual memberships for folks who are members of affiliated societies (such as ours). So, if you wish to join as an individual member, rather than the full price of \$135, your membership dues will be \$100 for the year. (The CSWA is working to get the new reduced fee membership up on their website and, hopefully, will be up and ready by the time you receive this newsletter publication). We encourage all of you to consider joining CSWA as

they are our voice in the national conversations about mental health care in the U.S. and our advocates for the part we clinical social workers play in the provision of mental health care. This voice is extremely important for us all as the healthcare landscape shifts over the next few years.

Also, CSWA is providing a webinar in early December (free for individual members): Laura Groshong, CSWA Government Relations Director, will be training on *New CPT Codes and Reimbursement Rates* on December 11, 3–4 PM EDT. This will be an interactive/dialog webinar. More information to follow shortly on the listserv.

As always, I look forward to meeting more of you at our upcoming events and I extend my invitation to join us in making this an ever more vibrant community of clinical social workers.

Best to all as we head into the oh-so-busy holiday season and end of the year!

NOTE: On behalf of the Executive Committee, I'd like to express our enormous gratitude to Kathy Wagner and the rest of the staff at Sunrise at Foxhill, a Sunrise Senior Living Community (located at the intersection of Burdette and River Roads, in Bethesda, Maryland) for their generosity and graciousness in hosting this year's monthly Executive Committee meetings at their beautiful facility!! Thank you so much! ❖

Volunteers!

Interested in being part of the Society but 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, give us a call.

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

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2013 GWSCSW CONTINUING EDUCATION

(More details on page 15)

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

January 13, 2013 • Washington, DC • 3 CEs

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

January 25, 2013 • Washington, DC • 6 CEs

Psychodynamic Psychotherapy: Theory and Technique

February 1, 2013 • McLean, Virginia • 6 CEs

What Therapists Need to Know About Polyamory

February 8, 2013 • Washington, DC • 3 CEs

Adjustment to Spousal Loss

March 8, 2013 • Bethesda, Maryland • 3 CEs

Symptom Reduction through Mind-Body Medicine

March 16, 2013 • Amissville, Virginia • 4 CEs

Emergency Coverage of Your Practice: Practical & Ethical Considerations

April 12 & 26, 2013 • McLean, Virginia • 6 Ethics CEs

Introduction to Narrative Family Therapy

April 14, 2013 • Rockville, Maryland • 3 CEs

Creative Listening: The Art of Mind-Heart Integration

April 20, 2013 • Arlington, Virginia • 6 CEs

Register now at
www.gwscsw.org

Do Adults Talk About Their Siblings in Therapy?

Geoffrey Greif, Ph.D and Michael Woolley, Ph.D

Results from a survey of members of the GWSCSW show that clinicians need to be knowledgeable about talking to their adult clients about their siblings. In August and September, 2012, we emailed the listserv group a link to a Survey Monkey survey asking a series of questions about treating sibling-related issues. The full survey results will appear in our forthcoming book (to be published by Columbia University Press) that will focus on what mental health practitioners may need to know about sibling relationships in middle and later adulthood.

While much attention has been given to siblings in childhood, less is known about adult sibling relationships. An excellent 2011 book, *The sibling effect: What the bonds among brothers and sisters reveal about us*, written by Jeffrey Kluger, a *Time Magazine* reporter, takes a personal view of this relationship and reviews some of the research. Our book is intended to contribute to this conversation and make it accessible to a

combination of both lay and professional audiences. With our survey we establish the frequency that sibling issues are discussed in treatment. We are also collecting data from adults about their relationships with their siblings to be combined with these data from therapists.

Responses to the Survey

Seventy-three members participated in our survey. Almost all are white and 89% are female. The age range is 28- to 76-years-old and the average age is 57. Respondents have been practicing for an average of 21 years and see an average of 17 clients a week, mostly in private practice as opposed to in agency-based practice.

We wondered what topics people talked about in therapy and how often they talked about them. Surprisingly little research is available on this topic. We first asked, "When working with adults, about what proportion of your clients talk about their Partner/Spouse/Dating in sessions?" We then asked what proportion talked about other significant relationships (Note: some clients do not have children and some may not work outside the house.) The results are as follows:

- 79% responded that three-quarters or more of their clients talked about their parents
- 66% responded that three-quarters or more of their clients talked about their spouses/significant others/dating
- 38% responded that three-quarters or more of their clients talked about their children
- 37% responded that three-quarters or more of their clients talked about their sibling(s)
- 26% responded that three-quarters or more of their clients talked about their friends
- 17% responded that three-quarters or more of their clients talked about their work colleagues

We also wanted to know *how often* these different key relationships were talked about in therapy. While partners, parents, and children were talked about the most (e.g. 92% of respondents said they talked about their partners or dating and 56% said they talked about their

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parents either most or every session), 27% said they talked about their siblings most, but not every session; 66% said they talked about siblings occasionally.

Finally, we asked, "In general, how important are maintaining adult sibling relationships to your clients?" 34% said it was very important and 56% said it was somewhat important. Only 10% said it was slightly important or not important to their clients. When the topic is raised, it is frequently around issues related to favoritism shown by parents, wanting more contact with sibling(s), or dealing with hurt or abuse at the hand of a sibling.

In therapy, issues related to sibling relationships are brought up by over 90% of clients occasionally or in most sessions. Clearly, such issues need skillful and informed attention by clinicians. We have been well-trained to look at relationships with partners, parents, and children. This preliminary study illustrates the importance of talking to our clients about their siblings. As the population ages and life spans extend, a sibling relationship may be the relationship of longest duration. That relationship has to weather childhood competition, adolescent petulance, adulthood partnerships and marriage, the caregiving of aging and dying parents, division of property, and hold hope of a continued relationship in advanced age in future generations. Social workers are in a prime position to assist clients as they sort through these cardinal life-long relationships.

We wish to thank those who participated in the survey and would love to hear your thoughts. ❖

Geoffrey Greif, Ph.D., LCSW-C is professor at the University of Maryland School of Social Work (UMSSW) where he has taught since 1984. Michael Woolley, Ph.D. is associate professor at UMSSW where he has taught since 2009. Both teach advanced clinical courses and conduct research on adults and children. They can be contacted at ggreif@ssw.umaryland.edu and mwoolley@ssw.umaryland.edu.

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LEGISLATION & ADVOCACY

■ FEDERAL

Laura Groshong

As you know, there will be major changes to the CPT codes that we use, starting on January 1, 2013. This is a complete summary of the codes that apply to individual psychotherapy.

CPT Code Changes

The code for a diagnostic interview, previously 90801, has been changed to 90791.

A code for crisis psychotherapy has been created: 90839 for 60 minutes. Every half hour in addition to the initial hour can be billed under the code 90840.

Additional codes for psychotherapy are:

90832 (30 minutes; time range allowed 16–37 minutes)

90834 (45 minutes; time range allowed 38–52 minutes)

90837 (60 minutes; time range allowed anything beyond 53 minutes)

A summary of the changes in CPT codes created by the American Psychiatric Association and the American Academy of Child and Adolescent Psychiatry can be found at http://www.aacap.org/galleries/default-file/Psychiatric_Services_crosswalk.pdf

Interactive Complexity

In addition to the changes to codes that we generally use, there will be a new category of codes called “interactive complexity” which refers to four “communica-

tion factors” that may complicate psychotherapy and be billed for as a result. These codes will be used for *psychotherapy that is complicated at the time of service delivery*. The complexity may involve communication with guardians of minors, translators, guardians of adults with disabilities, and involvement with representatives of agencies which oversee the welfare of a patient, i.e., child welfare agencies, parole officers, probation officers, or school officials. As you can see, the application of interactive complexity codes will primarily apply to child and adolescent patients. Please note that these additional codes may be used when there is increased intensity of treatment, not increased time.

The code with which to apply for reimbursement of interactive complexity is +90785; note that the “+” sign is part of the code and must be used. At least one of the following conditions must be present for use of +90785:

- The need to manage maladaptive communication among participants that complicates delivery of care—for example, high anxiety, high reactivity, repeated questions, or disagreement. To be used with 90791, 90832, 90834, or 90837.
- Caregiver emotions/behavior that interferes with implementation of the treatment plan. To be used with 90791, 90832, 90834, or 90837.
- Evidence/disclosure of a sentinel event and mandated report to a third party (for example, abuse or neglect with report to state agency) with initiation of discussion of the sentinel event and/or report with patient and other visit participant care. To be used with 90791, 90832, 90834, or 90837.
- Use of play equipment, physical devices, interpreter or translator to overcome barriers to diagnostic or therapeutic interaction with a patient who is not fluent in the same language or who has not developed or has lost expressive or receptive language skills to use or understand typical language. To be used with 90791, 90832, 90834, or 90837.
- The code +90785 may *NOT* be used for crisis psychotherapy, which has its own interactive complexity code, +90840, or for family psychotherapy codes, i.e., 90846, 90847, and 90849.



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Looking to the future

I have received many questions about how these changes will affect the reimbursement that clinical social workers receive. The decision made by the Centers for Medicare and Medicaid Services (CMS) on whether to increase the Relative Value Units (RVUs) for psychotherapy compensation will affect the situation. Will election results make a difference? Will sequestration make for deep cuts? Will the so-called Doc Fix be invoked again, or will the SGR cuts go into effect? There is no way of knowing the answers as I write this in late October. What I can assure you is that CSWA will provide more information on these important topics as it becomes available. ❖

Laura Groshong, LICSW, is Director of Government Relations for the Clinical Social Work Association (CSWA). In addition to her advocacy work, Laura has a private practice in Seattle, Washington. Much of the information in this article was developed by the American Academy of Child and Adolescent Psychiatry at http://www.cphas.org/pdf/CPTCodes/Interactive_Complexity_Guide.pdf.

■ DISTRICT OF COLUMBIA

Margot Aronson

The District continues to move rapidly forward in response to the directives of the Affordable Care Act, with:

- Development of the Health Benefits Exchange to provide simple, transparent information about health insurance options to consumers and small businesses (including small nonprofits), and help with enrollment
- Establishment of a "Navigator" program to provide in-person assistance, with special attention to communities where health outcome disparities are a concern
- Establishment of expansive consumer protections, especially with regard to limitation and denial of benefits
- Expansion of eligibility for Medicaid

The Society's legislative committee keeps up with these developments as part of a coalition of District community advocacy groups; we have provided comments and recommendations supporting requirements for parity, transparency, and network adequacy.

New leadership and a new approach

The District's Child and Family Services Agency (CFSA) has been under a cloud, required to answer to a court-

appointed monitor, since the LaShawn v Dixon trial found deep and fundamental problems in the child welfare system back in 1991. However, the appointment of Brenda Donald as Director of CFSA this year has brought positive changes to the agency's approach to child protection and foster care. Ms. Donald, who was the agency's first chief of staff from 2001 until 2004, agency director until 2005, and then DC deputy mayor for Children, Youth, Families, and Elders through 2006, graciously agreed to talk about her Four Pillars program with our legislative committee's Gina Sangster. See the interview on page 14.

As we go to press, the U.S. Department of Health and Human Services has announced a five-year, \$3.2 million grant to CFSA. The Agency will partner with researcher scientists and private-sector practitioners to become the first public agency in the country to infuse trauma-informed treatment throughout a child welfare system. According to the CFSA October 31 announcement, the grant will support broad-based training of social workers, foster parents, attorneys, counselors, and other professionals who work with the District's abused and neglected children.

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Chesapeake Beach Professional Seminars

December 15	Guidelines & Techniques of Art w/ Traumatized Children in Play Therapy
January 22-24	Effective Parenting Strategies for Play Therapists & Others (Webinar)
February 9	Once Upon a Time: Therapeutic Stories in Play Therapy
February 23	Play Therapy for Children with ADHD
March 9	Kaleidoscope of Play Therapy Techniques
March 19-21	Play Therapy with the Angry Child (Webinar)
April 19 & 20	Child-Parent Relationship Therapy Garry Landreth, LPC, RPT-S

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Loan Repayment for LICSWs

Licensed Independent Clinical Social Workers are eligible to participate in the Department of Health loan repayment program for health professionals. The program—available to licensed and certified physicians and dentists, dental hygienists, registered nurses, advanced practice nurses, physician assistants, as well as clinical social workers, psychologists, and professional counselors—requires a commitment to practice fulltime in a site certified by the Health Professional Loan Repayment Program (HPLRP). Contracts may be renewed once a year for up to four years, over which time the Program will pay 100% of a provider's total eligible debt (up to \$136,440 for physicians and dentists and \$75,042 for all other eligible providers).

There is little doubt that the work environments certified by HPLRP will be challenging. Nevertheless, if you are fully licensed and still burdened with heavy student loan debt, you may want to explore the program options. The number to call is 202-442-9168. ❖

Margot Aronson, LICSW/LCSW-C, is GWSCSW Vice President for Legislation & Advocacy, as well as a past president and newsletter editor for the Society. She maintains a private practice in the District.

■ VIRGINIA

Dolores Paulson

The Virginia Society for Clinical Social Work (VSCSW) has been a major supporter of HB1289/SB634, a bill introduced in last year's Virginia General Assembly and referred to the Joint Commission on Health Care for study.

The bill addresses the problem of assessment of the appropriateness for reinstatement of a clinician (social worker, psychologist, or counselor) who has been disciplined or had his/her license suspended or revoked because of crossing sexual boundaries with a client. One might assume that such an offender, especially one whose licenses had been revoked, would be precluded from ever practicing again. However, that is *not* the case.

- The law provides for the possibility of return to licensed practice if some evidence of "rehabilitation" is presented at a hearing;
- A clinician whose license has been revoked could still provide clinical services in one of the many agencies "exempt" from licensure requirements by Virginia statute; and

- An offender could potentially be hired even after an agency investigated qualifications and references with due diligence; the behavioral health boards are subject to time limits regarding retention of records related to revocation, suspension, or surrendering a license.

There are not huge numbers involved, but when the VSCSW reviewed all complaints resulting in discipline by the Boards of Social Work, Counseling, and Psychology over the past five years, they found enough cases to raise concerns: about a third of those individuals disciplined by the Boards—not counting clinicians who have simply fallen short on their required CEUs—involved a clinician overstepping sexual boundaries.

HB1289/SB634 would establish a new track in Virginia's highly respected Health Practitioner Monitoring Program (HPMP), where practitioners with a variety of impairments are monitored and assessed for readiness to return to practice. Over the years the HPMP has demonstrated its effectiveness not only in holding participants accountable but, importantly, also in differentiating the practitioner who can be rehabilitated from the practitioner whose license *should remain suspended*. The bill would authorize the HPMP to develop a program to address rehabilitation for those so ordered by the appropriate professional board. There would then be a clear assessment and record of compliance for an offender seeking clinical work or petitioning for reinstatement.

Controversy and next steps

The bill is not without controversy, in part because of the cost. Although clinicians assigned to the program would be required to pay for their treatment, an estimated \$4 would be added to the cost of license renewal, due to the expense of setting up the new program focus. NASW-VA has been opposed, which will make passage very difficult.

With the study complete, the Joint Commission must decide on its recommendation to the legislative subcommittee that ordered the study: submit the report with no recommendation for action or urge the committee to take the next steps toward re-introducing the legislation. They might also put pressure on Department of Health Licensing to require the professional boards retain records longer.

Our Greater Washington Society has for many years partnered with VSCSW; we are supportive of their efforts on this project, and participated in a grassroots

email campaign during the public comment period. Our special thanks to Joe Lynch, former VSCSW president and former chair of the Board of Social Work, for his tireless efforts in shepherding the bill to this point.

Guidance documents

VSCSW has developed “nuts and bolts” recommendations for MSWs planning to apply for advanced clinical licensure including how to document that your practice matches the definitions in the Virginia regulations and the Code of Virginia. This useful information can be found on the VSCSW website at the Guidance Documents link. ❖

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

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■ MARYLAND

Judith Gallant

Mental Health Parity and the Affordable Care Act

Maryland continues to play a leadership role among the states in preparing for full implementation of the Affordable Care Act in 2014, making decisions and developing plans in an atmosphere of transparency, inclusion, and respect for stakeholder input.

Recent decisions include the selection of the current state employee health plan as the benchmark (the Essential Health Benefit, or EHB) for all health care plans to be offered through Maryland's Health Care Exchange, and the development of interim policies for certifying Qualified Health Plans that will participate in the Exchange.

During these months of state decision-making, our legislative committee has strongly advocated for parity compliance in letters to Secretary of the Department of Health and Mental Hygiene Joshua Sharfstein and to the members of the Health Care Reform Coordinating Committee. We have joined the Maryland Mental Health Coalition (MMHC) in a strong push to require Qualified Health Plans to provide adequate networks ensuring timely access to providers. The focus now is urging decision-makers to limit insurer's flexibility so as to ensure the insured of access to a full scope of behavioral health services.

The mental health advocacy community is being heard. The official Maryland website, www.healthreform.maryland.gov, now states, "All plans will be required to comply with requirements of the Mental Health Parity and Addiction Equity Act, even if that means supplementing the benefit after benchmark selection." The Health Benefits Exchange Board, after a significant push from the advocacy community, has adopted a policy resolution stating intent to honor the federal regulations on networks adequacy; plans may be required to report quarterly on network data.

To read more about the progress of parity in Maryland, see the "1outta5 Maryland Parity Project" website www.MarylandParity.org. "1outta5" is a statewide ini-

tiative to ensure access to mental health care for Marylanders who live with a mental health problem, and refers to the one in five individuals who live with a diagnosable mental disorder in any given year.

January 16: Legislative Workshop and Dinner

Unfortunately, we needed to cancel our October 30 Legislative Advocacy Workshop due to the effects of Hurricane Sandy. We are rescheduling this event to coincide with our annual Legislative Dinner, which will take place on Wednesday, January 16, 2013, at the Annapolis Yacht Club. (Please go to our website, www.GWSCSW.org, to register.) Legislative dinners have been helpful to make state lawmakers familiar with us and with concerns of social workers and our clients. Two members of the Health and Government Operations Committee of the Maryland Legislature will join us at the event this year. Expect a relaxed evening, where you can get to know the lawmakers on a personal level and learn why certain issues are important to them. At the same time, they will get to know us and become more familiar with the work we do and with the impact legislation has on our work.

The setting is beautiful, the food is delicious, and our re-scheduled legislative workshop will precede the dinner. Last year was my first year attending, and I was surprised by how enjoyable it was. Please consider attending and mark the date on your calendar. The more participation we have, the more we can expect legislators to take note of our positions and advocacy.

Cultural Competency Project

Maryland's Cultural Competency and Health Literacy Education Act (HB679) named our Maryland Clinical Social Work Coalition as one of several groups "encouraged to identify training programs, or, if feasible, to develop or collaborate in the development of training programs" for assuring the cultural competency of Maryland's health professionals.

In response, early this summer Margot Aronson enlisted Dr. Janice Berry Edwards (Howard U), Dr Cynthia Harris (Howard and also president of NASW-Metro-DC), Dr. Eileen Dombo (Catholic U, and just ending her term with the DC Board of Social Work), and Seante Hatcher

Legislative Dinner • Wednesday, January 16, 2013 • Annapolis Yacht Club.
Register at www.GWSCSW.org

(U Maryland and a recent LCSW-C) to collaborate on the project, after gaining the approval of the deans of each of the three universities. The group's efforts will be coordinated with the Maryland Department of Health and Mental Hygiene's Office of Minority Health and Health Disparities.

Mandated reporting issues

We have written to State Senators Frosh and Raskin, sponsors of last year's HB496 (child abuse bill), about the legislation and potential penalties for social workers regarding mandated reporting issues. Since no bill was ultimately passed last year, we have asked that we be allowed to participate in the drafting of any future bills that may make their way to the legislature on this issue, so our concerns can be incorporated into the wording, and so we may lend our full support to an effective bill.

More work remains to be done!

Our lobbyist, Alice Neily Mutch, continues to facilitate new visibility and a prestigious reputation for the role of clinical social workers in Maryland. She has done this with a vision for the future role of health practitioners in Maryland under health reform and knowledge of where clinical social workers should be headed. She tells us that the opportunities for increased recognition and a voice in our futures is there, but only if we step forward to participate in the efforts of our Society. This coming session will reveal many opportunities for us to participate and be recognized. Matters of child abuse reporting, the MD health benefit plan under the ACA, pre-authorization for reimbursements, minority health disparities, cultural competence, and other influential bills will be considered.

With many of the issues that impact us, there are work-groups that could be strengthened with a member from our Society, and letters to legislators that need to be written to help them understand our views and needs. Please consider giving some of your time and energy to our committee's efforts to benefit us all. ❖

Judy Gallant, LCSW-C, is Co-Chair of the Society's legislative committee in Maryland (known as the Maryland Clinical Social Work Coalition); she is in private practice in Silver Spring and can be contacted at jg708@columbia.edu; 301-587-2552.

SAVE THE DAY, FEEL EMPOWERED!

Maryland Legislative Workshop & Dinner

Wednesday, January 16, 2013

The Annapolis Yacht Club
2 Compromise Street
Annapolis, Maryland

Workshop (2 CEUs)
4:15–6:15 pm
\$30

Dinner
6:30–8:30 pm
\$45, drinks additional

(Attend either or both)

Please join us at the Annapolis Yacht Club for an enjoyable evening of learning and schmoozing. We will begin the event with our Legislative Workshop (postponed from October) with our dynamic Maryland lobbyist, Alice Mutch. Alice is able to help us translate our concerns into language the legislature understands. We will increase our sense of empowerment over the environment we practice in.

We will then have the opportunity to put what we have learned into practice! We will be joined at dinner by two legislators who are members of the Health & Government Operations Committee. We will get to know each other at an informal cocktail hour, and then have further opportunities to discuss issues we are focused on at dinner. It is a fun event, and we hope many of you will join us!

Information and registration
www.gwscsw.org



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Four Pillars Change the DC Child Welfare System

By Gina Sangster

The “Four Pillars” plan, a new approach to services being implemented in the District of Columbia Child and Family Services Agency (CFSA), is making dramatic changes in the District’s child welfare system. Its impact will be felt by social workers across the community, especially those in associated agencies and those private practitioners who see children, youth and families impacted by foster care, adoption, or where there’s a history of abuse and neglect. I was fortunate to arrange an interview, on behalf of the Society’s DC legislative committee, with Brenda Donald, the new CFSA director responsible for developing the Four Pillars plan.

Based on my many years’ experience in the District’s child welfare system as a social worker and supervisor, including nine years at CFSA, I had many questions for Ms. Donald. She began by defining the Four Pillars:

- Narrowing the **Front Door** so that children are removed only when absolutely necessary for safety;

- **Temporary Safe Havens**, requiring social workers to plan for permanence from day-one and to increase the number of children placed with relatives;
- Focusing on **Well Being**, including education, substance abuse treatment, mental and physical health; and
- **Exit to Permanence**, intended to expeditiously move more children and youth towards reunification, guardianship or adoption.

Ms. Donald explained that after a previous tenure at CFSA, she worked at the national level and in Maryland, which allowed her to see the child welfare system from a wider perspective. She noted that the overriding single-focus of the DC agency—shortcomings documented in the *LaShawn* court case and the need to answer to a court monitor for so many years—had led to some shortsightedness on the DC agency. Tragic incidents left many in the agency understandably “risk

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averse,” thus contributing to a focus on basic compliance rather than a broader philosophical mission. And while CFSA had made progress in terms of lowering the numbers of children in foster care, the lengths of stay were still longer than the national average.

Since implementing the Four Pillars plan, Ms. Donald has received overwhelmingly positive feedback, although changes required to align the organizational structure with the plan caused a number of individuals to lose their jobs. Community stakeholders (including Councilmen Tommy Wells and Jim Graham) participated in the formulation of the plan and are kept informed of its progress. Ms. Donald notes a growing sense of excitement and empowerment among agency staff as social workers and supervisors take more ownership of their cases and feel supported in making critical, time-sensitive decisions that often fall “outside the box.” With regard to the ongoing court case, the agency continues to attend to its obligation to meet benchmarks outlined in *LaShawn*, all of which are integrated into the broader Four Pillars plan.

As the plan unfolds, the number of children and youth in the foster care system should begin to drop. At the initial investigation stage, a “Differential Response” protocol requires social workers to be creative and to collaborate with community resources in order to provide assistance to a family in need without opening a child welfare case or entering a name into the Child Protection Registry. Extended family members must be located and assessments made of their ability and willingness as quickly as possible.

Of course, a change of this magnitude requires training at all levels. The Family Team Meeting process, now moved to the “Front Door,” expands immediate intervention and planning. “Co-parenting,” to include birth parents, extended family, and foster parents, needs to occur throughout the life of a case. Focus groups with the Foster & Adoptive Parent Advocacy Center (FAPAC) have emphasized the need for more diversified training. The agency has also strengthened connections between pre-service and in-service training so that those responsible for supporting caregivers will work together at every stage of the process.

Shoring up kinship care is an essential ingredient of the Four Pillars plan, and a new Kinship Support Division has been established within CFSA. Ms. Donald and a team of managers visited a child welfare program

in Pittsburgh which typically maintains 63% of their children with kin rather than in traditional foster care. While Ms. Donald acknowledges regional differences, she is confident that the kinship placement process in DC can be further streamlined. The Emergency Kinship agreement between the District and the State of Maryland has already expedited many children moving in with relatives. Ms. Donald pointed out that the Fostering Connections legislation allows for waivers of certain licensing restrictions as long as safety is ensured.

Ultimately, the Well Being Administration may be the most innovative single feature of the Four Pillars plan, suggesting a more clinical focus than we have seen within the system until now. Ms. Donald noted the preponderance of research on brain development, attachment and the impact of trauma throughout the life cycle.

The Four Pillars will provide an essential foundation for the agency’s cutting-edge trauma-informed child welfare efforts. (See *Legislative Update – District of Columbia for breaking news on this topic.*)

CFSA—and child welfare programs everywhere—have garnered an abundance of criticism. Nonetheless, I believe we could witness a new day in child welfare in the District of Columbia with Brenda Donald at the helm. Time will tell but early results are promising. ❖

Gina Sangster, LICSW, LCSW-C, brings a wealth of experience in child welfare to the Society. Gina currently works with Inner City Family Services in Anacostia and facilitates the support group for the Barker Foundation’s older child adoption program, Project Wait No Longer.



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Honoring the Volunteerism of Mary C. Burke, a New Member of GWSCSW from Baltimore

By Joyce M L Harrison

This is the second in a series of articles on pro bono counseling and other aspects of providing clinical services to vulnerable populations.

Our society has been greatly enriched by the members that formerly belonged to the Maryland Society for Clinical Social Work who chose to join us when their society disbanded. Some have been very active in legislative advocacy, while others have unique clinical expertise. Mary Burke, LCSW-C, is one of our newest members from Maryland who brings her special gifts to our community of mental health providers.

I first met Mary at a board meeting of the Pro Bono Counseling Project (PBCP), a nonprofit based in Baltimore which serves the entire state of Maryland. The PBCP coordinates the collective talents of social workers and other mental health clinicians who volunteer to help fill the gap in mental health services for underserved and underinsured clients. Mary has been a volunteer clinician for PBCP for 19 years, and served on their board from 2009 to 2012. She holds an hour or two open in her busy private practice, in order to see clients referred by PBCP.

In addition to her involvement with PBCP, Mary was a longtime member of the Maryland Society for Clinical Social Work and did two terms on their board, for a total of six years. She also served eight years on the Maryland Board of Social Work Examiners, which she chaired for several years. She was awarded National Outstanding Regulatory Board Member by the Association of Social Work Boards in 2003. Currently, she is the Chairperson for the Chapter Ethics Committee of the Maryland Chapter of NASW.

After all of the dedication to her chosen field through years of volunteer work, it is hard to imagine that she continues to see pro bono clients. Perhaps her reason for doing so can be found in her work with a client she describes as "amazing, a wonderful, good person, in need of a lot of help."

This woman, referred by PBCP, was a refugee from a country where female genital mutilation is still practiced. She and her daughter came to the United States seeking asylum. She did not want her daughter to go through the horrific ritual which she had been unable

to escape. She was referred to PBCP through a social justice center, where she was getting help with legal status for herself and her daughter. Those helping her recognized her need for counseling and called PBCP for a clinical referral.

However, this was not an ordinary referral. In addition to limited financial resources and complex psychosocial issues, the client only spoke French. PBCP called Mary because she was one of their few French speaking volunteers. Mary was both excited and concerned when she accepted the referral. She had a degree in French from the University of Delaware, and taught French in a Baltimore City Public School, prior to becoming a school social worker. But she had not taught French, nor spoken it regularly, since 1973. She wondered, "Do I know it well enough to provide counseling with it?" She had never done therapy in French, but decided to give it a try.

Armed with her *Petite Larousse* dictionary and a smart-phone translation application, *Talk to Me*, she entered the first session. "I walked out saying, Wow! Wow!" she told me, with her eyes glowing. "I was doing this service for her and it was rewarding for me to renew my practice of French," said Burke.

The case was more complicated than she anticipated because the client needed psychotropic medication. Mary arranged for the client to see a PBCP psychiatrist. She then became an interpreter, as the psychiatrist did not speak French. Once she took the step with this client to conduct treatment in French, she developed a new niche in her private practice. "Now I've become the French speaking therapist to go to," she said.

Mary has found that pro bono work, far from detracting from her work with paying clients, adds a quality to her caseload that enhances her overall experience. She will always remember the satisfaction and learning she gleaned from this gracious woman who came to her in need. ❖

Joyce Harrison, LCSW-C, is the GWSCSW liaison to the Pro Bono Counseling Project.

■ 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, November 30, 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

■ 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

■ 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

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toward money. These need sorting out in order to separate the diffuse anxiety from whatever the reality may be. Several steps need to be taken to enter into this transition, make use of it, and move on in a meaningful way.

Acknowledging the Losses vs. Denial

Retirement is indeed a change, and a significant one at that. Change implies loss, whether it is wished for or not. Avoiding the feelings of loss which accompany change is likely to result in the psychoanalytic idea of the compulsion to repeat. Unconscious and well practiced, the inability to face the loss, feel the loss, grieve and give language to the loss, is likely to take away choice and cloud the opportunity to face the unknown. This requires time, support, and the willingness to feel one's feelings as well as understanding that the fear of the unknown is just that—a fear, a belief—not something real and reified, not something solid and true. It is a fear. It is an idea. It is a thought. It is a constellation with deep origins in the denial of the reality that the unknown has been accompanying us all along.

The Manic Defense vs. Holding Still

One of the most common forms of avoiding the unknown is the manic defense which compels us to act, do, hurry up, avoid being still, avoid feeling sad, and avoid being scared. It may actually work well in the short run but fails us in the long haul. For we cannot feel our feelings when we are too busy "doing." We cannot "be" when we are fixated on what to "do." Holding still is difficult. Sitting with silence and going into our heart is what is required; although it is difficult, it harbors riches. W.B. Yeats, who wrote his greatest poetry after midlife, often depicted his experience of major developmental transitions by using the image of the ladder which is widespread in literature and mythology. As he says in his poem "The Circus Animal's Desertion":

*Now that my ladder's gone,
I must lie down where all the ladders start
in the foul rag and bone shop of the heart.*

Identifying Old and New Passions

One way to come closer to one's heart is to remember current and/or forgotten passions: ways in which cre-

ativity has provided satisfaction, when time went by unnoticed, when you felt whole and complete, when a sense of boundaries defining separateness faded into a different consciousness and nothing mattered but the experience of passion. This experience is a tangible, palpable reminder of how it feels to be one's true self. This is, in fact, the very state which will become the meaningfulness we are seeking as we trudge through the murkiness of acknowledging the losses, trying to believe there is something on the other side.

Getting Rid of Old Injunctions/Assuming Permission

Often there are obstacles in the way which keep us from achieving a state of passion. They appear in the form of injunctions and rules. They have words attached to them such as "should," "can't," "don't," "must," and "not." These too must be identified, named, and let go or at least put aside, in order to let the passionate self through. Often we need support and help to grant ourselves the required permission. This support by a friend, therapist, good grandmother, teacher, or mentor can be quite manifest. Or it can be symbolic, such as a heroine from a favorite book, or someone in our past who we felt "understood me." We call upon these wise women and men for their counsel and support to say "yes" and to help us believe in ourselves.

My experience with women's groups has taught me that what is lost in this transition may seem real and frightening, but what is already there within us is the unexpected joy and consequence of sitting still and listening in. For we will not be left alone. We will be accompanied by the strength, resilience, talent, abilities, and passion of who we already are.

It is important to let go of the too-big question "what do I do with the rest of my life" and break it down into one step at a time. You only need to do what is next because what is next will inevitably lead to unforeseen meadows where, once again, you can ask yourself "what next?"

If that means sitting still for a while longer, then do so. You will not be disappointed. ❖

Ruth Neubauer, LCSW, is in private practice in Denver, Colorado, working with adults and couples. She remains on the faculty of The Washington School of Psychiatry in Washington, DC, and teaches courses on psychoanalytic concepts to the general public at Denver University's OLLI (Osher Lifelong Learning Institute). She is also a writer and photographer. www.rneubauertherapy.com/www.liminalspace.com

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Kassabian Memorial Conference Fills a Need

The Second Annual Alice Kassabian Memorial Conference, *Falling Through the Cracks, Psychodynamic Practice with Vulnerable Populations*, was a great mix of speakers and topics and clearly useful to everyone who attended. Joan Berzoff gave the keynote speech based on her book by the same name. The topic and presenters were stimulating, inspiring, and engaging.

We are always looking for ways to make the Society and its programs helpful to those who work in agencies, schools, clinics and nonprofits, and this conference was particularly relevant to those groups, which included many of our newer social workers. For others, it reaffirmed why we choose social work as our careers and how to move forward in today's world. It brought together a diverse range of practitioners in a way that is all too rare.

Thank you to the Alice Kassabian Memorial Conference committee who have dedicated their leadership abilities, talents and expertise to GWSCSW for many, many years. You are pioneers in our field. We hope to continue to honor Alice, one of our most inspiring

members, with an annual program focused on social justice. Among the wide range of continuing education opportunities available in the DC area, it presents a unique perspective and singular opportunity for clinicians from all disciplines and work settings to come together and exchange ideas, beliefs and passions. This year's program was a great tribute to Alice. ❖



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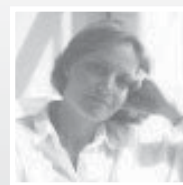
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GWSCSW Mentor Program

GWSCSW is no longer one of the best kept secrets in the Metro DC–Baltimore area. Our membership is growing fast and students and recent graduates are a large part of that growth. The Professional Development committee is especially aware of our responsibility to nurture those new to the profession; one of the ways we address that is through our Mentor Program.

Mentors are available, at no fee, through the Mentor Program to students nearing graduation, recent grads, LGSWs, and LCSWs/LCSW-Cs. Mentors provide one-to-one guidance to social workers at a mutually convenient time, in order to address concerns related to licensure, establishing a private practice, employment, securing supervision, consolidating professional identity, and other questions related to professional development throughout the career lifespan.

Mentors and mentees are matched according to location, interests and types of experience. The mentor/mentee relationship is individualized based on the mentee's goals, which may be short- and/or long-term and are established at the outset of the collaboration. Meetings between mentor and mentee might be as frequent as weekly at the outset, once a month, or episodic depending on the mentee's needs and goals. The mentor/mentee relationship may be of shorter duration if the mentee is seeking specific information relating to obtaining a particular license, preparing for a job interview, locating appropriate supervision or discussing a particular aspect of agency employment. The relationship may be of a longer duration if the mentee is asking for support while establishing a private practice, adjusting to a relocation, or redefining the direction of a career. Having a mentor is not the same as supervision—the focus is on career development, not the processing of clinical intervention.

The Mentor Program is always seeking GWSCSW members to become mentors. The primary qualifications for becoming a mentor are that the GWSCSW member is licensed at the independent clinical level, is interested in a way of giving back to the profession, and has experience in agency and/or private practice settings. The number of years required to become a mentor is wide-ranging in relation to the variety of requests received, ie. some mentees may benefit from speaking with a mentor who has more recently been in contact with the job market, while other requests are more suited to a practitioner with several years of experience.

Additional information about the Mentor Program, as well as applications for a mentor or to become a mentor, can be found by clicking on the Professional Resources tab on the left hand side of the home page of the GWSCSW website (www.gwscsw.org) and clicking on the Mentor Program listing.

Information can be also obtained by contacting Sheila Rowny, who coordinates the Mentor Program, by contacting her at srowny@aol.com. ❖



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Advancing the Synergy Between Research and Practice

Susan Gibbons

The Consortium for Psychoanalytic Research (CPRinc) of Washington D.C. is holding its 20th Annual Conference, *Developing a Psychic Skin: Implications of Infant Observation Research for Clinical Care*, on Sunday February 3, 2013. Jungian psychoanalyst Brian Feldman, PhD will be the featured speaker at the all-day conference, which will take place at the George Washington Hospital auditorium.

Six CEs will be offered to participants. The conference will explore psychic skin, the psychological boundary between inner and outer worlds and that which demarcates a mental space for containing one's imagination, thought and desire. Developing a psychic skin is defined as an important task of early life. Dr. Feldman will elaborate on this concept, sharing his research findings on the emergence of both primary (healthy) and secondary (defensive) functions of psychic skin. Using multicultural video material, as well as examples of patient art work, he will show how his findings may inform clinical interventions. Nydia Lisman-Pieczanski, M.D., psychoanalyst and founding chair of the Washington School of Psychiatry's *Infant and Young Child Observation and Early Intervention Training Program*, will join Dr. Feldman in discussing an infant video, adding to participants' understanding.

CPRinc is a consortium organization, consisting of representatives from over twelve psychoanalytic and related mental health professional organizations in

the Washington D.C. area, including GWSCSW. The American Association for Psychoanalysis in Clinical Social Work (AAPCSW) is a joint sponsor of the CPRinc conference, supporting its mission of strengthening the synergy between research and practice, as are the Jungian Analysts of Washington Association and the American Academy of Psychoanalysis and Dynamic Psychiatry.

For twenty years CPRinc has been providing an annual all-day conference which includes a clinical research-experiential component. At last year's conference, *Blind Men, Elephants and Psychotherapy Effectiveness: Skewed Views of Treatment Realities and How to Fix Them* with J. Christopher Fowler, PhD, from the Menninger Clinic, participants had the opportunity to help evaluate the relative clinical benefits of broader-based patient assessment instruments.

As someone who loves both research and practice, I was delighted to learn of CPRinc. I was also intrigued by the strong inter-organizational collaboration reflected in its twenty successful years of operation. I was a discussant for last year's conference, and then became a trustee of CPRinc, representing the Association for Psychoanalytic Thought (APT). I have been enjoying getting acclimated and being a part of planning this year's conference. So check out the website www.cprincdc.org, to learn more about the consortium, and to register to come to the conference! ❖

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Watch the GWSCSW listserv for details

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.

Dan Campbell spoke to parents on "Facilitating Affect Management in Children on the Autism Spectrum" at the Auburn School in Herndon on Wednesday, November 14.

Janice Berry Edwards, PhD, has been appointed by DHMH Secretary Sharfstein to serve on the Maryland Health Quality and Cost Council's Cultural Competency Workgroup. Part of the State's overall effort to reduce health disparities and improve minority health outcomes, the group is charged with developing appropriate standards for cultural and linguistic competency of Maryland's medical and behavioral health care providers.

Mary Lee Esty, LCSW-C, PhD will give the keynote speech at the Wichita State University social work annual Power Conference, March 3, 2013. *Treating Trauma and TBI with New Technologies: Emerging Opportunities for Social Workers*, will describe the common values of biofeedback and social work for persons with chronic illnesses, loss of executive functioning through traumatic brain injury, and post-traumatic stress.

Gina Sangster, MFA, MSW, has had a poem entitled "Daddy's Girl" accepted by *Voices: the Art and Science of Psychotherapy* literary journal, to be published in their Winter 2012 issue; which is focused on psychotherapy with children, adolescents and their families.

Golnar Simpson, PhD, MSW, former president of our Society and the Federation of Clinical Social Work Societies, was inducted as a Pioneer at the NASW Social Work Pioneers program and luncheon on October 20. She was recognized, in particular, for her promotion, development, and innovation within higher educational curriculum; the establishment, within the Iranian Ministry of Justice, of social services for long term lost and abandoned children; and co-founding with her late husband, Frank Simpson, MD, the first mental health services, public and private, for the children and adults of Fauquier County, Virginia. ❖

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Welcome New Members!

Full

- | | |
|-------------------------|------------------|
| Nancy Barskey | Mary Herbers |
| Naomi Bartakke | Emily Hershenson |
| Marianne Becker | Tamara Lubliner |
| Ellen Carr | Lisa Makstein |
| Christopher Cofone | Henry mckinnon |
| Brian Douville | Janet Osherow |
| Jewel Green | Johnny Powell |
| Joel Gunzburg | Debra Schiffman |
| Nickie Haine | Steve Szopa |
| Nancy Harris | Laurie Young |
| Kathy Casey (Affiliate) | |

Graduate

- | | |
|------------------|-----------------|
| Katherine Baker | Rosita A. Kline |
| Anne Bell | Joy Muhammad |
| Caroline Chiara | Leslie Pendley |
| Jamison DeLeon | Iana segerman |
| Rebecca Goldberg | Ana Stevenson |
| Jennifer Grace | Jeremy Wiener |
| Diane Heim | |

Student

- | | |
|-------------------|--------------------|
| Emily Anderson | Caroline Horstmann |
| Jenna Bartels | Moses Kushaba |
| Naria Belay | Bonnie McDonald |
| Michelle Buhrandt | Julia Rosenfield |
| Kerry Campbell | Cynthia Seymour |
| Lindsay Eidman | Fallon Shields |
| Jacqueline Gomez | Janet Thompson |
| Mamiko Hada | Raquel Willerman |
| Carla Hampstead | |

A very special thanks to these members who have referred new members to GWSCSW:

- | | |
|----------------------|----------------|
| Katrina Boverman | Mary Jean Kane |
| Sara Solomon | Gloria Mog |
| Fran Zamore | Marie Lutsch |
| Pat Golding | Jewell Golden |
| May Benatar | Kelly Keegan |
| Melissa Brady | Betsy Amey |
| Eileen Dombo | Britt Rathbone |
| Janice Berry-Edwards | Sue Stevens |

Special thanks to our wonderful members who represented us at Catholic University, George Mason University, and the Univeristy of Maryland job fairs.

CLINICIANS AND THE LAW

Business License

Richard S. Leslie,

Are you required by local law or ordinance to obtain a license to do business in the particular jurisdiction in which you practice? Remember—don't neglect to inquire of the city clerk, the county clerk, or another titled official to see whether or not you are required to pay an annual or other based fee in order to conduct your practice. Some therapists or counselors forget or just don't realize that when they conduct a private practice (no matter what the size) they are conducting a business. The licensing fee imposed by local law or ordinance is usually a revenue-raising measure only (as opposed to a regulatory measure affecting the day to day conduct of the business), and if not paid will typically result in financial penalties of some kind.

For those who see clients in their homes, they may have a problem if and when they apply for a business license, since to do so may alert local government officials that there is a possible zoning violation. Some residences are not zoned appropriately to accommo-

date a therapy practice. Those who desire to practice from their residences must proceed carefully and seek legal advice if necessary before applying for a business license. There are other problems and issues that arise when one practices from his or her residence, not the least of which are concerns about the practitioner's privacy and safety. ❖

Richard S. Leslie is an attorney who has practiced at the intersection of law and psychotherapy for the past 25 years. Most recently, he was a consultant to the American Association for Marriage and Family Therapy (AAMFT), where he worked with their various state divisions to develop and implement their legislative agendas. He also provided telephone consultation services to AAMFT members regarding legal and ethical issues confronting practitioners of diverse licensure nationwide. Additionally, he wrote articles regarding legal and ethical issues for their *Family Therapy Magazine* and presented at workshops on a variety of legal issues.

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COMMITTEE REPORTS

Continuing Education

Terry Ullman, DC/MD
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Lisa Snipper, Virginia
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571-230-2349

Marie Caterini Choppin, DC/MD
mchoppin@counselingforcontentment.com
301-625-9102

The Continuing Education committee in DC/MD has been very active, with the help of some new committee members, Dara Goldberg and Catherine Foot. In addition to managing the programs we approved for this year, the committee has been exploring the possibility of offering other types of CE programs in the future, such as webinars. We are currently researching the cost-effectiveness and practicality of alternative CE programs and will report our findings to the Executive Board.

Another initiative of the DC/MD CE committee has been to develop CE programs in other parts of Maryland such as Frederick, Annapolis, Baltimore and Columbia. We will be selecting a site in northern Maryland to host two or three programs for 2013–2014.

Lisa Snipper has been working hard to provide CE programs in Virginia. The first program was very well attended. Lisa is in desperate need of volunteers to work with her in Virginia. Please contact her at (571) 230-2349 if you can help.

Finally, we are seeking proposals for the 2013–2014 calendar year. The deadline is January 15, 2013. You can find all of the information

you need by going to our website under the "Continuing Education" tab. Look for Proposal Template and Frequently Asked Questions. If you are submitting a proposal for DC/MD, please send it to Terry Ullman, tlullmanmsw@gmail.com. Proposals for Virginia programs should be sent to Lisa Snipper, lisa.snipper@me.com.

Finance

Flora Inghousz, Chair
flora.msw@verizon.net
301-649-5525

The annual budget for the last fiscal has been presented to the board by the Finance Committee and passed. Based on a conservative estimate, we foresee a shortfall of \$5,000. Of course, we hope that participation in our educational events and membership will continue to be robust, and will mitigate this shortfall.

Our president, Kate Rossier, is the newest committee member and we are so lucky to have her active involvement. We are open for new members on the committee, so if you have any interest please contact Flora Inghousz.

Leadership/Nominating

Sydney Frymire, Co-Chair
sydneyfrymire@yahoo.com
301-233-7612

Susan Post, Co-Chair
susan.post@gmail.com
301-652-5699

Our two most recent past presidents are joining forces to chair a new committee with a dual purpose. It will function as the

nominating committee for our society's officers and at the same time will work to develop and foster leadership within the membership at large. This is something we've been thinking about for several years. We see leadership as an increasingly important, almost necessary, aspect of development for both individuals and institutions, and the two of us can attest to how rewarding it can be to explore untapped or unexplored resources. As social workers, we may increasingly be called upon to serve in leadership positions not just within our profession and organizations but in the larger community of activists as well.

GWSCSW board members have been participating in various leadership learning programs, and we want to begin to bring in any and all members who are interested. We have no set agenda as yet and invite you to share any ideas you have for fostering leadership. We hope to offer workshops and events with expert speakers, and we welcome any members interested in serving on this new committee.

Legislation & Advocacy

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

Our legislative committee for Maryland (where we're known as the Maryland Clinical Social Work Coalition) continues to grow with Judy Gallant's leadership, as you can see in this newsletter's Legislative pages. We are closely following issues of Parity, the Health

continued on page 28

Committee Reports, from page 27

Benefits Exchange, failure to report abuse, end of life planning, and cultural competency. We advocate for mental health and for the profession regarding these issues, and will be ready, when the new Assembly convenes in early January, to monitor and speak up about new legislative proposals.

In the District of Columbia, members and licensees tend to be wonderfully responsive when there's a call for grassroots emails to a Council member or the Mayor, but we would welcome more active participation on the committee. We can make an impact here without a professional lobbyist: the Council is a metro-ride away; legislative staffers (and often Councilmembers themselves) are friendly and accessible; the Board of Social Work is open to our ideas; we're able to arrange meetings

with District leadership (see *Gina Sangster's article in this issue*). We invite you to join in.

As I wrote in the September issue, there's a lot going on in Virginia, where the Society works with the legislative committee of the Virginia Society for Clinical Social Work (VSCSW). Dolores Paulson and Judy Ratliff take responsibility every eight weeks for getting to the VSCSW board meetings, where they speak for our Society on legislative issues and report back. These meetings are in Richmond, Charlotte, or Culpeper, a two-hour trip each way. This is a huge time commitment for Dolores and Judy. Other Society members in Northern Virginia could be taking action: learning about and monitoring issues, taking aim at insurance/parity problems, informing membership of the need for grassroots emails, letting Northern Virginia state legislators know what's

important to clinical social workers (and why they should care!) and so on. To make any of this happen, get involved!

Membership

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

Nancy Harrington, Co-Chair
nahlcsw@aol.com
703-608-0180

College intro packages and referrals from friends and colleagues have proven the two most effective means of inviting new members to the Society; and this year we've seen one of the greatest increases in membership of all time. Since the personal touch is key, the Membership Committee has adopted a new mantra: "Bring a Friend!"

Toward this end, The Annual New Member Tea on October 28, graciously hosted by Mary Lee Stein in

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her home, was a highlight. We will also be having a Bagel Brunch in the spring for new members who join during the next six months. Let us know if you'd like to help us out in any way.

Another function of our committee has been to help introduce the upcoming Master's students to the Society. We have been growing this segment of the Society and their participation has been significant. Every year we send out representatives from the society to all of the local MSW programs with whom we have relationships, to be present for their career days, or other graduate days, where we can introduce ourselves. Let us know if you'd like to go this year. It's a lot of fun.

Finally, our committee wants to give a special thanks to Jennifer Bires, one of our committee members, who has been sending out welcome letters to all of our new members as they join.

We would also like to thank all of you who have referred and recommended new members, and those who brought your friends and colleagues to the various Society functions. Your invitations have helped our Society grow into the third largest society in the U.S! Congratulations! Bring a friend!

Newsletter

Lisa Wilson, Editor
gwscsw.news@gmail.com

This issue of *News & Views* highlights the diversity of expertise and interests represented by our members. If you'd like to take an active role in this ongoing conversation about issues impacting social work practice, please consider joining the newsletter committee. And continue to send

articles, reflections, and professional updates to the editor's inbox: gwscsw.news@gmail.com.

Professional Development

Sydney Frymire, Co-Chair
sydneyfrymire@yahoo.com
301-233-7612

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

The Professional Development Committee is busy this fall preparing for several upcoming panel discussions/workshops. On January 25, 2013, the committee, in collaboration with the National Catholic School of Social Service, will again present a licensing workshop at Caldwell Hall, 3:00–5:00 p.m. Speakers representing each of the three jurisdictions' social work boards will present overviews of the regulations, as well as answer questions. Much thanks to Anne Walker, LCSW-C (MD), Cathie Gray, LICSW (DC) and Susan Horne-Quattannens (VA) for committing their time well in advance. Additional information for the chart comparing the licensing requirements for VA, MD, and DC is still being gathered and once completed will be posted on the GWSCSW website. In addition, attendees at the workshop will also receive a copy of the chart. Also in the planning phase are two additional panel discussions/workshops. One will focus on newer social workers preparing for private practice, and the other will concentrate on more senior clinicians in the later phase of the professional life cycle. Stay tuned for more details as they become available.

For members seeking to start and/or build a private practice, Susan Marks continues leads a support

group. Susan's groups provide information, as well as discussion and encouragement. The group meets monthly at a location convenient to those interested. For further information, contact Susan at 703-533-9337 or at surobbin@verizon.net.

As our membership grows—and the number of student and graduate members increases—the mentoring program continues to be an important way for us to nurture our profession. See the article on page 23 for more information about this valuable program.

The Graduate Committee under the leadership of Juleen Hoyer and Sara Girovasi is working to collaborate with other GWSCSW committees to facilitate the ongoing development of GWSCSW programs and functions as they pertain to current social work students, recent grads, non-independently licensed MSWs, and early career social workers. If anyone is interested in joining or has questions, please contact Juleen at juleenhoyer@yahoo.com or Sara Girovasi at sgirovasi@gmail.com.

Anyone interested in joining the committee or contributing ideas can contact Karen at goldbergks@aol.com.

Social Media Committee

Juleen Hoyer, Chair
juleenhoyer@yahoo.com
610-223-1298

The Social Media Committee has been created to facilitate GWSCSW's ongoing development and increasing web-presence. We have been hard at work over the last few months in determining how social media can best support our organization's mission and goals. After

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Institute of Contemporary
Psychotherapy + Psychoanalysis

Psychoanalysis of a War-Torn Soldier

featuring Russell B. Carr, MD and Doris Brothers, PhD
Saturday, December 8, 2012 • 9am to 12:30pm
National 4-H Conference Center, Chevy Chase, MD

Dr. Carr, an Iraq war veteran, will discuss how combat in Afghanistan shattered a soldier's world and self experience. He will show how an intersubjective understanding can be used to treat combat-related Post Traumatic Stress Disorder (PTSD), using Robert Stolorow's phenomenologic, contextualist approach to traumatic emotional experiences. The case illustrates how the aftermath of trauma shatters one's sense of safety and time; the loss of significance of socially defined norms; and the forced recognition of the inescapability of death. These effects leave traumatized people with an exquisite sense of singularity, shame, a pervasive sense of dullness, and estrangement. From an intersubjective perspective, therapeutic action arises from providing a relational home so that unendurable emotions can be borne, processed, and integrated to achieve a more constant and individualized sense of self. Dr. Carr will also describe how his work with this traumatized soldier affected him, ultimately contributing to his own sense of authentic existing. He will discuss the need for therapists to recognize and acknowledge, to traumatized patients, their shared finitude and ubiquity of trauma. Dr. Doris Brothers will offer commentary on Dr. Carr's presentation and describe her own approach to combat trauma, showing how trauma destroys the certainties that organize psychological life. (3.0 CE credits)

Transcendence in the Analytic Process: A Contemporary View of the Therapeutic Action of Psychoanalytic Therapy

featuring Frank Summers, PhD, ABPP
Saturday, February 9, 2013 • 9am to 12:30pm
National 4-H Conference Center, Chevy Chase, MD

Dr. Summers will present an in-depth contemporary concept of how psychoanalytic therapy achieves its mutative effects. He will give a brief history of the most influential views of therapeutic action and articulate their strengths and weaknesses, in order to demonstrate the need for a modern conceptualization. Through theoretical constructs and clinical examples, Dr. Summers will show that interpretation is rarely sufficient for the analytic process to achieve its goals. However, many of the historically proposed strategies suggested as supplements to interpretation are also found wanting. Dr. Summers proposes that many of the contemporary attempts to improve the theory of therapeutic action can be incorporated into the concept of transcendence. He will discuss how the analytic space must open in order for the patient to utilize interpretation and to create new ways of being and relating. He will offer a dual model of therapeutic action wherein interpretation serves as preparatory ground for analytic change, and is followed by a second phase that utilizes Winnicott's concept of transitional space. This understanding can be utilized to create new ways of being and relating. Dr. Summers will provide clinical examples to show how this model has been used to achieve psychic change in a variety of patients. (3.0 CE credits)

Fees: ICP&P Member-Free | Non-Member-\$90
Military Personnel-\$50 | Full-time Student-\$35

For more information about either of these programs,
including a full listing of learning objectives, or to register
please call 202-686-9300 ext. 5 or visit

www.icpeast.org

Committee Reports, from page 29

careful consideration of the specific benefits of each type of Facebook page (i.e., organization, group, place, business, cause, event, etc), we are excited to report that the GWSCSW Facebook organization page will be launched in the next few weeks! Stop by and "like us" on Facebook! We welcome your feedback on your experiences with social media. A survey on technology and social media will be coming out soon, which we hope you will complete in order to help us. If you are interested in joining the Social Media Committee, please contact Juleen Hoyer. ❖

Releasing and Transforming Anger (RTA)

Is ANGER impeding your client's progress? I can help.

Releasing and Transforming Anger (RTA) helps clients learn healthy ways to manage anger. RTA goes beyond traditional anger management programs and incorporates both spirituality and body-centered psychotherapy.

RTA is a 15-week group process that helps participants:



- Understand the anatomy of anger
- Recognize individual anger triggers
- Release self-angering thoughts
- Transform angry energy
- Identify the underlying pain or stress

The next Releasing and Transforming Anger (RTA) groups start January 2013 in Silver Spring, Maryland and Fairfax, Virginia.

For more information on individual or couples anger management or to register for RTA, please contact RTA founder and director

Kathleen E. Scheg, JD, LCPC at
703-568-0525 or 301-681-3590

www.coretransformationcounseling.com



REMINDER...

Participation closes for the
GWSCSW 2013 Prepaid Legal Plan
on December 31, 2012.

Subscriptions cannot be accepted
once the plan is in effect on January 1.

For information, or to sign up, go to
www.gwscsw.org
Membership > Prepaid Legal Plan

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. For questions about advertising, call 202-537-0007.

Classified Ads: 75¢ per word Minimum price \$15 (20 words)	Display Ads: Full page 7 x 9¼ \$300 Quarter page 3¾ x 4½ \$100 Eighth page 3¾ x 2¼ \$ 50	Half page \$175 Horizontal: 7 wide x 4½ high Vertical: 3¾ wide x 9¼ high
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Size of display ads indicated above is width by height. These are the only sizes that will be accepted. Electronic submission (PDF) preferred.

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

OFFICE SPACE AVAILABLE

ROCKVILLE – Psychotherapy office available 3 days per week. Located in a newly renovated 3-office suite. Easy access to 270, 495 and Rockville Pike. Ample parking. Utilities, WiFi, and cleaning service included. Rent \$312.50 per month. Contact: karenbrosen@comcast.net

TENLEYTOWN – Office space available for sublet Fridays–Tuesdays across from the Tenleytown Metro. Sunny and beautifully furnished office with waiting room, kitchenette and WiFi available for hourly or daily sublet. Please contact rebecca@dallekcoaching.com.

CHEVY CHASE – Sunny, convenient cozy office in attractive, friendly suite. Available full time January 31. Staffed building on upper Connecticut Avenue with a courtyard view. \$618. Immediately available 15 hrs/week for December and January \$250/month. Can show anytime. Call Susan at 301 802-3140.

SILVER SPRING – Almost new 4-office suite in downtown Silver Spring, near Metro. Comfortable, bright, furnished offices, kitchen, convenient parking. Days and evenings, hourly or daily. Share space with collegial psychotherapists. Contact Sue Cavanaugh (301) 466-6336, suecavanaugh@verizon.net.

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.

FRIENDSHIP HEIGHTS – 5028 Wisconsin Ave. Lovely tranquil small office, wall-to-wall window with unobstructed view of Friendship Heights neighborhood 2¼ blocks South of Friendship Metro Jennifer St. exit. Parking behind office daily and monthly rates. Optional client 2 hr. free parking on side streets. Available Mondays & Fridays, some other morning times, as well as Saturday and Sunday. Contact Joyce Forman (202) 744-8946.

BETHESDA – Comfortable, bright office with congenial colleagues at corner of Bradley and Arlington near downtown Bethesda. Accommodates groups up to 8. Available Mondays and weekends; mornings Wednesday–Friday. Contact Irene Walton: 301-589-0209 or irenewalton@gmail.com; Marilyn Lammert: 301-951-9645 or pakm78@gmail.com.

FOGGY BOTTOM – Spacious office within interdisciplinary psychotherapy practices suite, shared waiting room, amenities. Will redecorate to suit new tenant. Available immediately. Three Washington Circle, NW. Call 202-833-1682.

GROUPS

ADOLESCENT THERAPY – Individual, group and family therapy, CBT, DBT, and psychodynamic services. Therapy groups for ages 12–26. Quality effective treatment. www.rathbone.info. Rathbone & Associates. Bethesda and Rockville. 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.

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.

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.

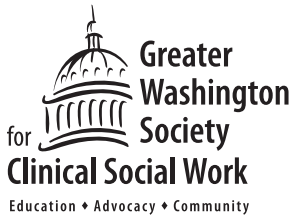
Out & About – News about you: an article you've written, if you've been in the news, taught a class, earned a new certification or are a singer, artist or writer. Submissions should be 50 words or less.

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



PO Box 3235
Oakton VA 22124

CHANGE SERVICE REQUESTED



**If you haven't renewed your GWSCSW membership for 2013, this will be your last newsletter.
Renew at www.gwscsw.org**

Renew online at: www.gwscsw.org

\$160 Full | \$75 Graduate | \$25 Retired | \$0 MSW Students

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

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

A Free Benefit for Full Members

List Your Private Practice on the GWSCSW Find A Therapist

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

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

**While you're at the website renewing your membership, don't forget to sign up for the optional
2013 Prepaid Legal Plan**

The 2013 Prepaid Legal Plan will be serviced by the same attorneys as in the past, and members can subscribe at the same time they renew their GWSCSW membership.

The plan will be in effect from January 1, 2013 to December 31, 2013.

The opportunity to subscribe to the 2013 Prepaid Legal Plan closes December 31, 2012. There are no mid-year subscriptions.

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

Be sure to update your website account if you move or change your email address!