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## Reflections on the Events of December 14 at Sandy Hook Elementary School

*Kate Rossier, President*

Many thanks to all of you who have posted emails on the listserv informing us about particularly relevant news articles, rallies being organized, legislation being written and proposed, and so on as we all try to comprehend and recover from the shock, the horror, and the profound sadness of the events of this past December 14. I deeply appreciate the care and knowledge shared by you all. [Note: As was written in the *Washington Post* in late January, the citizens of Newtown are asking that this shooting be referred to by its date rather than by the name of their town or elementary school, a labeling that painfully links their hometown and school to this tragedy. Hence, the date will be used in this article.]

This shocking tragedy was all too familiar in several ways, but particularly painful and horrifying because of the setting and tender ages of the victims. In the first weeks, the community and nation experienced the shock and outrage, leading to outpourings of sympathy and support to the victims' families and community from both individuals and organizations. Unfortunately, this came also with the invasion of hordes of journalists with many interviews and broadcasts that led us all—and the battered citizens of Newtown—to relive the traumatic events many times.

Now we are in another phase in which there is a flurry of legislative activity, fueled by great public pressure. At the national and local levels of government, there is a drive to pass legislation about gun ownership and licensing, types of weapons, and mandated mental health assessments to assess likelihood of committing acts of violence. This is not always well thought out but stems from charged emotions and an understandable desire to do something swiftly about this kind of horror. As the national debate moves forward, there is great urgency and intensity of feeling on all sides.

Like all of you, I have been struggling with this event on a personal and professional level. In an atmosphere of polarization, how can we best respond? Where do we go from here and how do we have a voice as social workers? I am wondering about all of this, as I know many of you are from the listserv email traffic. It is important that each of us speak out and take part in rallies, letter-writing campaigns, and other activities that support the views we hold personally and as social workers with regard to this

*continued on page 4*

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### GWSCSW NEWS & VIEWS

Editor: Lisa Wilson  
gwscsw.news@gmail.com

Advertising: Kirsten Hall  
gwscsw.ads@gmail.com

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The next issue will be published  
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# President's Message

Kate Rossier



A few months ago, I was speaking with one of our newer members up in northern Maryland and she suggested that it would be helpful for her to know where dues dollars go. I realized this would be a great question to explore in the newsletter, as it is doubtless shared by many readers and it touches on the bigger issue of how the Society benefits members and their clients.

To begin at the beginning, our total annual income over the past couple of years has averaged \$143,000. Of that total, two-thirds comes from our membership dues and the remaining third comes from our educational programs (18%), newsletter advertisements (5%), and the prepaid legal plan (9%), leaving the final 2% from miscellaneous sources. Over the past couple of years, annual expenses have averaged approximately \$139,000—which means we have built up a \$4,000 cushion in each of these years. Many thanks to our past boards for ensuring this cushion, which is critical preparation for the unexpected expenses that inevitably crop up. Out of our total expenses, the operational expenses have accounted for almost half (46%) in recent years, a number that may decrease since the website creation is behind us. Our legislative and advocacy expenses account for 15%—a number that is important for all of us to note at tax time because this percentage is the portion of our dues that is not tax-deductible. (For those paying full dues of \$160, this means that the IRS allows us to deduct \$136.) The newsletter accounts for another 13%, the cost of organizing education events is another 11%, and the production of the directory is 4%. The remaining 11% is spent on donations to the Pro Bono Counseling Project, membership functions, board expenses, mailings, a graduate scholarship, and the website. Boiling this down, it means that we spend about half on operating expenses and the other half on other areas of our core mission areas—education, advocacy, and community. The board works hard to minimize operating expenses and it's important to note that without the work of our administrator and bookkeeper, the jobs of volunteers would be unmanageable.

But there are membership benefits that do not show up on financial spreadsheets, as dividends of the added value provided by our volunteers who give of their time, effort, creativity, and care to support our three core areas. Countless hours are invested in choosing and organizing meaningful education events; keeping abreast of legislation that affects our profession and our clients and in advocating on behalf of both; and to serving and strengthening our community via the listserv, the directory, the newsletter, the wine and cheese networking events, and so on.

The **education** pieces probably speak for themselves. GWSCSW began offering continuing education programs back when there weren't many of these around. Nowadays, there are many more options for fulfilling CEUs, taking certificate programs, and generally learning more to keep abreast of new thinking and research-informed treatments. GWSCSW continues

to offer low-cost programs for our members, as well as the opportunity for members to try out their wings as a teacher/trainer. We are also beginning to offer help to members wanting and needing to get up to speed in the area of technology and social media, as well as having our own Facebook page.

**Legislation and advocacy** is an extremely important aspect of our Society's activity. In these days of ever-changing insurance regulations, coding, and sometimes reactive mental health legislation, we depend on our cadre of volunteers to know what legislation is being introduced, what needs to be introduced, when we need a letter-writing campaign, and to be there to influence outcomes. Particular recurring areas of concern for our membership are the inclusion of social workers in legislation that lists which mental health professionals are licensed to assess, diagnose, and treat mental health conditions, and also licensing requirements. Things get complicated in a tri-jurisdictional area and we have enthusiastic volunteers at work on your behalf regardless of your geographic location. We also share the costs of lobbyists in Virginia and Maryland, who work to protect not only our professional interests, but also those of the folks we serve.

Our last core area, **community**, is one dear to my heart. Having strong ties to each other as colleagues and friends, networking to build our presence and niches, forming study groups sharing together about common areas of professional interest, offering mentoring, and having fun together all serve to provide nourishment and connection that we don't always have in our daily work lives. Some of us dive into volunteering as one way to enhance our sense of connection to this community while contributing to it. This may be in the form of taking on a leadership role on the board or serving on a committee in an ongoing or one-time way. Others attend Wine & Cheese events, attend Brown Bag programs, communicate with others via the listserv, read and write for the newsletter, and keep current with our website and our new Facebook page. We have a wonderful community, evidenced by the warm and contagious energy at each of our events.

So, to wrap up, your dues dollars go to monetary costs of the many activities we provide in our three core areas. They are minimized by the often unseen labors of love by many of your fellow members. Be sure to thank them when you see them at registration desks, hosting wine and cheese events, informing you about important legislation and imploring you to write your local legislator. And please know that for every vol-

unteer/fellow member that you see, there is another quietly working out of sight, editing the newsletter, organizing events, writing letters, meeting with a legislator, updating the website, managing the listserv, working as our liaison with another organization, and/or advising your president.

With best regards to all. ❖

## Networking with Wine & Cheese!

The three pillars of our organization are community, education and advocacy and these informal wine and cheese get-togethers are a great opportunity for community. They provide the opportunity to get to know colleagues in an informal, relaxed setting.

### VIRGINIA

Friday, **March 15**, 4:00 – 6:00 PM  
Office of Marilyn Stickle, Nancy Nollen & Pam Thielmann  
15319 Lee Highway Arlington, VA 22207

Friday, **April 5**, 5:30–7:30 PM  
Office of Theresa A. Beeton  
215 Loudoun Street SW, Leesburg, VA 20175

Friday, **May 10**, 5:30–7:30 PM  
Office of Sheri Mitschelen  
3611 Chain Bridge Road, Ste C, Fairfax VA 22030

### MARYLAND

Friday, **March 1**, 5:30–7:30 PM  
Home of Marie Choppin  
12600 Pentenville Rd, Silver Spring MD 20904

Friday, **April 5**, 5:30–7:30 PM  
Home of Steve Wechsler  
8308 Flower Ave #305, Takoma Park MD 20912

### DC

Friday, **May 10**, 5:30–7:30 PM  
Home of Lynda Mulhauser  
3052 Garrison Street NW, Washington DC

For updates and new events, visit  
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tragedy and potential responses. I encourage you to organize informally in groups and, if you like, to show up and be heard.

I have also heard from some of you a wish for me as president or us as a Society to speak out and take a position. Taking a particular public stance as a society is somewhat problematic, however. Members may have views as varied as those expressed in other segments of our society.

But we are not helpless as a Society. We have our Legislation and Advocacy committee working in conjunction with lobbyists and legislators to influence the crafting of thoughtful legislation. We often “sign on” to proposals if we are in general agreement with the substance, and we work through this committee and with the Clinical Social Work Association (CSWA) to alter wording if we are not. (Three of our members are on CSWA’s Government Relations committee.) Additionally, through our membership in the CSWA, which advocates for us all at the national level, we are members of the Mental Health Liaison Group, which has written two excellent letters dated January 18 and 25. (You can see these at [www.mhlg.org](http://www.mhlg.org).) So, all in all, we are well-represented at the national level as well as local levels. We invite and welcome your participation in these committees (one for each of our three jurisdictions: DC, Maryland, and Northern Virginia) to continue the work on these issues.

As clinical social workers, we emphasize the role of culture, context and environment in determining individual and group behavior. So we can be aware of the larger context within which an event like that of December 14th takes place. Large-scale shootings are dramatic and horrifying, and so they catch the nation’s attention in an intense and emotional way. But there is a broader aspect to violence in our nation—one that exacts an even greater toll in lost human life and damaged survivors, but toward which we can more easily turn a deaf ear or blind eye.

Various studies have tallied the statistics for violent deaths in the U.S. and compared them to other countries. While the numbers vary a bit, all the research agrees in showing that our numbers and the percentage of our population affected is strikingly higher than those of any other industrialized nation.

Thinking about our social environment, we can broaden the conversation to focus on the culture of

violence as it is often glorified in film, in video games, and on TV. Our children grow up with violence all around them. They also are living in a time of instant gratification and incomplete information through digital technology—the Internet, social media, and YouTube.

As clinical social workers working in agencies, hospitals, schools, and in private practice, we can also speak to the effects of violence as we know it from our work. We can speak to the cost and the toll it takes on children, families, and communities. As mental health professionals, we need to speak up on behalf of all of those who need mental health services, and continue to speak (as we are doing through our Legislation and Advocacy committee).

Also as clinical social workers we emphasize communication and process. Our country is one in which there is a delicate balance between the individual and the group. Our culture values freedom of expression and individual rights, which can sometimes conflict with the well-being and safety of the collective, and the trade-offs beg for reflection. In addition to working through our Legislative and Advocacy committee, as a society of clinical social workers we can work to put the focus on the conversation—and the quality of this conversation—as much as on the outcome. We can do this by example, as we have been, and should continue to do. As individuals and as a group, we can avoid the pitfalls of discharging outrage and instead encourage thoughtful listening to varying viewpoints and interests. As mental health professionals, we are in a unique position to inform and influence the discussion as it relates to regulations that might affect the privacy and equality of the mentally ill.

As private citizens—even as private groups of clinical social workers—we can certainly speak out as we are moved to do—and I encourage you all to do so. It is important that we speak both professionally and personally on issues such as these.

Finally, if you haven’t seen the beautiful *Washington Post* op ed article (January 30) by the parents of Sandy Hook victim Daniel Barden, it is extraordinarily uplifting. I heartily recommend it—as we all struggle to come to terms with the events of December 14 and how each of us wishes to respond. Here is the link: [http://www.washingtonpost.com/opinions/in-response-to-newtown-shootings-think-of-daniel/2013/01/29/b658933a-6a48-11e2-95b3-272d604a10a3\\_story.html](http://www.washingtonpost.com/opinions/in-response-to-newtown-shootings-think-of-daniel/2013/01/29/b658933a-6a48-11e2-95b3-272d604a10a3_story.html). ❖

## SOUNDING BOARD

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*This column invites members' thoughts on popular culture including current events, entertainment and public discourse.*

# Entering the Conversation

*Lisa Wilson*

I tuned into a call-in show recently while washing the dishes. It featured the author of a federally-funded research study exploring whether a correlation exists between violent video games and childhood aggression. The researcher presented preliminary findings that did not support a positive correlation, indicating that time spent gaming did not predict for violent incidents.

I hoped she would reference the recent studies I recalled that indicated brain activity and physiological responses are identical when watching violence on screen and personally engaging in those same acts. But she took her first caller without mentioning neuroscience.

The caller stated, in a casually defensive tone, that he had engaged in lots of "rough and tumble" play as a child, and this did not make him into a criminal. I listened for the researcher to explain that physical play is distinct from virtual play due to the presence of inherent natural consequences. The felt and observable impact physical aggression has on the perpetrator, as well as the victim, is foundational to the development of empathy along with normative affective regulation and expression. She did not.

The next caller expressed dismay at watching her grandchildren spending increasing amounts of time with ever-more violent video games, feeling that she was powerless to curtail this activity she perceived to be like an addiction. The researcher stated that her study found parental involvement with children was more impactful than the nature of content in their games. But she did not mention the gratification loop built into video games, which can support behaviors that might be described as "addictive." Nor did she mention the powerful cultural factors working against parental control and oversight. I resolved to grab a pencil if I heard the call-in number mentioned.

The researcher provided Japanese youth as evidence that violent video games do not promote aggressive acts. They spend a lot of time gaming, yet have an extremely low incidence of violence. I expected her to acknowledge the difference between externalizing and internalizing behaviors, and the need to consider

whether cultural disincentives to outward aggression might lead to internalizing behaviors that are equally damaging. She did not.

The researcher noted that certain precautions are enforced to protect children from psychological harm, such as ensuring no children are victims of violence in games. This struck me as odd reassurance. The sense that harming virtual children would be egregious seems to confirm that a real act of violence would have, on some level, occurred. And while the game may protect players from observing children aggressed on the screen, it simultaneously imposes on them the need to become the aggressor and do violence against others. This poses a threat to their developing sense of empathy, and could create inner conflict for children whose parents tell them to be kind in real life but provide games in which they kill for "fun." I hoped for the researcher to clarify these issues, but I was again disappointed.

I dried my hands and went to the computer to Google the call-in number, wishing as I did so that I had hard data to back up the thoughts that suddenly seemed nebulous when faced with the prospect of speaking my mind. As I located the number, the moderator announced they had just taken their last caller. And I realized I had missed a golden opportunity to contribute a little social work-informed insight to a conversation that was sorely lacking without it.

I'm thinking about finding a way to step up in the future and give that needed input to other conversations. Call-in shows seem like an easy venue, but there are countless others. And our membership has a breadth and depth of knowledge that can be easily tapped through the listserv to equip any one of us with needed information. I am making a personal commitment to become proactive to seek out opportunities and equip myself so I'm not caught unprepared and silent again. I invite you to do the same. This could be the perfect time for our Society to mobilize our forces and enter into public dialogue in ways we have not yet imagined. ❖

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*Lisa Wilson, LICSW, works with military families in Bethesda, MD.*

# Women & Retirement

Margaret Cahill

I found the article “Women and Retirement,” by Ruth Neubauer, (*News & Views*, December 2012), to be very compelling. The “graying” of society is one of the most complex psychosocial issues in our culture, and I would like to offer some observations that might contribute to a continuing dialogue.

Like Ruth, I am a clinical social worker and have practiced psychotherapy for over 30 years in the Washington Metropolitan area. My practice includes individuals, couples and families at many different developmental stages. To be sure, there is hardly any client population today unaffected by the cultural changes associated with longevity, the economy, and family structures which often include the necessity of assistance for older relatives. It is my hope that there is room in any general practice for older individuals who want to explore their specific life issues of concern.

A little background might be helpful. I emerged from that generation who learned the hard way that the “personal is the political.” Like others of my generation, I discovered a calling to social work midway through

a more traditional life—in my case, as a military wife and mother. I was part of a social work cohort who, if they wished to practice psychotherapy, had to learn (and then selectively unlearn) some of the lingering psychoanalytic paradigms of the late 20th century. Many of us resisted a mentality that valorized the male organ and male consciousness. In addition, we were big on slogans and knew that we needed some rallying points if we were to find a “rightful” place in this professional milieu. “Anatomy Is Destiny” became one of those banner statements. That’s a different story.

Today’s story is that a lot of folks have banners flying in the air again; this time what’s written is, “Biology Is Destiny.” This is a view that proclaims we are inexorably defined by our aging bodies, that aging is a disease that has no cure, and that we begin to show the first alarming symptoms in midlife. In short, it’s probably going to be difficult to battle this condition called “aging.” The results are both subtle and blatant. There is a glorification of youth and devaluation or outright disregard for the gifts of age. In my opinion, ageism is probably more pernicious than sexism.

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As I have worked through this issue myself, three books have particularly influenced my thinking and behavior about aging and what I hope to accomplish personally and professionally during my stay. The first is *Declining to Decline: Cultural Combat and the Politics of the Midlife* (1997) by Margaret Morganroth Gullette. She describes herself as a cultural critic and the book combines literary and cultural criticism, essays and autobiography. This is the first book I read that engaged my desire to understand my own aging. It also provided me with a master plan that helped me define exactly how I could avoid a decline as I age. This is a brilliant book and could well be the syllabus for a demanding and rewarding discussion group.

The second book is *The Mature Imagination: Dynamics of Identity in Midlife* (1999) by Simon Biggs, a British social worker and a gerontologist. His grasp of the psychodynamics of identity, especially of the aging individual, is extraordinary. He provides many clinical insights, primarily from a Jungian perspective. He also provides a rare understanding of the strengths and weaknesses of the aging individual's personality, how culture shapes it and how to re-define it, if that is what one wishes.

The third book is *On Not Knowing How to Live* (1975) by Allen Wheelis, a psychoanalyst who practiced until he was 91 years of age and died in 2008. Wheelis was the rarest of clinicians, a poet and a seer who was able to reveal his work and his self, without holding back anything a fellow clinician would really want to know.

Although I am not a social work educator, I see aspects of our professional education that are relevant to this discussion. First, it is important to recognize that the manner in which social work schools present the psychosocial and clinical aspects of aging to their undergraduate and graduate students matters. There seems to be a curriculum bias for presenting the dysfunctional aspects of aging without equal time for the liberatory potential in aging. Consequently, we need an expanded vision of "geriatric treatment." For those who would be interested, there is a significant body of work on the writings of Lars Tomstam on "gerotranscendence." In this vein, there are more and more community-based programs that offer courses for seniors on subjects far removed from the traditional "enrichment" model of learning.

Second, we need continued professional training on how to deal with "Challenging Geriatric Behaviors," the title of a recent workshop offered in the D.C. area. There is an enormous need for social workers trained

in the treatment of difficult and antisocial behaviors in this population. We should also continue to advocate easy access to resources for all who could benefit, both within and outside the professional community.

And, finally, we need to come to terms once again and anew with the reality that we live in a world filled with inequalities of one kind or another. As social workers, regardless of our practice domains, we are committed to working for full access to the riches of our society for the greatest possible number. This is what social justice is all about; and it extends to the aging. ❖

Margaret M. Cahill, LICSW, maintains a private practice in suburban Virginia working with adults, couples, and families. She is also engaged currently in an ethnographic study of an outpatient cardiopulmonary rehabilitation program.

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**David A. Jobes, PhD, ABPP**, Catholic University of America (CUA), Professor of Psychology, and CUA research Suicide Prevention Lab, "Collaborative Assessment and Management of Suicidality" (funded international clinical trials).

**Donna Holland Barnes, PhD**, President and cofounder of the National Organization for People of Color Against Suicide (NOPCAS); Howard Univ. Dept. of Psychiatry, teaching and research; directing a SAMHSA suicide prevention grant; numerous publications including, *Truth About Suicide*.

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# LEGISLATION & ADVOCACY

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## ■ FEDERAL

*Laura Groshong*

The 2013 CPT psychotherapy codes went into effect at the start of the new year and, not surprisingly, it has not been a smooth transition from the old CPT psychotherapy codes.

### Initial Implementation of New CPT Psychotherapy Codes

The biggest problem has been in the switch from the primary old psychotherapy code, 90806, which covered a 45–50 minute ‘hour,’ to the new primary code, 90834, which covers a 38–52 minute ‘hour.’ The old code for longer sessions, 90808, which covered up to 75–80 minute sessions, has been replaced by 90837, which covers any session over 53 minutes.

The one-minute difference between these two new codes has caused much confusion and distress. It seems to make no sense to have one minute add up

to a \$20 to \$40 difference in reimbursement; the old codes had a minimum of 25 minutes between them.

There is no doubt that the new psychotherapy codes will be reviewed and revised, but no timetable has been established for this yet. The usual review would be in five years, but the uproar caused by these changes makes it likely that the codes will be reviewed much sooner.

It is easy to interpret the reduction in payment that goes with 90834 as singling out LICSWs for reimbursement cuts. This is especially true for LICSWs who practice EMDR, which requires a longer session time than the 90834. However, the truth is somewhat more complex. It is also easy to assume the delays in payment caused by the new codes are a deliberate attempt to avoid reimbursement. However, at the moment, it appears that most plans are beginning to reimburse for the new codes, or will do so within the 45–60 day time limit most insurance rules require. CSWA recommends accepting the claim of technical difficulties made by most insurers, rather than something more sinister.

### Reining in Health Care Costs


We need to keep in mind that health care costs continue to expand; currently they are at 18% of GDP. Most providers are seeing cuts in reimbursement rates as part of the effort to rein them in.

The implementation of HIT is a problem for LICSWs (and all non-prescribing mental health clinicians), as we do not qualify for the incentive funding for new software that would make us eligible for bonuses under PQRS. (CSWA will be holding webinars to help with translation!)

For the time being, CSWA suggests appealing all denied mental health claims. Templates for this purpose can be found at the CSWA website. Keep in mind that we are facing numerous changes in the world of health care and mental health in particular which we need to take one step at a time. ❖

---

Laura Groshong, LICSW, is Director of the Clinical Social Work Association (CSWA) Government Relations Committee. She maintains a private psychotherapy practice in Seattle, Washington. More information about CSWA can be found at [www.clinicalsocialworkassociation.org](http://www.clinicalsocialworkassociation.org).



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## ■ VIRGINIA

*Dolores Paulson and Judy Ratliff*

As we go to press, a troubling bill advocating removal of clinical course requirements from the Virginia regulations for licensure has passed in the Senate and is on its way to be heard by the House.

NASW-VA testified in support of the bill (SB1011), arguing that accreditation by the Counsel on Social Work Education (CSWE) should be the only educational requirement necessary to sit for the licensing examination. Our concern is that CSWE does not review and accredit the clinical sequence within schools of social work, and, overall, CSWE seems to be moving in a generalist direction. Use of CSWE accreditation as the sole standard for clinical education could lead to enormous variation in clinical education and, in some cases, clearly inadequate clinical education. The position NASW-VA advocates could, potentially, dilute standards significantly.

Regulatory Boards are mandated to protect the public. It is appropriate that they establish minimum standards for an acceptable clinical course of study. If signed into law, this bill would undermine the ability of our Board of Social Work to protect the public and to guarantee the provision of the highest professional level of social work service.

One of the first states to enact social work licensure, Virginia was used as a prototype for other states as they developed licensure laws. Today, other states are using Virginia's clinical course requirements as a basis for standard setting. The Board took care to develop these original requirements in an open process in which objections were raised and proposed requirements were negotiated or dropped. As a result, there

was agreement between all stakeholders, including NASW, the represented universities, and the Association of Social Work Boards, at the time the regulations were first put in place. It is all the more troubling, now, to see these regulations threatened without a similar process.

As we reviewed concerns about this bill over the winter, we enjoyed an unexpected and wonderful benefit for our efforts. Our Society and the Virginia Society for Clinical Social Work (VSCSW – now almost 200 strong) developed a strong working alliance resulting in a deep respect for one another's thoughtfulness, work ethic and perseverance. We salute the VSCSW and look forward to a continued strong working relationship! ❖

Dolores Paulson, LCSW, PhD, has been a mainstay of the GWSCSW Board: she chaired the Continuing Education committee for many years, and has organized several major conferences for the Society. In addition she served on the State Board of Social Work. Dolores is in private practice in Virginia.

Judy Ratliff, LCSW, has also served on the GWSCSW Board, and for the past three years she and Dolores have served as our GWSCSW Virginia legislative committee. Judy also is in private practice in Virginia.

### Clinical Managers Wanted

If you are an experienced social worker/clinician with a passion for outreach services, Catholic Charities, in Washington, DC, is the social ministry outreach of the Archdiocese of Washington. Motivated by the Gospel message of Jesus Christ, and guided by Catholic social and moral teaching, Catholic Charities strengthens the lives of all in need by giving help that empowers and hope that lasts. To this end we affirm and support the dignity of all human life, strengthen families and serve the poor and most vulnerable.

**We are currently seeking clinical managers to work in the Adult and Family Services Division.**

These roles primarily provide administrative and clinical supervision to a team of Community Support Specialists who perform a wide-range of community-based services to adults who suffer from mental illnesses. The clinical managers may also be called upon to perform crisis intervention and case management responsibilities.

The ideal candidate will have a Master's degree in social work, psychology, counseling, nursing or other human services field; 3 years direct service experience in Mental Health setting; current DC Mental Health License (LICSW, LPC, etc); crisis intervention, case management and administrative reporting experience; familiarity with social services agencies in the region; and the ability to perform client assessments and service plans. Must possess valid driver's license and reliable transportation. Ability to speak Spanish, or willingness to learn Spanish (desired).

To apply, go to [www.catholiccharitiesdc.org](http://www.catholiccharitiesdc.org) click on **About Us > Jobs at Catholic Charities**

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## ■ MARYLAND

*Judith Gallant*

Assuring that mental health care is included at parity in Maryland's health care reform efforts is a major focus for our legislative committee in Maryland. The state continues to be a leader in implementing the Affordable Care Act (ACA) with an open process, under the leadership of Secretary of Health and Mental Hygiene Joshua Sharfstein and Lieutenant Governor Anthony Brown, that welcomes the input of stakeholders. Along with the Maryland Women's Coalition for Health Care Reform and other organizations, we urged the selection of GEHA (Government Employees Health Association) for the mental health standards for the Essential Health Benefit Benchmark Plan for our State. GEHA is the most parity-compliant of all federal plans; its mental health benefits, along with the health benefits of the CareFirst Blue Choice HMO, are what any health insurance plan wanting to be part of the Maryland Health Exchange will need to offer as minimum benefits.

Our committee (known as the Maryland Clinical Social Work Coalition for advocacy purposes in Annapo-

lis) has been active, aided and advised by our lobbyist Alice Neily Mutch, throughout the health care reform process. We have joined on conference calls, responded to requests for public comment, reviewed, commented on, added to, and signed on to Maryland's Mental Health Coalition letters.

As a result of the participation and visibility that Alice has long encouraged, our opinions are being sought. Committee member Susan Gibbons is now participating in what has been set up as a series of meetings with Frank Kolb, Director of Policy at the Maryland Health Benefit Exchange. These meetings will be focusing on mental health concerns that arise as the ACA is implemented, particularly regarding parity compliance, network adequacy and continuity of care.

### **Criminalizing "Failure to Report"**

Senate bill SB94 is a renewed attempt in the Maryland State Legislature to strengthen the laws governing reporting of child abuse. We have argued against criminalization of failure to report, advocating instead for increased education for mandated reporters and the public—how to recognize abuse, when and how to report, what to expect, and what protections are in place for reporters. The current draft of SB94 would make it a misdemeanor for social workers, therapists, teachers, and specified others to "knowingly and willfully" fail to make a report in certain cases of abuse. Proposed penalties include hefty fines and significant jail time.

Susan Gibbons and our lobbyist Alice Mutch have met with the sponsor of the bill, Senator Kelley, to discuss our concerns, and they have delivered our testimony to the Senate Judicial Proceedings Committee in Annapolis. We have informed the Board of Social Work Examiners (BSWE) of our concerns as well. Under current law, the BSWE is responsible for the discipline of social workers who are charged with failure to report.

### **Treatment of Autism with Behavioral Analysis**

Committee members MaryAn Blotzer, Susan Gibbons and Judy Gallant met with Delegate Kirrill Resnick of Montgomery County about a bill he is introducing that would license Behavioral Analysts under the Board of Psychologist Examiners. The Delegate is keenly interested in maximizing available treatment for autism, and also wants to protect Marylanders from unlicensed practitioners.



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Behavioral Analysts generally work with autistic children and their families to develop behavior plans. They are not required to have an advanced degree beyond college. The Behavior Analyst Certification Board (BACB) is a national organization which has developed a model act for the licensing of Behavior Analysts. Their model was being used as a framework for the Maryland bill.

Because of our proactive meeting and subsequent correspondence with the delegate, we were able to have language inserted into the bill to protect social workers from being restricted in our practice of applied behavioral analysis as long as it is within our scope of practice by our current licensing laws. We also requested additional language: "Use of the terms behavioral analyst or applied behavioral analysis under this title shall not limit the right of an individual to practice a health occupation that the individual is licensed, certified or otherwise authorized to practice..." We were pleased by the delegate's understanding of the issues we were bringing and by his responsiveness to us.

**And even more...**

In addition to the above activities, you can read about our January dinner with Senator Jamie Raskin and Delegate Joseline Pena-Melnyk on these pages, and the *June News and Views* will introduce you to Kendra Brown, our new (and wonderful!) MSW intern from Howard University. Kendra, a macro student, is our fifth intern. Alice Mutch is her task supervisor and Susan Gibbons is her social work field supervisor.

There are new bills and issues affecting us that come to our attention almost daily. If you would like to help monitor a particular issue, (i.e.: veteran's issues, insurance, Medicaid or Medicare issues, cultural competency, etc.), let Judy Gallant (jg708@columbia.edu) know what interests you. Any assistance you can give will increase our ability to address changes that can impact our livelihood and the lives of our clients. ❖

Judy Gallant, LCSW-C, chair of the Maryland Clinical Social Work Coalition (our GWSCSW legislative committee in Maryland), works closely on legislative issues with our lobbyist Alice Neily Mutch of Capital Consultants of Maryland. Judy maintains a private practice in Silver Spring.

Linda Friskey, LCSW-C, maintains a private practice in Columbia, MD. She is a member of the Legislative Committee of our Maryland Coalition and the Private Practice Committee of NASW-MD.



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ICP&P'S 19TH ANNUAL CONFERENCE

**Psychotherapy Contextualized:  
Culture, Reality, Self & Other**

featuring  
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**Saturday, May 4, 2013**

**8:15am – 5:00pm**

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Psychotherapists are increasingly cognizant that client narratives, therapist responses, and the therapeutic relationship are embedded in their broader socio-cultural, economic, and political contexts. These contexts influence: how we define psychological problems; what we listen for and "hear"; which ideas, events, and relationships are illuminated or "ignored"; which behaviors are considered permissible or "inappropriate"; and how we make sense of processes unfolding within the therapeutic space. Acknowledging that contextual factors impact the development and subjectivities of both the client and therapist can reduce unconscious enactments of our unexamined cultural assumptions. Through increased awareness and by embracing various forms of differences, therapeutic efficacy is enhanced.

- 8:15 am Coffee & Registration
- 8:45 am Welcome
- 9:00 am Introduction & Presentation  
**Kimberlyn Leary PhD**  
How Race Is Constructed in Contemporary Culture & the Implications for Psychotherapy
- 9:35 am Moderated Discussion
- 10:15 am Break
- 10:45 am Small Group Discussions
- 12:00 pm Lunch (included in registration)
- 1:15 pm Introduction & Presentation  
**Usha Tummala-Narra PhD**  
Exploration of Socio-Cultural Issues in Psychotherapy & Inclusion of Cultural Competence as a Core Principle of Psychodynamic Therapy
- 1:50 pm Moderated Discussion
- 2:45 pm Break
- 3:15 pm Small Group Discussions
- 4:15 pm Plenary & Moving Forward
- 5:00 pm Conference Ends

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## ■ DISTRICT OF COLUMBIA

By Mary Lee Stein and Margot Aronson

This has been a time of intensive activity and hard work on the part of community stakeholders as the District of Columbia implements health care reform and the Affordable Care Act. Our Society was invited to be among those involved in the effort to ensure that implementation is swift.

We are most fortunate to have member Gwen Melnick representing us on the Work Group on Essential Health Benefits for the D.C. Health Benefit Exchange. This involves frequent long and arduous meetings, the outcomes of which will ultimately be of great consequence in the final decision-making process of the Exchange.

Member Christine Jackson delivered testimony to a Roundtable convened by D.C. Councilmember Yvette Alexander, who is now chair of the Council's Committee on Health. Christine and Gwen deserve thanks and kudos for stepping in at the last minute, collaborating to pull this together. The testimony addressed the concerns so many of us share about the issue of assuring network adequacy as the Exchange moves forward.

Other members have expressed a desire to become involved in this interesting, very important and historic project. We expect that the coming months will offer many such opportunities. Our Society, as a longtime participant in a coalition of community organizations focused on health care, will be included in weekly conferences with updates from colleagues serving as work group leaders from D.C. government staff and from Mila Kofman, the executive director of the Health Benefits Exchange.

### Success on DC Board of Social Work Oversight

Several years ago, Council oversight of the DC Board of Social Work was removed from the Committee on Health and added to the Committee on Human Services responsibilities of Councilman Tommy Wells, a social worker/lawyer. Whereas the Committee on Human Services might seem to be an appropriate fit for social work, we argued that for our clinical licensure it was crucial that social work be recognized as a health profession licensed for mental health diagnosis and treatment. Consequently, it is most appropriate for our board to remain under the Committee on Health, which currently has oversight of all the other licensed health professional boards. When Council-

man Jim Graham became chair of the Committee on Human Services, he agreed that when there was a good political opening for moving oversight of the Social Work Board back to the Committee on Health, he would do so. Graham has been a friend to social work for many years, and he worked hard and effectively to get our long-standing board vacancies filled. This January, when the opportunity arose at the start of the new Council session, the councilman kept his word, returning our board to the oversight of the Committee on Health. His understanding and support is much appreciated, and, since he is still chair of the Committee on Human Services, we look forward to continuing to work with him on child protection and other human service issues. ❖

Mary Lee Stein, LICSW, is in private practice in the District. She has long been active on the GWSCSW legislative committee and currently heads our response to the District's health care reform efforts.

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.

### DC Continuing Education Requirements for 2013 Renewal Period

7008.4 Beginning with the renewal period ending July 2013, all applicants for renewal of a license shall have completed forty (40) hours of approved continuing education credit during the two (2)-year period preceding the date the license expires, which shall include:

- (a) A minimum of six (6) hours of continuing education credits in live, face-to-face ethics course(s);
- (b) A minimum of three (3) hours of continuing education credits in Human Immunodeficiency Virus (HIV) training;
- (c) Completion of the Mandatory DC Social Work Laws and Regulations Review Course; (waived for the 2013 renewal) and
- (d) A maximum of twelve (12) continuing education hours in independent home studies, distance learning continuing education activities, or internet courses.

The District of Columbia Board of Social Work has requested that we share with our members the following information:

- The requirement to complete the Mandatory DC Social Work Laws and Regulations Review Course has been waived for the renewal period ending July 31, 2013.
- A live continuing education course cannot award an applicant credit for more hours than the applicant actually attended no matter how many subjects are covered during the course.
- If an applicant attends a six (6) credit hour, live, face-to-face course that focuses on both Ethics and HIV training, the Board may count the course as satisfying both requirements (ethics and HIV training); but the applicant will only receive a total of six (6) credits for the course. Likewise, if an applicant attends a three (3) credit hour, live, face-to-face course that focuses on ethics and HIV training, the Board may count the course as satisfying the applicant's HIV training requirement and three (3) of the required six (6) credits in ethics, but the applicant will only receive a total of three (3) credits for the course.
- To receive up-to-date announcements from the Board of Social Work, be sure to update the email address you have on file with them. Please contact Ms. Mavis Azariah, Health Licensing Specialist for the Board, at (202) 442-4782 with any questions.

# 'We're Only As Successful As the Children Leaving Us.'

By Gina Sangster

If the Child & Family Service Agency's new building at 200 I Street, SE is any indication, things are on the upswing for child welfare in the District of Columbia. Security still slows you down at the entrance, but the art work on the walls, the spacious lobby and crisp, new look of the interior make a visit much more inviting than when the Agency was housed in Southwest. I started working for CFSA at the end of 1999 and we moved into the 400 6th Street SW building in January of 2000, and it was clear that the agency would be bursting at the seams in no time. This recent move was long overdue.

The Greater Washington Society was among the community stakeholders invited this winter to hear CFSA Director Brenda Donald speak about progress in the agency. She noted a number of significant milestones. First, the foster care population declined by 15% in fiscal year 2012 with 300 fewer children, for a total of 1,478. Ms. Donald noted that there is a need for more community-based partnerships, emphasizing that "CFSA is the Agency—not the system." Ms. Donald's Four Pillars plan (profiled in the December 2012 Newsletter) has resulted in 50% of all new entries going to family members since October of 2012.

## "Is it good enough for our kids?"

Ms. Donald acknowledged that we still are not doing as well as we should for older youth and that children continue to remain in foster care longer than necessary. She states that we must ask the question, "Is it good enough for our kids?" CFSA has been under the cloud of the LaShawn court case since 1991, but progress is being made towards an end to court oversight. Ms. Donald noted that in calendar year 2012, the Agency achieved 11 more standards outlined in LaShawn for a total of 58—or 63%—out of 92 requirements. She predicts that the standards of LaShawn are within reach and that the Agency's goals can be achieved within one year to 18 months.

In terms of fiscal year 2013 priorities, Ms. Donald identified continuing to reduce the entry rate into foster care; increasing "front-end" prevention; expanding services throughout the community; increasing perma-

nency rates and improving youth transition planning. She stated, "We're not there yet" in terms of truly preparing youth for adulthood, and in particular emphasized the need for enhanced city-wide efforts around affordable housing.

## Trauma-informed child welfare practice

In perhaps the boldest move thus far, Ms. Donald has been instrumental in securing a \$3.2 million grant over a 5 year period for CFSA to establish trauma-informed child welfare practice in the work of the Agency. The plan is based on the concept that "safety and permanency are necessary but not sufficient." Many clinicians may react skeptically to such a recent inclusion of a trauma focus in working with children and families injured by abuse, neglect and abandonment, but it's important to remember how mired in compliance the child welfare system has been for so long. There will be screening for trauma when children enter foster care and clients will be referred for trauma-informed therapy. This is clearly a work in progress but one that is well-supported by grant funds and, like the move to new quarters, long overdue.

The Agency is shifting towards a focus on prevention and an increase in permanency by reducing time in foster care, building stronger partnerships between public and private service providers, finding ways to customize services for each family, enhancing in-home services, and expediting reunification whenever possible. This new focus was summed up nicely by one agency representative who stated: "We're only as successful as the children leaving us."

Stay tuned for an opportunity to get a close-up look. The trauma-informed approach may also mean better communication between the Agency and those of us in community-based clinics and private practice—ready, willing and able to do the work that needs to be done. ❖

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Gina Sangster, LICSW/LCS W-C, is a therapist with Inner City Family Services in Anacostia and in private practice on Capitol Hill. She also facilitates the support group for the Barker Foundation's older child adoption program.

# Maryland Legislative Dinner Features Senator Raskin and Delegate Pena-Melnyk

by Judy Gallant and Linda Friskey

The energy at the Society's annual legislative dinner this January was both contagious and inspiring, as GWSCSW members and non-members, clinicians and academics (including our own Janice Berry-Edwards and two other professors from Howard) gathered to spend an evening with two of the most dynamic of our Maryland State legislators: Senator Jamie Raskin and Delegate Joseline Pena-Melnyk.

Both of these legislators care about the issues we care about and they want to see social workers involved in the legislative process. Both stressed the importance of our input as they do their job. Meeting with these powerful lawmakers in such a relaxed, intimate setting – at the beautiful Annapolis Yacht Club overlooking the Annapolis harbor – was priceless.

Prior to the dinner, our Annapolis lobbyist, Alice Mutch, shared her wealth of knowledge by leading a workshop in which she informed us about ways to impact

our practice environment and the legislature. As a former psychiatric nurse, she has experience, insight and compassion that truly help her understand social workers and the work we do, and she stays on top of what we need to know. We discussed issues currently up for consideration, and ways to galvanize the interest of our membership and our representatives.

## **Our impact on the legislative process...**

A cocktail hour and dinner with Senator Raskin and Delegate Pena-Melnyk followed the workshop. Jamie Raskin spoke about how the objections we had raised to language “should have known” in a bill seeking to criminalize failure to report child abuse helped slow the bill down last year and prevent passage. He affirmed his commitment to work with us to develop and pass a bill that will be more helpful to everyone involved.

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Raskin also addressed activity in the current legislature around gun violence: how it is opening a window for more discussion about mental health services, and how important it is that any legislation reflect the fact that the large majority of people with mental illness never become violent, and the large majority of people who do commit gun violence have never been diagnosed with mental illness. Joseline Pena-Melnyk expanded on these issues.

Pena-Melnyk was also highly encouraging, pointing out what a difference we can make by working with legislators—especially when we reach out to develop a personal relationship around a particular issue. She emphasized that we can make a significant impact not only on laws that touch on practice issues, but also, because of our perspective, on larger social issues.

### **An extraordinary opportunity for us**

When we raised questions about the lack of parity for mental health insurance in the private plan market, Pena-Melnyk offered us an extraordinary opportunity. If we have the interest, she will initiate an introduction for us to meet with U.S. Senator Barbara Mikulski to open a discussion on this issue. We hope a number of you will jump on this opportunity to work with us and potentially have our group get a national conversation going.

Alice and both Maryland legislators were impressive in their breadth of knowledge about the important issues facing us specifically, as clinical social workers, and more broadly, as mental health providers. They were also impressive in their passion about their work and about connecting with clinical social workers. They emphasized that social workers' skills are easily transferable to speaking to legislators. We are wishing that each and every one of our members had the opportunity to be there—it was so heartening in this time of Congressional gridlock and polarization to be with such engaging and passionate advocates.

Events like these help bring the world of law making into our day-to-day lives, allowing us to see it's not such a foreign land and that it's more open to us than we thought. One of the take-home messages was just how important it is when we contact our representatives, delegates, and senators. Each letter, email, or telephone call gives them the data they need to be able to confidently speak about their position on issues. They need to hear from us—so keep those letters and emails coming! ❖

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## **Perinatal Loss: The Impact on the Mother, the Couple and the Family**

*Presenter: Marguerite Reid*

**Friday, April 5, 6:30–9:30 pm**  
**Saturday, April 6, 9:00 am – 5:00 pm**

The loss of a baby—in utero, at birth or shortly after birth—is a traumatic event, one that presents complexities for mourning. For the mother—the couple—their terrible losses include the baby they will never get to know or raise, the hopes and dreams for their baby that will never be realized and the impact on their sense of being creators and protectors of life. For siblings—especially later born children, there is a lingering presence of an absence that takes up residence in their minds and hearts. The loss of a sibling can be a haunting experience when children grow up and become parents themselves. The shadow of that death often profoundly affects feelings about pregnancy, childbirth and parenting a new baby.

We open the conference Friday evening with a paper: *Van Gogh: Grief in the Mother's Eyes*. Vincent Van Gogh was born on the same day one year later as his older brother who died at birth. Vincent was given the same name—including his middle name—as his deceased brother. Dr. Reid will discuss Nicholas Wright's play, *Vincent in Brixton*, from the point of view of describing his search for his own identity, including what he saw in his mother's eyes as a baby and young child.

On Saturday, the presenter will address the impact of perinatal losses on the mother, the couple and the family, highlighting the implications of that loss on the present as well as the next generation. Abundant clinical material, informed by infant observation, will be offered, along with ample time for discussion. An infant observation of a baby born after a perinatal loss is also included in the program.

Dr. Marguerite Reid, a Tavistock Clinic trained child psychotherapist and couple psychotherapist, recently retired from the Chelsea and Westminster Hospital in the UK. She is the co-founder of the Perinatal and Infant Mental Health Service there where she worked for more than 20 years. She also founded an infant observation course in Izmir, Turkey. She has published many papers on perinatal loss.

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For details, contact the  
**Washington School of Psychiatry**  
**202-237-2700**

# Survey Provides Valuable Results

Marie Choppin

This past November a survey went out to the listserv, with support from the executive board, seeking input to inform decisions around technology and access to continuing education in the future. We greatly appreciate all of the responses we received, and the data we gathered will be invaluable.

We were especially interested in input to help guide the structure of our Continuing Education program, and whether to begin using online services. We learned that 91% of respondents still prefer face-to-face courses, while 41% opted for webinars. We found that the best days to offer CE opportunities are Fridays and Saturday mornings and 51% of respondents prefer 3-hour courses. We will focus on providing offerings that reflect these preferences.

We were pleased that 73% of respondents felt we offer enough CE opportunities and that the topics were of interest. Location and scheduling concerns were noted as potential barriers to attendance.

Most members felt Bethesda (67%), Silver Spring (54%) and NW Washington, D.C. (71%) were the best locations to hold events. We are beginning to solidify locations in these areas to create consistency and ensure adequate space, comfortable settings, and ample parking. As well, since most members were willing to pay extra for the convenience of food offerings, we will look into those options.

Popular interest areas include: Ethics (65%); Trauma (56%); Evidence Based Practice for work with particular diagnoses (41%); and Emotionally Focused Therapy (45%). In light of this, we will make offering more ethics offerings a priority.

We were interested to find that over 65% of respondents still like to receive a hard copy of the member directory, and have therefore decided to print it again this year. Related to other forms of communication, almost 100% of respondents use the internet daily for e-mail and Google searches, but only 51% have a professional website.

Data supplied by the survey is vital to the board's understanding of Society membership, including preferences regarding continuing education and knowledge about social media. With this information, we are working hard to develop some additional resources, including a Facebook page, and more ethics courses. We greatly appreciate the time it took for those who filled out the survey and we hope you will be pleased with the results! ❖

## SURVEY RESULTS IN BRIEF

Respondents: 214

BSW 1.9%, MSW 97.2%, PhD 6.1%

Licensed in MD 67.1%, DC 45.1%, VA 27.6%

Female 87.8%, 50+ yrs old 72.8%

Volunteer regularly 35.7%, occasionally: 58.1%

Practice: private solo 74.2%, private group 15.5%  
agency or clinic 13.1%

Main reasons for joining GWSCSW:  
Listserve 41%, Networking 39%, Advocacy 38%

Also belong to NASW 88%

Always read the newsletter 50%  
Prefer email CE and event updates 44%

Professional website 45%  
Personal Facebook account 80%  
Linked In account 80%

Use online education 54%  
Use webinars 49%

Received Category I from GWSCSW  
in the past year: 33%

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## MEMBER SPOTLIGHT

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# Kate Rossier, GWSCSW President

*Gina Sangster*

I arrived for my interview with GWSCSW president Kate Rossier with a sense of the graciousness, appreciation for others and willingness to go the extra mile that are qualities one sees in her immediately. And as we started talking, it would have been easy to forget my list of questions as our rapport clicked immediately and our conversation was easy and interesting. But there were specific things I was curious about that I felt sure others would want to know, I will share here.

Kate's motivation to volunteer for the presidency with GWSCSW goes back to her early days working with the PTA when her kids—now 25 and 23—were small. She loved helping to solve a crisis and being able to contribute to a diverse and lively school community. Kate sees the importance of attachment and building connections everywhere she looks in her personal and professional life and in the challenges she sees others grappling with in their lives. As many people have discovered, Kate feels that by volunteering one receives more than one gives. She wants to get the word out to our community that no contribution—of time, ideas or tasks—is too small to be meaningful and that volunteering with GWSCSW does not have to be a monumental commitment.

Kate also noted that being an active member of a group guards against a sense of isolation in private practice—although it is hard to imagine Kate disappearing into the shadows, as she is so clearly engaged in life, curious and open to taking the road less traveled. Her journey has taken her from a career in music—including voice and piano, which she continues as a part-time soloist for a local church—into a career as a massage therapist and finally the clinical social work program at VCU.

Kate launched her social work career at the Women's Center; subsequently worked as a field liaison at VCU and now sees patients near DuPont Circle and in McLean, Virginia. She currently participates in two peer consultation groups. Her creative beginnings inform the work she does today, which continues to be inspired by expressive therapies, new learning in neuroscience, compassionate communication and the intuitive underpinnings of emotionally focused therapy.

As the daughter of a psychiatrist, Kate became aware at a very early age of the fascination with “what makes us tick.” This awareness—further honed by ongoing study—has supported her in her role as a parent as well as in working with parents therapeutically. Kate feels that our unique social work perspective on the person in the environment, family dynamics and social justice can help us to be less judgmental and to feel greater compassion for ourselves and others. In her own life, she sees her professional growth and personal growth as mirror images, each informing and inspiring the other.

Looking towards the future for GWSCSW Kate sees the recent tragedy at Sandy Hook as a clarion call for our community to make a significant contribution in this contentious public debate. Kate would like to see the Society become more active in various social justice issues and to reach out more assertively to recent graduates as well as to social workers in agencies who may have felt less represented by the Society than those in private practice. As many new social workers find themselves in settings that no longer offer in-house supervision, the need for mentoring by experienced professionals becomes even more acute. Kate's vision of building better connections among social workers in all arenas speaks to the essential importance of attachment and connectedness in her life and her work. Kate represents our core social work values in everything she does and we are fortunate to have her at the helm of GWSCSW! ❖

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Gina Sangster, LICSW/LCS W-C, is a therapist with Inner City Family Services in Anacostia and in private practice on Capitol Hill.

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# Looking at a Poem: *One Today* by Richard Blanco

Wendi R. Kaplan, LCSW, CPT

This is an invitation. An invitation to enjoy and explore a poem!

The poem, "One Today," we witnessed being read at President Obama's inauguration.

Below are some questions that you might want to consider and reflect on as you think about the poem and its meaning to you, personally, as a United States citizen and as a therapist. There are many questions asked and many unasked. Perhaps they will inspire you to find your own questions in the poem. Perhaps you will pick one or two from my list and think about them. I invite you to listen to the poem, to your own thoughts and feelings, to listen to what emerges for you.

As a citizen of the United States, this poem moved me in my very core and I felt such pride at being part of this country of opportunity and possibility.

As a therapist I was heartened that this poet, Richard Blanco—whose parents are Cuban, who was born in Madrid, who was raised in Florida, who is our first gay, first Latino, first immigrant and our youngest inaugural poet at 44 years old—was chosen to speak these words in a country where most of us are descendents of people from elsewhere and have our own mixed and eclectic pedigrees. Heartened that we are ever more inclusive, ever more celebratory of our differences and what connects us.

As a poetry therapist, I read this poem and bring wonderings to it...things that I think about and journal about.

Perhaps, as you ponder this poem, you too can think about these questions and others that come to mind. And even write about them! You can pick one of these questions if you like and write from that point.

- For instance, to you reading this poem, how do you greet the day?
- What is the light (lights) in your life?
- What does your ground look like?
- And the sky that you were born under...what was that like?
- And this sky, here today, how does it speak to you?
- What has the map of your life looked like?
- This poem makes me wonder: How do you notice the world around you today?
- And how do you notice the people around you?
- How do you notice differences?
- What connects you to others and to this country and to this world?
- As a therapist, how do you notice the diversity in your practices and how does that impact you?
- As a therapist, what do you connect to that strengthens you and your work?
- What are you one with now?

---

Wendi Kaplan has a psychotherapy practice in Alexandria, Virginia.

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## One Today

by Richard Blanco

One sun rose on us today, kindled over our shores,  
peeking over the Smokies, greeting the faces  
of the Great Lakes, spreading a simple truth  
across the Great Plains, then charging across the Rockies.  
One light, waking up rooftops, under each one, a story  
told by our silent gestures moving behind windows.

My face, your face, millions of faces in morning's mirrors,  
each one yawning to life, crescendoing into our day:  
pencil-yellow school buses, the rhythm of traffic lights,  
fruit stands: apples, limes, and oranges arrayed like rainbows  
begging our praise. Silver trucks heavy with oil or paper—  
bricks or milk, teeming over highways alongside us,  
on our way to clean tables, read ledgers, or save lives—  
to teach geometry, or ring up groceries as my mother did  
for twenty years, so I could write this poem.

All of us as vital as the one light we move through,  
the same light on blackboards with lessons for the day:  
equations to solve, history to question, or atoms imagined,  
the "I have a dream" we keep dreaming,  
or the impossible vocabulary of sorrow that won't explain  
the empty desks of twenty children marked absent  
today, and forever. Many prayers, but one light  
breathing color into stained glass windows,  
life into the faces of bronze statues, warmth  
onto the steps of our museums and park benches  
as mothers watch children slide into the day.

One ground. Our ground, rooting us to every stalk  
of corn, every head of wheat sown by sweat  
and hands, hands gleaning coal or planting windmills  
in deserts and hilltops that keep us warm, hands  
digging trenches, routing pipes and cables, hands  
as worn as my father's cutting sugarcane  
so my brother and I could have books and shoes.

The dust of farms and deserts, cities and plains  
mingled by one wind—our breath. Breathe. Hear it  
through the day's gorgeous din of honking cabs,  
buses launching down avenues, the symphony  
of footsteps, guitars, and screeching subways,  
the unexpected song bird on your clothes line.

Hear: squeaky playground swings, trains whistling,  
or whispers across cafe tables, Hear: the doors we open  
for each other all day, saying: hello, shalom,  
buon giorno, howdy, namaste, or buenos días  
in the language my mother taught me—in every language  
spoken into one wind carrying our lives  
without prejudice, as these words break from my lips.

One sky: since the Appalachians and Sierras claimed  
their majesty, and the Mississippi and Colorado worked  
their way to the sea. Thank the work of our hands:  
weaving steel into bridges, finishing one more report  
for the boss on time, stitching another wound  
or uniform, the first brush stroke on a portrait,  
or the last floor on the Freedom Tower  
jutting into a sky that yields to our resilience.

One sky, toward which we sometimes lift our eyes  
tired from work: some days guessing at the weather  
of our lives, some days giving thanks for a love  
that loves you back, sometimes praising a mother  
who knew how to give, or forgiving a father  
who couldn't give what you wanted.

We head home: through the gloss of rain or weight  
of snow, or the plum blush of dusk, but always—home,  
always under one sky, our sky. And always one moon  
like a silent drum tapping on every rooftop  
and every window, of one country—all of us—  
facing the stars  
hope—a new constellation  
waiting for us to map it,  
waiting for us to name it—together.



Remember you can always access past issues of *GWSCSW News & Views* at  
[www.gwscsw.org](http://www.gwscsw.org) > **GWSCSW Newsletter** > **Newsletter & Archives**

# GWSCSW CONTINUING EDUCATION COURSES – SPRING 2013

## ■ 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, Amisville, 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](http://www.gwscsw.org)**

*Register early – two classes closed this fall with a waiting list!*

**For information about presenting a GWSCSW Continuing Education workshop visit our website, [www.gwscsw.org](http://www.gwscsw.org), and click on the “Continuing Education” link.**

## ■ 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](http://www.gwscsw.org)**

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

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# An Education Update

By Lisa Snipper, Vice President of Education

I want to take the opportunity to update you on what is happening with education in our Society. As part of our growth and transition, I recently formed a small subcommittee to review the educational component of our society.

Historically, GWSCSW has offered a variety of programs, including dinners and Saturday workshops with outside speakers, conferences (which now include the annual Alice Kassabian conference and our biennial Reamer ethics conference), education committee workshops, and Brown Bag events.

Education has been an important and vital part of our society. It is a way for us to come together, learn, and (of course) earn continuing education credits. One of the things that we are reviewing are the needs of our members, how to address them, can we address them, as well as how to reach out to others to have more volunteer help with our educational component.

We have started to focus our discussions on reviewing the number of education programs that we provide, as well as looking at the geographical locations where they are held. As a Society that continues to grow not only in number of members but geographically, we are discussing ways to provide continuing education opportunities for all our members. We also want to explore ways to connect our members to educational opportunities outside of our Society, as we cannot offer everything in-house.

The survey that many of you participated in was another way for us to hear from our members and to take this information into consideration as we plan for the years to come. We have heard from you that Fridays and Saturdays are convenient days for trainings as well as a desire for more ethics trainings.

We are also hoping to continue our partnerships with some of the retirement centers in the community, who have graciously offered their space to us for our trainings. These offers help us keep our costs low, so that we can do our best to offer courses that are reasonably priced for our members.

This update would not be complete if I did not mention that we are a volunteer-driven society and that the time and planning that goes into providing education for our members comes from our core of volunteers, which at times is a smaller group than can

keep us going! We need more volunteers to help with our education committee so that we can continue to offer the educational opportunities that our members want. The education committee does not require a big time commitment or even knowledge of all the CEU requirements in the three jurisdictions. What we are looking for are people who want to get involved, have fun, and support our educational programs by helping plan them.

If you are curious about how to help, we are happy to answer your questions. We meet periodically throughout the year in person but do a lot over email as well as phone calls. We really need a few more people that can join us.

If you are interested please contact us:

Lisa Snipper, [VPEducation@gwscsw.org](mailto:VPEducation@gwscsw.org)

Terry Ullman, [CEChairperson@gwscsw.org](mailto:CEChairperson@gwscsw.org)

Marie Choppin, [VPdevelopment@gwscsw.org](mailto:VPdevelopment@gwscsw.org)

We look forward to hearing from you! ❖

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# Ethical Issues in Clinical Practice: Protecting Clients... and Ourselves

Sunday, April 7: "If you attend one ethics conference, make it this one!"

By Susan Post

Frederic Reamer, a foremost expert on social work ethics and chair of the national task force that revised the NASW Code of Ethics, will again join GWSCSW for a major all-day ethics conference here on Sunday, April 7.

Among a range of up-to-date issues, Dr. Reamer will focus specifically on the ethical challenges presented by new technologies in our digital age. Questions about the use of Skype, Facebook, email and other platforms will be examined in an interactive setting that allows for clinical examples from both presenter and attendees.

Dr. Reamer, a long-time friend and supporter of the GWSCSW, has a style that fosters open, dynamic discussion—even fun. This year's presentation should go far in addressing the often confusing or conflicting advice and information we find in exploring how we can make the most of technical advances while maintaining an ethical clinical practice.

Dr. Reamer, who is on the faculty of the Rhode Island College School of Social Work, is a noted ethicist, scholar, author, teacher, and advocate for the underserved. A leader in the field of social work education, he was editor-in-chief of the *Journal of Social Work Education*. Author of numerous books on ethics and other subjects, Reamer is far from being an ivory tower academic. He has been intimately involved at both the state and national levels with many of the important social policy issues of our time, most specifically the criminal justice system, serving as an advisor to the governor of Rhode Island.

During his career, Dr. Reamer has been the recipient of numerous awards including the Presidential Award from NASW in 1997. A graduate of the University of Michigan School of Social Service (PhD 1978), he received the Edith Abott Award "for distinguished service to society and outstanding professional contributions" in 2005.

This will be Dr. Reamer's fifth ethics conference with GWSCSW. Those of us who have attended regularly appreciate his unique capacity to keep participants engaged by blending citations from codes of ethics, legal decisions and legislation with his own and others'

vast experience to offer eminently useful clinical gems and sophisticated analyses of the most confounding ethical dilemmas.

Co-sponsored by NCSSS, the conference will take place at Catholic University from 8:30 a.m. to 4:30 p.m. *Attendees will earn six category 1 continuing education credits to fulfill ethics requirements for DC, Maryland and Virginia.*

Registration is \$150 for members, \$195 for non-members and \$25 for students. Registration includes lunch.

**Register online** at [www.gwscsw.org](http://www.gwscsw.org) (click on Education > Conferences and Workshops).

**Or mail a check** to GWSCSW, PO Box 3235, Oakton VA 22124. Non-members must include a mailing address, phone number and email address.

Hope to see you there! ❖

Susan Post, a past GWSCSW president and co-chair of the Leadership committee, is in private practice in Silver Spring, Maryland.

## Frederic Reamer *Ethical Issues in Clinical Practice: Protecting Clients... and Ourselves*

**Sunday, April 7, 2013**

**6 Ethics CEUs**

Catholic University, Washington DC

GWSCSW Members: \$150

Non-Members: \$195

Students: \$25

Register now at

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## Treating Children: Selected Legal Issues

*Richard S. Leslie*

Therapists and counselors treat children both with and without the consent of one or both parents. It is not uncommon for practitioners to get confused about what the rights of the minor patient may be in particular situations, what the rights of a parent or the parents are, and how confidentiality and privilege are affected under particular circumstances. Marital dissolution and custody proceedings can complicate matters or involve the practitioner in the bitter controversy that a battle over custody and visitation may bring. I would suspect that in most states, as in California, a substantial number of complaints to licensing boards arise within the context of a marital dissolution (divorce) proceeding or a custody and/or visitation dispute. This article is intended to focus the reader on some legal aspects of treating children and to raise some questions that practitioners must answer in order to avoid difficulties.

A complaint to a licensing board may come from a parent who is angry that his or her child is being treated by a mental health practitioner without that parent's prior consent, and that the practitioner has therefore done something wrong. In California, for example, a psychotherapist may treat a minor without the consent of a parent under several circumstances. One such circumstance is if the parent who authorized the minor's treatment had sole legal custody pursuant to a court order. Another example (in California) is when the court has ordered joint legal custody, but has not specified in the court order that the consent of both parents is necessary in order to obtain health care services for the child. Additionally, psychotherapists may treat most minors without a parent's consent if the minor is twelve years of age or older. Thus, in each of these circumstances in California, the parent's complaint may be without merit. What are the laws in your state with respect to treating a child without the consent of one (or both) of the parents?

Access by a parent to a practitioner's records is another aspect of treating children that can be problematic for the practitioner. In California, again by way of example, psychotherapists are given broad latitude in denying access to the minor's records when a parent makes a written request to inspect or obtain a copy of the

records. This right to deny access (some consider it a duty to deny access) to the parent provides the therapist with immunity from liability if the denial is made in good faith. The reasons for denial of access are several, but the broadest reason for denial is if the therapist determines that access to the records would have a detrimental effect on the therapist's professional relationship with the minor patient or the minor patient's physical safety or psychological well-being. What is the law in your state? Additionally, does your state law allow or require the parent to be provided with a summary of the records under certain circumstances?

When treating a child, the subject of psychotherapist-patient privilege may arise. This typically arises when a subpoena for the child's records is served upon the mental health practitioner or when the practitioner is subpoenaed to testify in court or at a deposition. The question that then arises concerns who the holder of the privilege is—e.g., is the parent the holder of the privilege or is the child the holder? This is usually important to determine because the practitioner's first instinct in most instances should be to assert or claim the privilege on behalf of the patient—who is likely the holder of the privilege. In most circumstances, the holder of the privilege is the patient or the court appointed guardian or conservator of a patient.

In California, the general rule is that a minor patient is the holder of the privilege—not the parent. This is the case even with respect to minors of tender years, who may not be capable of asserting or waiving the privilege on their own behalf. If a parent has been appointed as "guardian ad litem" in a lawsuit (guardian for the purposes of pursuing the lawsuit on behalf of the minor) then the parent/guardian is the holder of the privilege. In California custody and visitation disputes, the court may appoint an attorney to represent the interests of the child. In such cases, the attorney has the right to assert or waive the privilege on behalf of the child and to interview mental health professionals who have provided care to the child. What is the law in your state?

With respect to receipt of a subpoena, and as I have mentioned before, each state's laws will dictate how a subpoena is to be responded to by the treating thera-



pist or counselor. It is important to understand these laws because the first instinct of the practitioner, as mentioned above, should be to protect the privacy of the patient. Sometimes the privilege will not ultimately be upheld (after assertion by the therapist) because the patient has tendered his or her mental condition in the lawsuit, such as when a minor who is injured in a medical malpractice case is suing the defendant for monetary damages for the physical and emotional harm suffered as the result of the negligence of the physician.

With respect to authorization to release patient records to a third party, the patient generally must sign an authorization form to release records. In California, a minor who is able to consent to mental health treatment on his or her own behalf is the person who would sign an authorization form. In California, this would essentially be any minor who is twelve years of age or older and who, in the opinion of the therapist, is able to participate intelligently in outpatient mental health counseling. What is the law in your state with regard to who is to sign an authorization form to release the minor's records to a third party?

As I have mentioned as recently as last month, consensual sexual intercourse or other activity of a sexual nature involving a minor patient will present the practitioner with child abuse reporting questions. Sometimes the minor patient may reveal information regarding sexual activity with other minors, and sometimes the sexual activity revealed may be with an adult. In California, certain sexual acts of a minor may be reportable as child abuse even if the acts are with another minor, while other sexual acts with an adult may not be reportable as child abuse—even though the particular acts may constitute a crime. What are the applicable laws in your state of practice? If a minor patient asked about these issues in order to determine the extent that confidentiality can be expected, would you be able to accurately respond?

Whether treating children or adults, other child abuse reporting questions may arise. One such question that may arise is whether an emancipated minor is considered a "child" for purposes of the child abuse reporting law. In other words, if an emancipated minor tells his or her therapist or counselor about something that would otherwise be reportable as child abuse, is it in fact reportable? In California, an emancipated minor would generally be considered to be a "child" for purposes of the child abuse reporting law. Another question that may arise involves emotional abuse of a child, includ-

ing non-severe emotional abuse. Does "emotional abuse" have to be reported, or may it be reported? Is there immunity from liability for making a report that is not required, but permissible? The answers to the questions asked throughout this article constitute just some of the basic information that practitioners must understand. ❖

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.

Reprinted with permission of CPH & Associates (*Avoiding Liability Bulletin*, February 2013).

## Welcome New Members!

### Full

Melina Afzal	Mary Elizabeth Lindberg
Mary Ann Blotzer	Varda Makovsky
Gary Brown	Elisabeth Marsh
Gail Glick	Anne Minor
Crystal Griffin	Yolanda Moreno
Lynn Grodzki	John Pavco
Ravleen Kandhari	Lisa Reardon
Madeline Karpel	Alice Straker
Sarah Lewis	Marilyn Wanner
Melanie Libebe	Carol Zenilman

### Graduate

Lisa Andrews	Hope Harris-Black
Rebecca Berlin	Erica Sewell
Marilyn Garin	Lisa Sherper

### Retired

Patricia Smith-Solan

### Student

Jacqueline Brauer	Allen Lamb
Grace Brown	Erin McCarthy
Erica Friedman	Megan McCarthy
Sarah Grum	Alison Nicolosi
Lindsay Hodin	Zeke Reich
Audra Howard	Isabelle Rowe
Katie Kirshbaum	Katelyn Weller
	Jacob Wolfe

# GWSCSW BOOK CORNER

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

Reviewed by Erin Gilbert

## The Next Beginning

Deborah Levinson

GWSCSW member Deborah Levinson needed to complete a thesis for her MSW degree. A widow herself, the topic of widowhood and subsequent adjustment roused her interest, and she conducted a qualitative study on widows and their adjustment to widowhood. Fifteen women widowed more than two years shared their stories and their reactions to the loss. Levinson

identified a pattern in the tales, and she developed the Spousal Loss Model. She continued interviewing, and ultimately spoke with more than 100 women. This material and her model became the basis of her book, *The Next Beginning*.

Levinson's Spousal Loss Model consists of three stages with a dynamic growth process sandwiched in between the two latter stages. Each stage features a task that must be accomplished prior to progression, and *The Next Beginning* offers skills and tools for assessing readiness for the next stage. The first stage, Treading Water, describes how loss causes a person to move through life one foot in front of the other, and change is difficult at this time. In the second stage, Pseudoequilibrium, personal change begins to occur, and a person makes choices about dating and new relationships. These new relationships are explored, along with the topics of intimacy and sexuality. Practical tips are provided regarding where and where not to meet people. The Dynamic Growth Process occurs next, wherein intra-psychic change happens. Renewal is the final stage, when a person emerges from depression at a different level of growth and development, prepared to meet a new partner.

Levinson describes *The Next Beginning* as a practical and concrete guide. For example, when a widow or widower with kids remarries, a blended family with potential integration challenges is formed. The book provides simple strategies for coping with this situation for those parents whose children might be struggling with these changes.

*The Next Beginning* was written for those in widowhood, though Levinson noted that clinicians would find it valuable if they work with people who have experienced spousal loss through death or even through divorce. Also, Levinson wrote two additional books related to the topic of spousal loss, *Stories of Renewal*, and *Surviving the Death of Your Spouse*, both of which would appeal to laypeople or clinicians. ❖

### A GWSCSW Continuing Education Workshop...

#### 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.

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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: 410-653-9610 or [dslevinson@gmail.com](mailto:dslevinson@gmail.com)

Cost: Members \$60 / Non-Members \$90

CEUs: 3 hours

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

# OUT & ABOUT

This column shares news about members' professional accomplishments—our publications, speaking engagements, seminars, workshops, graduations—as well as our volunteer projects and special interests or hobbies. Send your Out & About info to [gwscsw.news@gmail.com](mailto:gwscsw.news@gmail.com).

**Pamela Brewer** hosts MyNDTALK, a weekly radio series which has recently expanded to a new format. Society members are invited to share their expertise with her adult, therapy-savvy audience.

**Sydney Frymire's** recent voluntourism trip to Nepal included help with educational technology at Dada-gaun Village School and a mom's group using materials from Vanderbilt University's Center on the Social and Emotional Foundations for Early Childhood Education.

**Anne Garcia** was selected as a Fellow for the National Latina Hispana Leadership Institute and will complete the Executive Leadership Program Certification at the John F. Kennedy School of Government at Harvard University. She is currently the Social Services Director at Ayuda and is the first Latina to be a Commissioner for the Commission for Women board.

**Flora Ingenhousz** and **Melinda Salzman** presented "Stories of Stroke" to class members of the new Psychotherapy with Older Adults and the Study of Aging training program at the Washington School of Psychiatry in November.

**Kerry Malawista** led two discussion groups at the American Psychoanalytic conference in New York on the topics "Treatment of Asperger's Syndrome" and "Grief and Mourning." Her new book, *The Therapist in Mourning: From the Faraway Nearby*, edited by Anne Adelman, will be released by Columbia University Press in May.

**Connie Ridgeway** will be singing in the City Choir of Washington's spring concert at the National Cathedral.

**Gina Sangster** will have a piece entitled "Remembering Effi" published this spring in the first issue of *District Lines*, a journal by Politics and Prose independent bookstore. ❖

## SIGN UP FOR THE GWSCSW LISTSERV

Email your request to:  
[gwscsw@gmail.com](mailto:gwscsw@gmail.com)



## Chesapeake Beach Professional Seminars

### 2013 PLAY THERAPY SCHEDULE

March 9	Kaleidoscope of Play Therapy Techniques	6 CEUs
March 19–21	Webinar: Play Therapy with the Angry Child	6 CEUs
March 23	Play Therapy with the Angry Child	6 CEUs
March 22	FREE Webinar: Discovering the Mystery of Play Therapy	2 CEUs
April 19 & 20	Child-Parent Relationship Therapy (CPRT): Filial Play Therapy Model ( <b>Garry Landreth</b> )	12 CEUs
May 18	Teaching Social Skills Using Play Therapy and Cognitive Behavior Techniques in a Group Setting	6 CEUs
June 13 & 14	Healing the Hurting Child: The Necessary Dimensions of Child-Centered Play Therapy ( <b>Garry Landreth</b> )	12 CEUs
July 15 & 16	Child-Centered Play Therapy: Didactic and Experiential with Children	6 CEUs
July 17 & 18	Use of Therapeutic Art in Play Therapy: Didactic and Experiential with Children	6 CEUs*
July 19 & 20	Advanced Sandtray Play Therapy & Experiential with Children	6 CEUs*
July 22 & 23	Moving Stories in the Sandtray and Play Therapy	12 CEUs
August 11	Exploring Play Therapy Toys of the Trade	3 CEUs
Sept. 14	REAL Stress Management for Children in Play Therapy	3 CEUs
Sept. 20 & 21	Fundamentals of Play Therapy & Innovative Healing Techniques using Play Therapy & Expressive Therapy for Children & Adolescents	12 CEUs
Oct. 17, 18, 19	Gestalt Play Therapy: The Violet Oaklander Model	18 CEUs
Nov. 16 & 17	Psychodynamic Play Therapy	12 CEUs
December 13	Ready, Set, PLAY! A Comprehensive Review & Case Consultation	6 CEUs

\* 6 Group Supervision Hours

### OTHER WORKSHOPS

March 27	No Such Thing As A Bad Kid	6 CEUs
April 5 & 6	Supervision & Ethics	12 CEUs
May 24	Parenting Strategies & Adoption	6 CEUs
August 2 & 3	Treating Sexual Offenders	12 CEUs
December 6	Post-Traumatic Stress Disorder in Children and Adults	6 CEUs

Chesapeake Beach Professional Seminars  
3555 Ponds Wood Drive  
Chesapeake Beach, MD 20732  
(410) 535-4942

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

ALL SESSIONS APPROVED FOR CEUs

APT #97-034

# COMMITTEE REPORTS

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## Continuing Education

Terry Ullman, DC/MD  
cechairperson@gwscsw.org  
301-854-1121

Lisa Snipper, Virginia  
vpeducation@gwscsw.org  
571-230-2349

Marie Caterini Choppin, DC/MD  
vpdevelopment@gwscsw.org  
301-625-9102

The Continuing Education committee spent the fall months reviewing some proposals and making decisions about our best course of action for the year ahead. Based on input from the technology/education survey (summarized on page 22), we will offer courses on Fridays and Saturdays and also increase our ethics offerings.

We held an Open House in January to provide face to face support for the proposal process. It was a wonderful event, and we look forward to receiving the attendees' proposals. You can find a proposal template and FAQs at our website, [www.gwscsw.org](http://www.gwscsw.org), click on the "Continuing Education" link.

We welcome you to contact us directly if you have interest in submitting a proposal or volunteering with the committee. Please contact Terry Ullman or Marie Choppin regarding DC or MD; contact Lisa Snipper regarding VA. We are particularly in need of proposals and volunteer help in Virginia.

## Finance

We are looking for a new Treasurer for the coming year. Our dear and hard-working Flora Ingenhousz is leaving this position after three years of service to us, in which

time she implemented a budget process, organized and tightened up our procedures, and hired a bookkeeper. The job is now a much smaller one to take on, thanks to her! Please contact Kate Rossier or one of the Leadership Committee chairs (Sydney Frymire and Susan Post) if you might be interested!

## Leadership/Nominating

Sydney Frymire, Co-Chair  
leadership@gwscsw.org  
301-233-7612

Susan Post, Co-Chair  
leadership@gwscsw.org  
301-652-5699

We had our first leadership program on February 2. The speaker was Sharon Hadary, a nationally recognized teacher, researcher, entrepreneur and consultant on women and leadership. Utilizing the eight strategies for success featured in her book *How Women Lead*, Sharon invited us to explore our personal and professional goals and assets and to create our own plan for success through collaboration and leadership. This program encouraged members in their own development as social workers and as empowered leaders in the field at large, whether through advocacy, policy or organizational leadership. We plan to have more programs like it in coming months, and will keep you posted through the list-serv, website and Facebook.

The event was timely as winter wanes and we turn our thoughts to leadership for 2013-14, in the form of nomination and election of our officers as well as recruiting new volunteers. If you are thinking about how you can become more

involved, have a role in creating our Society's future, and develop your circle of professional contacts, please contact any one of us. We want and need you, for jobs both large and small. Sydney and Susan can attest to the satisfactions and surprises of playing an active role in GWSCSW—these have been among our most interesting years. We can also attest to the great energy, caring and vision of our current board, many of whom will continue to serve. They represent all ages, geographic locations, types of employment and interests, and it has been a total joy to work with them! Please, come join us!

## Legislation & Advocacy

Margot Aronson, Chair  
VPLegislation@gwscsw.org  
202-966-7749

As you'll see on the legislative pages of this *News & Views* issue, we have been actively responding to the flurry of 2013 legislative activity in all three of our jurisdictions.

Health care reform has given clinical social workers a wonderful opportunity to speak up about our longstanding concerns, and we're being heard. In fact, in both Maryland and the District, our input is being sought by legislators and by the leaders of the coalitions we support.

It's exciting to have a voice in the decision-making process, and this is a perfect time to get involved. For some of us, it can take a while to get comfortable meeting with legislators, reviewing and commenting on proposed bills, preparing and delivering testimony, and/

or keeping up with Board of Social Work activities. The good news is that, as things stand now, there is a committee of the Society in each jurisdiction, ready to welcome and support those of you who are ready to step forward, to learn, and to join in the action.

Special thanks to Judy Gallant, Susan Gibbons, Janice Berry Edwards, Linda Friskey, MaryAn Blotzer, and our Howard MSW intern Kendra Brown in Maryland; to Mary Lee Stein, Gwen Melnick, Christine Jackson, and Gina Sangster in the District; and to Dolores Paulson and Judy Ratliff in Virginia for speaking up for clinical social work this winter.

Add your voice!

## Membership

*Sue Stevens, Co-Chair*  
*membership@gwscsw.org*  
*301-984-1325*

*Nancy Harrington, Co-Chair*  
*membership@gwscsw.org*  
*703-608-0180*

The Membership Committee is gearing up for two exciting activities this spring, including University Contacts in the early spring and the Bagel Brunch in late spring. As in previous years, volunteer society representatives will go to our local graduate MSW programs to introduce the Society and invite the students to become involved. If that sounds fun, it is! Please call/email us if you'd like to represent the Society at your favorite school/alma mater.

The Bagel Brunch will welcome new members who have joined since October. It's the second annual Bagel Brunch and it promises to be fun. We already have a wonderful member who has vol-

unteered to host it in DC. Helpers and welcomers are always needed.

On a final note, Jennifer Bires, a loyal and hardworking committee member, had to withdraw from our membership committee due to competing time constraints. We want to thank her for her help in welcoming all of our new members with a nice email. We will miss her but want to acknowledge and thank her for her participation. Thanks, Jennifer!

## Newsletter

*Lisa Wilson, Editor*  
*gwscsw.news@gmail.com*

*News & Views* is your entree to the Society's core mission areas of education, advocacy, and community. Please consider Kate's call to increased volunteerism as an invitation to engage personally in that mission. And don't be content to simply read articles that share your colleagues' expertise; write one of your own! As you celebrate others' achievements through "Out & About," add your own to the list!

Review the diverse course offerings and take advantage of them! Read the rich and timely updates from our Legislation & Advocacy committee not only to stay informed, but as a call to take action—as in the extraordinary invitation to meet with U.S. Senator Barbara Mikulski on page 15.

Each committee offers opportunities for you to utilize your skills while making synergistic connections with likeminded folks. Check out these committee reports, find one that sounds like a good fit, and give it a try!

Let *News & Views* be a resource to help you embrace all the potential for 2013—and if you have any

ideas along the way for making the newsletter more accessible or helpful, please send them, as well as any submissions, to [gwscsw.news@gmail.com](mailto:gwscsw.news@gmail.com).

## Professional Development

*Sydney Frymire, Co-Chair*  
*professionaldevelopment@gwscsw.org*  
*301-233-7612*

*Karen S. Goldberg, Co-Chair*  
*professionaldevelopment@gwscsw.org*  
*301-680-9060*

As this issue of the newsletter goes to print, the Professional Development Committee is re-scheduling the workshop *Social Work Licensing: DC, MD, VA*, which was canceled due to inclement weather. Speakers from the three licensing boards will present and answer questions. Also rescheduled is *Social Media Basics*, featuring Lori Wark, which will be held on Saturday, March 9, from 2–4 PM at the Silver Spring Library.

The Graduate Committee is underway! Their purpose is to assess needs, represent, and advocate for social workers who are newer to clinical practice. They have been working on several exciting projects and are planning a gathering for graduate members. Anyone interested can contact Juleen Hoyer at [juleenhoyer@yahoo.com](mailto:juleenhoyer@yahoo.com) or Sara Yzaguirre at [saragytherapy@gmail.com](mailto:saragytherapy@gmail.com).

Susan Marks continues to lead a support group for members seeking to start a private practice. The group meets monthly at convenient locations. For further information, contact Susan at 703-533-9337 or at [surobbin@verizon.net](mailto:surobbin@verizon.net).

*continued on page 30*



## Exciting Career Opportunities!

### LCSW-C/LCPC, Special Needs & Deaf Services

Location: The Ina Kay Building  
200 Wood Hill Rd, Rockville, MD 20850

JSSA's Special Needs & Deaf Services (SNDS) team has an immediate opening for a part-time (<18.75 hours per week) LCSW-C or LCPC with ASL certification. The ideal candidate will have proven experience with individual, family and group therapy with children, adolescents and adults, and a strong knowledge base, experience and passion for working with individuals who are deaf or hard of hearing. Case management expertise strongly desired. LCSW-C or LCPC and a minimum of 2 years of post-licensure clinical experience required. Occasional home visits in Montgomery County and some evening hours required.

### LCSW/LPC, Child & Family

Location: Northern Virginia Office  
3018 Javier Road, Fairfax, VA 22031

JSSA's NoVA Child & Family team has an opening for a full-time LCSW/LPC to join our growing Agency. The candidate's work will include office-based therapy with children, adolescents and adults as well as on-site services at schools, synagogues, and community agencies including consultations, workshops, outreach, and referrals to JSSA and other community resources.

Qualified candidates possess a passion for community-focused work and have proven clinical experience in individual, family and group therapy with children, adolescents and adults and demonstrated experience in ADHD, Asperger's, social skills therapy and CBT with children. NoVa clinician must have a minimum of 5 years of experience with early childhood and elementary school aged children. We offer a flexible schedule, but require some evening and weekend work.

### Apply Now

Please submit the following application materials to [hr@jssa.org](mailto:hr@jssa.org):

- Cover letter with salary requirements
- Resume
- Contact information for three professional references.

Learn more about JSSA at

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

We are an Equal Opportunity Employer

### Committee Reports, from page 30

Experienced Society members are needed to participate with the Mentor Program, particularly from outlying areas of Maryland. Newer social workers receive one to one guidance at mutually convenient times to address concerns, such as licensure, private practice, employment, supervision, and professional identity. Additional information is provided by selecting the Professional Resources tab on the GWSCSW website or by contacting Sheila Rowny at [srowny@aol.com](mailto:srowny@aol.com).

Finally, we welcomed Nancy Harris to the committee in December. Anyone interested in joining the Committee can contact Sydney or Karen using the information provided above.

### Social Media Committee

*Juleen Hoyer, Chair*  
[socialmedia@gwscsw.org](mailto:socialmedia@gwscsw.org)  
610-223-1298

The Social Media Committee is happy to report the recent launch of the official GWSCSW Facebook page! With careful consideration, this page was developed to use the specific formats available within Facebook to advance the

goals of GWSCSW. We hope that all members will take a moment to check it out, and "Like" the GWSCSW Facebook page. By clicking "Like," you will be able to receive notifications on Society events on your own Facebook newsfeed. You will also help to increase the overall web presence of GWSCSW.

We hope that this Facebook page will be yet another way we draw together as a community. We encourage you to post a comment or question on the Timeline and "like," "join," or comment on an event/function that you are hosting/attending. Please also consider submitting photos for publication on Facebook and the newsletter!

The Social Media Committee also collaborated in the development of the Social Media Basics workshop (YouTube video of the workshop coming soon), as well as the technology/education survey distributed in November. We appreciate your feedback and support as we continue to explore ways of using social media and technology to advance the goals of GWSCSW. If you are interested in joining this committee, please contact us at [socialmedia@gwscsw.org](mailto:socialmedia@gwscsw.org). ❖



### To "Like" the GWSCSW Facebook Page

1. Log into your own personal or professional Facebook page (you must have a Facebook account in order to view our page )
2. Type "Greater Washington Society for Clinical Social Work" in the Facebook search window
3. Click on "Greater Washington Society for Clinical Social Work" in the drop down box
4. Click on the "Like" button (top right, underneath the GWSCSW logo)

## 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.

<b>Classified Ads:</b> 75¢ per word Minimum price \$15 (20 words)	<b>Display Ads:</b> 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

**BETHESDA** –Office space available Thursdays and Fridays in a full service suite shared by other mental health professionals. The suite is located in an office building in the Woodmont Triangle area of Bethesda, convenient to public parking and the Metro. Other hours may be available. For information, call 301-351-0045 and please leave a message,

**CONNECTICUT AVENUE AT WOODLEY PARK METRO** – Extremely attractive small offices in Connecticut Avenue townhouse at Woodley Park Metro. Ideal for therapists, with several already in the building. Offices approximately 250 sq ft plus waiting room and lavatory. Beautiful wood floors. Great natural light. Security door with dedicated-line telephone intercom. \$975/month. Available now. 202-686-7691 or mrqwin@aol.com.

**DOWNTOWN DC** – Spacious and sunny office in two-person suite located in Faragut Square atop the Metro Red Line. Shared waiting room and kitchenette. Furniture conveys, if desired. Available June 1, full-time. Part time hours available immediately. Contact psteen13@rcn.com or 202-669-5359

**ELLCOTT CITY** – Off Rt. 29, large well-lit office, shared waiting room. Free parking. Call Laura, 443-956-7282.

**FAIRFAX** – Come join a collegial group of mental health professionals. Office space available part time. Furnished office with waiting room, restroom, fridge, microwave, water cooler, Keurig machine, fax, copier, telephone. For more information, please contact Terri Adams, Fairfax Counseling Group, terriadamslcsw@gmail.com or 703-385-7600x1.

**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.

**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.

**NW DC** – Bright, sunny office for sublease. Close to Connecticut/Nebraska Ave. 24-hr front desk. Multiple days/evenings possible. Plentiful parking, 20-minute walk to Metro. Reasonable terms. Contact Timothy Ellsworth 703-568-6763; ellsworthpsy@earthlink.net.

**ROCKVILLE** – Old Georgetown and Montrose Pkwy. Available FT and PT. Spacious offices w/waiting room, kitchenette, sound insulated. Utilities, janitorial service, and supplies included. Contact Helene at hdb.9471@gmail.com

**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, suecavanaugh@verizon.net or (301) 466-6336.

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

### GROUPS

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

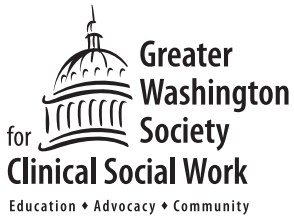
**EATING DISORDERS GROUP FOR WOMEN OVER FORTY** – Judith Asner is starting a group for mature women with bulimia, binge eating disorder and body image issues. The group meet on Thursdays, 5:45–7:00 PM. Fee \$65 per session. Approach- multimodal. Call 301-654-3211 or contact [judithasner@gmail.com](mailto:judithasner@gmail.com).

### SERVICES

**ADOLESCENT THERAPY** – Treatment that works for adolescents. CBT, DBT and psychodynamic. Individual, group and family therapy. Rathbone & Associates, [www.rathbone.info](http://www.rathbone.info). 301-229-9490.

**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.

If you have moved or changed your phone number, log into your account at [www.gwscsw.org](http://www.gwscsw.org) and update your information so your contact information will be correct!



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# Annual Meeting & Potluck Dinner

Early June...  
watch the website  
and listserv for date!

