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## Three Dynamic Leaders in Our Society... and Our Profession

How to celebrate the fortieth anniversary of the founding of the Greater Washington Society for Clinical Social Work? A variety of plans are in the making for events great and small. For its part, *News & Views* will, throughout this year, look back over time to acknowledge some of the leaders who have shaped our organization.

Three women who began paving the way for the rest of us back in the early 1980s, when our Society was only a few years old and the battle for professional licensure for clinical social workers was still being waged, are still, today, making a major contributions to the Society: Dolores Paulson, Audrey Thayer Walker, and Golnar Simpson.

### Education for Social Workers By Social Workers

Along with other early members, Dolores, Audrey and Golnar turned the Society's attention to education—and specifically to supporting clinical social workers in becoming teachers of clinical social work.

Upon joining the Society, Golnar learned that we had no Education Committee or focus on continuing education, and immediately worked with Caroline Gruber and others to set up the committee. The mission of this committee was the promotion of excellence in clinical social work practice through continuing education.

This process began with establishing the Annual Conference Committee and inviting nationally-recognized experts in the field as speakers. Over subsequent years, the activities of the Education Committee expanded to a vigorous continuing education program including various study groups and practice-oriented academic courses and workshops taught by our own members. Following Carolyn Gruber, Golnar became the Education Committee's second chair; later Dolores served as chair for many years. It was Audrey who championed the protocol that would help members learn to teach others. Marion Usher contributed much to the success of continuing education courses. Marion, Dolores and Anita Bryce (another early leader of the committee) emphasized mentoring and developing teachers from within.

### The Clinical Social Work Institute

The importance of developing our own teaching strengths, combined with concerns that schools of social work were substituting breadth for clini-

*continued on page 4*

#### ALICE KASSABIAN MEMORIAL LECTURE

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Mark D. Smaller, PhD

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### GWSCSW NEWS & VIEWS

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The next issue will be published December 2013 and the deadline is October 20

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# President's Message

Kate Rossier



Happy September to all! As I sit down to write this piece for our September newsletter, it is mid-July and I am still remembering with pleasure the lovely Annual Meeting & Dinner held just a month ago in Janet Dante's beautiful garden. What a lovely occasion with over a hundred members in attendance—both long-timers and newcomers. See Susan Post's article inside for more about this event and start planning now to come next June! The week of that

dinner meeting in mid-June, we crested the 900 mark in membership—so we are a very robust organization as we head into our 40th year!

At this September's annual Board Retreat, we will be brainstorming ways to mark this significant anniversary, including the possibility of a gala in the spring. Please contact me if you have experience with event planning, as we would welcome your input. We will also celebrate this anniversary year by highlighting various aspects of our 40-year history in *News & Views*.

We have a terrific Board of Directors in place for the coming year, comprised of folks with wonderful energy and creativity. **Marie Choppin** will assist me as our vice president and **Hani Miletski** has taken over the role of treasurer from Flora Ingenhousz, who served us generously for three years. **Irene Walton** will continue as secretary and manager of the calendar. **Juleen Hoyer** and **Susan Post** will serve on the Executive Committee as advisors, as well as holding other board positions. We will have four directors, including **Margot Aronson** for Legislation and Advocacy, **Juleen Hoyer** for Communication, **Lisa Snipper** for Development, and **Terry Ullman** for Education. **Gil Bliss** and **Louise Weaver** will serve as our directors-at-large. Rounding out the board are the many committee chairs and co-chairs – comprised of a mixture of experienced and new folks. It is a great group, and I look forward to being part of it! See the organizational chart on the next page for a look at board structure and membership.

In the year ahead, be sure to check the website often, as our very active calendar of events is updated often to reflect workshops, brown bags, the Kassabian conference, and many wine and cheese networking gatherings. You will also want to keep current with the GWSCSW Facebook page, created by **Juleen Hoyer**, which has lots of photos from Society events and links to articles posted on the listserv (mostly by our thoughtful moderator, **Joel Kanter**).

Also, make sure your contact information is up-to-date in the member profile (which automatically updates the Therapist Finder). Importantly, be sure to renew your membership by the October 1 deadline. In past years, late renewals have cost untold hours of follow-up efforts on the part of our administrator, Jan Sklennik, and members of the board. This year we will introduce a late fee for membership renewals received after November 15. We will inform membership of this late fee via the newsletter, listserv, and emails, in hopes that renewals will come in on time and our volunteers can invest their time and energy in other activities.

One of the great pleasures during my first year as president was the opportunity to meet so many wonderful people in our membership, and I'm looking forward to getting to know many more of you this year. Please feel free to reach out to me to share ideas, concerns, and enthusiasms, as well as your time and talents! ❖

The board would like to express its gratitude to the staff at Sunrise at Foxhill, a Sunrise Senior Living Community (located at the intersection of Burdette and River Roads, in Bethesda, Maryland) for their generosity and graciousness in hosting this year's board meetings at their beautiful facility!

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Kate Rossier



**VICE PRESIDENT**

Marie Choppin



**SECRETARY**

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For contact information for the board, go to <http://www.gwscsw.org/board.php>

## **Society Leaders**, from page 1

cal depth, while social workers were turning outside our profession for substantive advanced education, served as the impetus for the establishment of the Clinical Social Work Institute (CSWI). The GWSCSW board of directors assigned Mary Dluhy, Fran Thomas and Golnar Simpson to form a task force to work on the project. Golnar chaired the task force's Curriculum Committee which included Martha Cheshire, Anita Bryce, Alice Kassabian, Francis Simsarian, Janis Colton, Marion Usher, Connie Hendrickson and Heidi Spencer.

CSWI would become one of only three independent PhD granting clinical doctoral programs in the nation. Though it existed for only a decade, its graduates are nationally recognized and its program distinguished among the finest representing an evolutionary trend within our clinical social work profession. Golnar was founding dean and a beloved faculty member, bringing her brilliance into the integration of clinical social work with neuroscience. Audrey joined the faculty as a supervisor/consultant and committed discussant at clinical conference presentations.

### **The Education Council**

As the Society grew, the structure did as well. Golnar became the chair of the Education Council, responsible for oversight and coordination of all of the educational activities. One of the things she did was to set up study groups, one of which (the self psychology group) is still meeting! Golnar also participated as a teacher, giving workshops on self psychology and neuroscience. Audrey, as the DC/Baltimore chair of the Committee on Psychoanalysis, (a committee within the then Clinical Social Work Federation) initiated with Dolores and Alice the 17-year Psychoanalysis and Brain Study Group. She and Dolores also devel-

oped the study group protocols within the Continuing Education Committee. Literature as a window into clinical insights was a feature for some time of the CE Committee, and Audrey conducted several seminars connected to novels of interest.

### **Leadership in the Society and Beyond**

Golnar went on to become our 11th president (1993-95) and as our president, sat on the board of the Clinical Social Work Federation (the organization that has now become CSWA), the national umbrella organization for all the state clinical societies. Later, she served as CSWF president. She also has served as chair of the Social Work Academy of the National Academies of Practice (NAP) which promotes interdisciplinary practice in health care policy formulation and service delivery among ten health care disciplines. (All three—Golnar, Dolores, and Audrey—have been honored by NAP as Distinguished Practitioners in Social Work.)

Dolores has served on the Virginia Board of Social Work and also on the committee (along with Alice Kassabian, Connie Hendrickson, and Pat Baker) that launched the successful effort to retroactively instate the PhD for DSW graduates of the Catholic University of America's National Catholic School of Social Service (CUA NCSSS) doctoral program. This was important since the CUA NCSSS graduates had completed all PhD requirements as part of the DSW program.

These days, under Dolores Paulson's leadership, all three women have worked on the five ethics conferences featuring ethics guru Frederick Reamer and have served as the co-chairs of the Alice Kassabian Memorial Conference, now about to host its third annual conference on November 2. (Be sure to sign up early for the discounted registration fee! This is a history making conference bringing to DC the first social worker to be



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president of the American Psychoanalytic Association!) Incidentally Audrey and Golnar presented papers at the first Kassabian lecture.

### Thoughts on Current Trends and Challenges

Golnar, Dolores and Audrey want to ensure that social work education remains strong and true to our fundamental principles, including our emphasis on ethics. They would like to see a continuation of moving away from dichotomies such as the value placed on social justice issues versus psychotherapy or agency work versus private practice and further strengthening and integration of social work's biopsychosocial perspective. And all expressed concerns about the impact on the profession of several trends such as confidentiality of electronic record keeping and insurance requirements or how national health insurance may alter the way we practice. Facing the challenges of a changing practice environment, these clinical social workers remain vital and active in their own practices as well as in teaching and working on behalf of the profession.

All three of these dynamic and accomplished women have been active as clinical social workers working directly with clients, as educators, and as shapers of

*continued on page 6*



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## 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.

Potomac, Maryland  
**Friday, September 20**  
5:30 - 7:30 PM  
Patricia Olsen

Falls Church, Virginia  
**Friday, October 11**  
4:30 - 6:30 PM  
The Stone House Group

Palisades, DC  
**Friday, October 18**  
5:00 - 7:00 PM  
Adam Randolph

Olney, Maryland  
**Friday, November 8**  
5:00 - 7:00 PM  
Marilyn Austin

Georgetown, DC  
**Friday, November 8**  
5:30 - 7:30 PM  
Steve Asher

Leesburg, Virginia  
**Sunday, November 17**  
2:00 - 4:00 PM  
Theresa Beeton

Bethesda, Maryland  
**Friday, December 6**  
6:00 - 7:30 PM  
Terry Ullman & Hani Miletski

Capital Hill, DC  
**Sunday, December 8**  
4:00 - 6:30 PM  
Gina Sangster

For details, updates and new events, visit  
[www.gwscsw.org](http://www.gwscsw.org)



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## **Society Leaders**, from page 5

our profession-and all three have been inducted into the National Academies of Practice in Social Work.

They each came to the society searching for a clinical social work home, a community of like-minded souls that would help guard against isolation and provide opportunities for collaboration. They each found a place at the table and they have-individually and collectively-created places at the table for those who follow in their footsteps. As Golnar said, she “found her voice” through GWSCSW, now a thriving community of nearly one thousand members whose voices can be heard loud and clear.

### **About Golnar**

In October of 2012, Golnar Simpson was inducted into the NASW Foundation’s Pioneer Program as a Social Work Pioneer, an honor given to those few deemed to have contributed significantly to the profession and as one who serves as a role model. She was chosen for her overall contributions and her pioneer efforts in several areas, including introduction of neuroscience as an integral part of social work curriculum at

a degree granting program (CSWI), her work in Iran setting up a child welfare programs for homeless children, and establishing innovative services at Fauquier Family Guidance Center, a mental health clinic in Warrenton, Virginia.

Golnar earned her MSW at Virginia Commonwealth University, where she later taught, and her PhD from the CUA’s NCSSS. As an educator, in addition to classroom teaching, Golnar has also lectured widely across the nation on various clinical social work topics and neuroscience. She chairs the Diversity and Otherness Committee of the American Association for Psychoanalysis in Clinical Social Work (AAPCSW). She currently has a private practice in McLean, Virginia.

### **About Dolores**

Dolores Paulson attended the University of Pittsburgh’s School of Social Work on a full scholarship. Upon graduation, she worked at the Pittsburgh Child Guidance Center, where social workers worked directly with children, at a time when the norm was for only psychiatrists to work with children while social workers would see families or parents.

On moving to the Washington area, Dolores studied psychoanalytically-oriented psychiatric social work, first at the Veterans’ Administration and later at the National Institutes of Mental Health, and earned her PhD in social work (the clinical sequence) at CUA’s NCSSS. Dolores is also a graduate of the Washington School of Psychiatry and a current member of Institute of Contemporary Psychotherapy and Psychoanalysis (ICP&P). She has been in private practice in Northern Virginia for many years.

### **About Audrey**

Audrey Thayer Walker attended Smith College’s School for Social Work, where she had two nine-month full-time internships, one at the United Charities Family Service Agency in Chicago (a consulting agency to the then well known syndicated columnist Ann Landers) and the other with Harvard University Medical School’s Department of Adult and Child Psychiatry in Massachusetts General Hospital’s Outpatient Services. Having received a full graduate study scholarship from the Episcopal Youth Services, she then worked for a small private Boston child welfare agency, the Church Home Society, where she saw children, adolescents, adults and families for psychoanalytically-oriented psychotherapy. The agency modeled for the Commonwealth of Massachusetts Child Welfare Services the benefits of



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professional psychiatric social work (now reframed as clinical social work). Audrey then moved to California and worked for the Sacramento Family Service Agency where Virginia Satir, a charismatic and pioneering family therapy theorist, insisted that any client seen in other than family therapy must be approved by exception. Audrey's Boston ego psychology's professional neuropathways were certainly shaken! Being part of a professional political family, Washington, DC next called Audrey and she joined the faculty of the George Washington University's Medical School Department of Psychiatry and Behavioral Sciences, first as supervisor in their outpatient psychiatric training clinic, training social work and psychology interns and psychiatry residents. Later she added the responsibilities of chief psychiatric social worker, overseeing both inpatient and outpatient social work faculty and staff teaching and services.

Audrey continues as an adjunct associate professor both at GW Psychiatry and Smith College School for Social Work while in full time private practice. Audrey also was on the adjunct faculty on the Georgetown University Psychiatric Services Advanced Post Graduate Training Program. She has also been on the adjunct faculty of Smith College's School of Social Work for many years as clinical supervisor for master and doctoral level trainees, as well area field supervisor/coordinator and integrative theory seminar leader for Baltimore/Washington Smith interns. In 2005, Smith College recognized her outstanding contributions to the profession of social work with the prestigious Day Garrett Award. Audrey is a full (elected) member of the Washington Psychoanalytic Center and a member of ICP&P.

Just a thank you to all three on behalf of the whole society for their many contributions. ❖

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# LEGISLATION & ADVOCACY

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## ■ FEDERAL

Laura Groshong, LICSW

### The Online Master of Social Work Education

For the past year, the Clinical Social Work Association has been hearing concerns about the increasing number of MSW programs being offered as distance learning or online programs. Members of GWSCSW were especially clear in voicing the problems with this method of teaching clinical social work theory and practice. As a result, the CSWA board formed the Distance Learning Committee (DLC) to survey many of the 30 programs that have been put in place in the past two to three years.

I am serving on the committee with Joel Kanter, LICSW, who was a strong advocate for formation of the committee; CSWA past president Kevin Host, LICSW; CSWA past-president Robin McKenna, LISW-CP; CSWA past-president David Phillips, LCSW-R, faculty at Yeshiva Uni-

versity Wurzweiler School of Social Work; Jan Freeman, LCSW-C; Doug Stephenson, LCSW; and ethics consultant Frederick Reamer, LCSW, faculty at the Rhode Island University School of Social Work.

As an aid to gathering information, Joel Kanter and I developed a 40-minute survey to be given to program administrators of distance learning programs; members are sharing the task of administering the survey via phone interviews. In some cases, this has proven to be a significant time commitment: respondents have spent as much as three hours explaining the rationale for the way that they have conceptualized their Master's curricula.

Some of the concerns being explored by the committee include:


- Asynchronous/synchronous education and development of empathic ability
- Asynchronous/synchronous education and development of ability to perform biopsychosocial assessments
- Practicum settings which do not have direct ongoing contact with schools
- Practicum settings where students, supervisors, and schools are in different locations
- Ethical impact of the asynchronous/synchronous educational process
- Ethical impact of practicum placements that are not in the community where the school is located
- Admission processes that are market-driven, not looking for students with clinical intuition

Additionally, Kevin Host, Robin McKenna and I are engaged in conference calls with Council of Social Work Education leadership to share information about the ways that clinical social work and distance learning may be at cross purposes, and how the conflicts can be resolved.

The committee will issue its report in September. ❖

*Laura Groshong, LICSW, is the Clinical Social Work Association (CSWA) Director for Government Relations. Laura writes The Aware Advocate, those informative CSWA reports on legislation, Medicare, and insurance issues that appear frequently on our GWSCSW listserve. In addition to her advocacy, Laura maintains a private psychotherapy practice in Seattle, Washington.*

*Information about CSWA (including how to become a direct member) can be found at [www.clinicalsocialworkassociation.org](http://www.clinicalsocialworkassociation.org).*



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## ■ MARYLAND

Judy Gallant, LCSW-C and Alice Neily Mutch

In the last issue of *News and Views*, we summarized the significant revisions to the Social Work Practice Act passed during the legislature's most recent session, which ended in April of this year. In this issue, we update you on two major pieces of Maryland legislation impacting our practice: the Affordable Care Act and Mental Health Parity.

### Maryland and the Affordable Care Act

*House Bill (HB) 361 and HB 228/Senate Bill (SB) 274.* Implementation of the federal Patient Protection and Affordable Care Act (ACA) was tremendously complicated. Fortunately, many stakeholders, including our Maryland Clinical Social Work Coalition, worked to ensure fairness in the provider network access, appeals and grievances, and continuity-of-care requirements for Maryland. These two bills brought the ACA requirements into Maryland law.

Notable changes include expansion of the Insurance Commissioner's authority and Medicaid eligibility, and pre-existing conditions were repealed for all policies. (The effective date for this last requirement is January 1, 2014: surely a day to celebrate!) In addition, a dedicated funding stream was established for the Maryland Health Benefit Exchange (MHBE), to be underwritten not by provider fees as proposed early on, but by the insurance premium tax on health insurers and for-profit health maintenance organizations (HMOs).

Mental health care is included in the requirements for continuity-of-care from one carrier or managed care organization (MCO) to another. We understand that this is a first in the country, another cause for celebration!

### Health Insurance and Mental Health Parity in Maryland

*HB1216/SB581 and HB1252/SB582.* Inequality has been a defining characteristic in health insurance coverage for addiction and mental health treatment. Both of these bills offer Maryland citizens protection from unfair and/or illegal actions of insurance companies.

Each insurance carrier must inform subscribers, on its website and in print, annually, of the required benefits under the State mental health and addiction parity law and the federal Mental Health Parity and Addiction Equity Act (MHPAEA). The carrier must also notify sub-

scribers that they may contact the Maryland Insurance Administration (MIA) for further information about the benefits.

The Maryland Insurance Administration, on its website, is required to provide notice of how to file complaints regarding noncompliance with MHPAEA, including help available from the Health Education and Advocacy Unit in the Office of the Attorney General. The MIA website also must inform an insured of his/her right to obtain a copy of his or her health insurance policy or contract from the carrier, and of the right to request a referral to a specialist or non physician specialist who is not part of the carrier's provider panel under specified circumstances.

While consumers gain significant nondiscriminatory insurance coverage under MHPAEA, the complexity of the Act may make it difficult for many consumers to understand and enforce their rights. Insurance companies are required to inform consumers that higher cost sharing and limitations on length of care cannot be more restrictive for addiction and mental health treatment than for other medical care.

*continued on page 10*

### JSSA 2013 Mental Health Symposium

The Jewish Social Service Agency  
Training Institute

in co-sponsorship with the  
Maryland Psychological Association Foundation presents:

## Understanding and Overcoming Anxiety in Children and Adolescents: Cognitive-Behavioral and Pharmacological Treatment

featuring:

Lance D. Clawson, M.D.  
Bonnie Zucker, Psy.D





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## Legislation, from page 9

Utilization review allows a carrier to determine whether proposed and delivered medical services are medically necessary; and if they are deemed not medically necessary, they will not be reimbursed. In the past, parity violations have occurred when utilization review criteria have been inappropriately applied. The clinical criteria and evaluation processes used to determine medical necessity may not hold mental health and substance use disorder services to higher clinical evidence standards than medical and surgical benefits. Maryland law now clearly requires health insurance to ensure that the criteria and standards used in conducting utilization review for mental health and substance use benefits are in compliance with the federal Mental Health Parity and Addiction Equity Act (MHPAEA).

Other Maryland parity protections include the following:

- Patients may no longer be denied insurance reimbursement when they reach a lifetime or annual spending cap imposed on mental health or substance use disorder care.
- Medical management practices, medical necessity determinations, and provider network and

compensation practices (“non quantitative treatment limitations”) may not involve discriminatory standards.

## When addiction and mental health care isn’t covered...but is treated

It is important to note that, while an employer is not required to offer any health insurance coverage for addiction or mental health care, the coverage of any service for these disorders—including a primary care practitioner’s treatment of depression or the coverage of any medication for a mental or substance use disorder in a prescription drug formulary—renders the plan subject to MHPAEA. In such circumstances, again, carriers are required to use medical management standards that are comparable to, and applied no more stringently than, the standards used to determine medical necessity for other medical and surgical services.

We will see in the future where the loopholes may allow continued discrimination. It will be important for clinical social workers to monitor this closely and document all infractions.

## Still to Come: Legislation on Telemedicine, End of Life, and Medical Marijuana

Three other laws may be of interest to clinical social workers.

- *HB934/SB776* establishes a Telemedicine Task Force, consisting of three existing advisory groups.
- *HB 581* creates palliative care pilot programs throughout Maryland.
- *HB 1101* allows for the investigational use of marijuana for medical purposes by establishing an independent commission within the Department of Health and Mental Hygiene develop requests for applications for academic medical centers to operate programs in the State and approve or deny applications and oversee these programs.

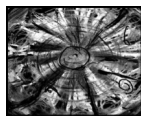
We’ll look at these three initiatives in the December issue of *News & Views*. ❖

Judy Gallant, LCSW-C, is chair of the Maryland Clinical Social Work Coalition, our GWSCSW legislative committee in Maryland. She maintains a private practice in Silver Spring. Judy’s update is based on the multi-page end-of-session report of Alice Neily Mutch, who represents us in Annapolis and guides our advocacy strategy.

Alice Neily Mutch has been a lobbyist for health and human service causes for close to twenty years. For more information about Maryland legislative issues, see her website, [www.CapitalConsultantsofMd.com](http://www.CapitalConsultantsofMd.com)

## It’s Not About the Story: Using Art, Yoga and The Body in Trauma Treatment

with Jan Beauregard, Ph.D. &  
Tally Tripp, MSW, ATR-BC



Saturday, October 12, 2013  
9:00 AM – 4:00 PM

The Wisconsin Place Community Center  
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In this dynamic and experientially focused workshop, participants will gain a theoretical overview of the expressive arts and body-centered trauma therapies while participating in experiential exercises designed to integrate these innovative, multi-sensory techniques into clinical work. No previous training in art or yoga required.

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## ■ VIRGINIA

Judy Ratliff, LCSW and Dolores Paulson, LCSW

The Board of the Virginia Society for Clinical Social Work (VSCSW) meets in all-day Saturday sessions that begin with the update on legislative and regulatory issues. Our GWSCSW legislative committee members drive to Richmond—or sometimes Culpepper—to participate in these meetings, where they share our Society's concerns and join in strategic planning. (While VSCSW does most of the "on the ground" representation of clinical social work at State Assembly and Board meetings in Richmond, our societies' legislative committees collaborate closely and together cover the cost of the assistance of a Richmond-based lobbying firm.)

### Right to Refuse Release of Clinical Records

One major issue addressed at the July meeting was the potential for changes to a current Virginia regulation that allow physicians and psychologists to refuse to release clinical records if doing so would be harmful to minors. Currently, social workers and licensed professional counselors are not permitted this right of refusal. Our joint committee will be taking the lead to rectify this omission, proposing new wording to read "the minor's treating mental health professional."

Other issues discussed included the impact of electronic billing on clinical social workers and the ongoing efforts of the Virginia Board of Social Work to resolve conflicts about standards for advanced clinical licensure. (To find a discussion of the latter and the wording of Senate Bill 1011, which took effect as of July 1, 2013, see the June issue of *News & Views* at [http://www.gwscsw.org/PDFs/2013\\_06NV.pdf](http://www.gwscsw.org/PDFs/2013_06NV.pdf).) These issues are still unresolved. We'll continue to monitor regulations and trends, keeping members informed and taking action steps as needed.

### We meet with State Senator Howell

Early this summer, concerned about the recent passage of legislation weakening the Virginia Board of Social Work's ability to set and maintain standards for the clinical social work exam, we contacted our state senator, Janet Howell, to inquire about the process that led to that disappointing conclusion. Senator Howell represents District 32 (parts of Fairfax and Arlington Counties). She graciously invited us to meet with her at her home.

During our discussion, the Senator was clear that legislators do not favor bills that reflect a profession's internal conflict. In this case, the Virginia chapter of NASW and several schools of social work had taken a stand in favor of the proposed legislation, while the clinical societies advocated for maintaining the Board's authority on professional social work regulatory concerns. The Board of Social Work did not testify. In the future, it will be helpful for the lobbyists representing our various groups to meet and, if possible, negotiate a unified position. Hopefully, our legislative committee can act to facilitate this process.

On a lighter note: it was delightful to meet with Senator Howell in such a casual and relaxed setting. ❖

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

Judy Ratliff, LCSW, has been a member of GWSCSW since the late 1980s. She has served on conference committees for the Society, and currently serves on the legislative committee. Along with Dolores Paulson, she represents the Society at board meetings of the Virginia Society for Clinical Social Work.

## Gottman Workshops for Couples

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## ■ DISTRICT OF COLUMBIA

Mary Lee Stein and Margot Aronson

District of Columbia efforts to implement the Affordable Care Act (ACA) have been focused and, to date, quite effective. In the last newsletter, we described the work of the DC Health Benefits Exchange Authority (HBX or the Exchange) as it sought stakeholder input in developing the Essential Benefits Package (the basic minimum standards for all plans on the Exchange) and creating the single on-line marketplace (<http://hbx.dc.gov>) where individuals and small businesses can compare the benefits offered by participating insurers. In early June, the HBX plan won the support of the DC Council, which passed emergency legislation requiring small-business owners to purchase employee health insurance through the local exchange beginning in 2015. The Exchange itself will open in October of this year.

### Getting Out the Word

This summer, the major focus has been getting the word out to residents with information about the ACA

to encourage participation in the Exchange. Multiple public meetings have been held in each Ward, led by members of the HBX Board and DC Council members. With a slide presentation, an overview of the Exchange, some discussion about eligibility and about changes to Medicaid, and plenty of Q&A, there has been good participation and interest at the meetings.

Beyond the Ward meetings, there have been Summit Meetings involving community leadership from the Hispanic community, the Asian community, the faith-based community, and more. Further, the Exchange is partnering with organizations such as the Chamber of Commerce and the Restaurant Association. (Since restaurants themselves are not inclined to provide health insurance, the Association will be reaching out directly to employees.) Social media will be playing an important role as this effort progresses.

### Continued GWSCSW Involvement

Mila Kofman, the HBX executive director, has continued to provide regular conference call updates throughout the summer for the coalition of 35 stakeholder organizations who participated actively in the planning process—community advocacy groups such as Families USA, Legal Aid of DC, Whitman Walker Health, DC Fiscal Policy Institute, National Council La Raza, National Multiple Sclerosis Society, DC Appleseed Center for Law & Justice, and, of course, GWSCSW.

Some good news we've heard on the calls:

- Funds have been approved for the call center where in-person assistance will help guide those who are not Internet-savvy in selection of the most appropriate plan.
- The Essential Benefits package will include coverage of mental health at parity, autism services, pre-existing conditions, and much more.
- DC Exchange insurers will include Aetna, CareFirst BlueCross BlueShield, Kaiser Permanente, and United HealthCare. And far from increasing consumer costs, the insurance companies have been lowering their premium rates, since their insurance prices and health plan information appears on a single website in easy-to-compare format.

As for "network adequacy"—the guarantee is that those who are to be insured will be able to find available in-network providers in a reasonable time frame and within a reasonable distance. The plan is to begin with insurers' self attestation. Thus it will be crucial for us to monitor the availability reported by clients, and to alert the HBX Authority of problems.



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## DC Budget Autonomy

DC voters overwhelmingly approved the Local Budget Autonomy Charter Amendment in the April 23 referendum. This July, because Congress chose not to pass a disapproval resolution during its 35-day review period, local budget autonomy became law in the District of Columbia. As Walter Smith, director of the DC Appleseed Center, noted, "Over the next few months, the Council will be taking steps at long last to let the city spend its own money without waiting for an act of Congress—just like every other state and city in the country.

"Budget autonomy could be achieved only by an amendment to the District's Home Rule Charter. And that amendment could be achieved only by an act of Congress or a referendum by the people. It's fitting that the District has now obtained this critical, missing element of democracy through a resounding vote by the people of the District."

This is good news, indeed!

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 Director for Legislation & Advocacy, as well as a past president and newsletter editor for the Society. She, too, maintains a private practice in the District.

For background information about the Health Benefits Exchange, see the Legislative Update for DC in the June *News & Views* at [www.gwscsw.org/PDFs/2013\\_06NV.pdf](http://www.gwscsw.org/PDFs/2013_06NV.pdf).

## THANK YOU

to these assisted living facilities who have graciously donated space, snacks and their warm hospitality for our board meetings and continuing education events:

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### Sunrise at McLean

8315 Turning Leaf Lane, McLean Virginia  
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### Heartlands Senior Village

3004 North Ridge Road, Ellicott City, Maryland  
<http://www.heartlandsseniorlivingvillage.com>

### Ingleside at Rock Creek

3050 Military Road NW, Washington DC  
<http://www.ircdc.org>

## A Letter to the Editor

The Editorial page of the July 17, 2013, *Washington Post* featured two letters in response to an article about handling problems in managed care health coverage.

The first, from the president of Aetna Medicaid, celebrated the "strong partnership among managed-care companies, state leaders, providers and community organizations" making it possible to "improve the health of beneficiaries while maximizing the return for every health-care dollar."

The other was written by our own Danille Drake, who represented GWSCSW and the interests of clinical social workers and our clients in the development in the development of the mental health privacy rules for the District of Columbia, and is currently an active member of the Clinical Subcommittee of the DC Ombudsman's Advisory Council. Her letter is quoted here in its entirety:

To the Editor:

The Post did a service to us all in highlighting the problems of converting Medicaid recipients to private insurance. The pivotal piece here is managed care, and the practices illustrated in Kentucky's debacle shows how destructive managed care is to access to proper medical treatment.

It is even worse for those seeking mental health treatment, in which the managed-care arms of insurance companies use what they term "behavioral health care" in order to dumb down the severity and treatment needs of those who suffer from mental health issues. We need more coverage like this to unearth egregious practices, linguistic and otherwise, of "managed care" greed and incompetency.

Danille Drake, McLean

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# Insurance Appeals: New Protections for DC

Danille Drake

I am pleased to announce exciting news about developments in the District of Columbia regarding protections for the confidentiality of individuals in mental health treatment and their right to a fair, professionally competent, external independent peer review when they appeal denials of their claims for insurance reimbursement.

These landmark achievements were put into law as part of new amendments to the DC Patient's Bill of Rights Law. The amendments were developed by the DC Ombudsman's Advisory Council (DCOAC) and its Clinical Subcommittee. Barry Landau, MD, and I have worked together on privacy issues for many years, and are both members of this subcommittee. It was in our capacity as members of the DCOAC that we were able to contribute to this law as it pertains to patients in mental health treatments.

Mental health professionals have long been concerned about intrusions by insurance company claims review-

ers that threaten the confidentiality of psychotherapeutic treatments, and a sense that these reviewers are biased against in-depth, open-ended psychotherapy. The series of recommendations we made that pertain to the above-cited problems were accepted into the final proposed amendments to the Patient's Bill of Rights Law. These amendments were then passed by the DC Council, signed by the Mayor and approved by Congress.

## Safeguards for Appeals

These amendments provide a more appropriate pathway for appeal when an insurance company denies authorization for reimbursement of treatment expenses. Important points in this legislation include:

- The protections by the Mental Health Information Act of DC (1978, 1979) (MHIA) are specifically reaffirmed in this newly passed law. The MHIA is well known to be an excellent law protecting patient confidentiality by limiting the type of information that may be disclosed to an insurance company for routine claims review with patient authorization. The MHIA also stipulates that a confidential independent review by a mental health professional could be requested if more information is needed to approve a claim.
- If the patient and/or psychotherapist consider that the questions being asked by the insurance company during a claim review pose unacceptable confidentiality issues, the review by the insurance company must immediately be stopped and the case be referred for an external, independent review.

Further safeguards written into the law regarding the external review include:

- The confidentiality of the external review must be at the same, or stricter, level of confidentiality that is required for the treatment under review.
- The external reviewers must be true peers of the therapist whose work is being reviewed. This means they must have equal or greater training and experience in the specific form of treatment being reviewed.



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## ***A Developmentalist Perspective on the First Year of Life and Applications to Therapy***

**Presenter: Joseph Lichtenberg, MD**

Director Emeritus, ICP+P,

Editor in Chief, *Psychoanalytic Inquiry*

Author of *Psychoanalysis and Infant Research*

Discussants: Mauricio Cortina, MD  
and Elizabeth M. Carr, APRN, MSN, BC

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Joseph D. Lichtenberg, MD, Mauricio Cortina, MD and Elizabeth M. Carr, APRN, MSN, BC have informed us that they do not have a conflict of interest and have disclosed that they have no relevant financial relationships with any commercial interests pertaining to this educational activity. Additionally, the presenters have been instructed to disclose any limitations of data and unlabeled or investigational uses of products during this presentation. This presentation will not contain any references to off-label (non-FDA-approved) use of products or devices.

- The external reviewer is not permitted to have any relationship with the insurer or its subsidiaries that could create a conflict of interest.

### DC Model Legislation Could Become the Standard

At the present time, this new law applies to treatments conducted in the District of Columbia, with the exception of those based on national governmental insurance programs such as Medicare, military health insurance plans, and federal employee plans. However, the District has a tradition of creating model legislation, particularly in regard to patient confidentiality, which has become a standard for the nation.

When creating its Minimum Necessary Guidelines to help psychiatrists use the HIPAA Privacy Rule to protect patient confidentiality, the American Psychiatric Association (APA) adopted the standards as set forth in the DC MHIA, referenced to above. We are hopeful that the Clinical Social Work Association will also establish Minimum Necessary Guidelines to help Clinical Social Workers protect patient and client confidentiality.

In turn, a study commissioned by the United States Department of Health and Human Services to determine the kinds of information that might be shared between psychotherapists and managed care organizations under the HIPAA Privacy Rule cited the APA Minimum Necessary Guidelines as a possible national model for patient confidentiality. These guidelines are based on the DC standards.

Further, in the Surgeon General's 1999 Statement on Mental Health, the New Jersey Confidentiality Statute for patients of psychologists—a virtual clone of the DC MHIA—was specifically recommended as a model for the nation.

We hope that the new amendments to the Patient's Bill of Rights in DC will serve as a model to other states for expanding patient rights, ensuring the confidentiality of mental health treatment, and providing treatment reviews that are fair, professionally competent, and confidential. ❖

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Danielle Drake, PhD, LICSW, is a Clinical Professor at the George Washington University and Georgetown University Schools of Medicine, and a Teaching Analyst at the Baltimore Washington Institute for Psychoanalysis. She serves on the Advisory Council of the District of Columbia Ombudsman, and maintains a private practice of psychotherapy and psychoanalysis in the District and Falls Church, Virginia.

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This is an excellent opportunity for experienced licensed clinicians. The ideal candidates will have 3-5 years of proven experience with individual, family and group therapy with one of the following: early childhood, childhood or adolescents. Successful candidates will have demonstrated clinical knowledge in treatment of ADHD, depression, anxiety in children, community-based consultation and outreach. Training in play therapy and CBT with children preferred. Some evening hours required.

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# Can Psychoanalysis Inform Clinical Work on the Streets, in the Schools, in the Offices?

Audrey Thayer Walker

Our 2013 Alice Kassabian Memorial lecturer, Dr. Mark D. Smaller, the first social worker elected president of the American Psychoanalytic Association, thinks so, as does the New York Times (January 2012). Dr. Smaller, social worker, psychoanalyst, consults with public schools and among his many professional endeavors is the founding director of Project Realize, an in-school treatment and research project at Morton Alternative High School, Cicero, Illinois. Project Realize was awarded the 2012 Award for Excellence by the Association for Child Psychoanalysis and was featured in the New York Times (2012).

The GWSCSW Third Annual Alice Kassabian Memorial Lecture honors the memory of Dr. Alice Kassabian, former Society president, clinician, advocate for social justice, clinical excellence, racial,

cultural, socio-economic diversity. Dr. Smaller, this year's speaker, represents such a rare and inspiring well-integrated, differentiated social work professional able to inhabit—artfully, intelligently, masterfully, therapeutically, truly helpfully—humanity's inner and outer worlds.

Dr. Smaller brings recognition of "the person within the environment"—so central to who we are as social workers—into the psychoanalytic work of other mental health professionals. At the same time, he challenges our own profession to attend to the value of practicing social work from a psychoanalytically informed foundation. He invites us to listen with curiosity, to participate, to question, to explore, and to share, as he presents *Bringing Psychoanalysis to the Community and the Com-*

*munity to Psychoanalysis: One Social Worker's Journey.*

Dr. Smaller received his M.A. and Ph.D. in social work from the University of Chicago School of Social Service Administration. He is now on the School's faculty as well as the faculties of the Institute for Clinical Social Work (Chicago) and the Chicago Institute for Psychoanalysis (the latter where he received certifications in child, adolescent and adult psychoanalysis). His practice is in both Chicago and Southwest Michigan. Dr. Smaller's numerous publications reflect his interests, fluency and expertise in negotiating practice "in the streets...out in the world...in the office." His multiple projects attest to his commitment to social justice, racial and cultural diversity, as well as to the hard, pragmatic, hands on work of "making things happen" through raising public awareness and fund raising.

Please attend this year's Alice Kassabian Memorial Lecture. Anticipate a thoughtful inspiring morning. Be prepared to explore and question. Bring your curiosity and your love for our sometimes maddening, challenging, ever interesting, often fulfilling profession. And together, within our GWSCSW "professional home," join us in continuing to learn, as we celebrate and honor two outstanding social workers, one past: Alice Kassabian and one present: Mark D. Smaller. What a special time this will be!

Your colleagues from other mental health professions are welcomed; feel free to invite them. ❖

## THE THIRD ANNUAL ALICE KASSABIAN MEMORIAL LECTURE

### **Bringing Psychoanalysis to the Community and the Community to Psychoanalysis: One Social Worker's Journey**

**Speaker: Mark D. Smaller, PhD**

**Saturday, November 2, 2013**

**8:30 AM – 12:00 Noon**

*Registration and continental breakfast at 8:30 AM*

*Program begins promptly at 9:00 AM*

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

Or mail check to: GWSCSW, PO Box 3235, Oakton VA 22124

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

Cosmos Club Dress Code requires all men to wear suit jackets and ties in the public areas. Ties and jackets can be removed inside the conference meeting rooms. Dresses, suits, or clothing of comparable formality are required for women. Jeans and tennis shoes are prohibited.





# Greater Washington Society for Clinical Social Work

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Register early—many of the courses fill up quickly. **PRIORITY OF REGISTRATION** Registration is available on a first-come, first-served basis at our website: [www.gwscsw.org](http://www.gwscsw.org). Registration is also available by mail; however mailed registrations are added to the class list on the date they are opened, not the date they are postmarked. **LATE REGISTRATION** Pre-registration ends one week prior to date of workshop. After that date, there is a \$10 late registration fee. **REFUNDS** In the event GWSCSW cancels a workshop, full refunds will be made. Cancellation by the registrant made prior to one week before the course will receive GWSCSW credit less a \$10 cancellation fee. Cancellation must be made by via email to the office ([admin@gwscsw.org](mailto:admin@gwscsw.org)). No credit is given for cancellations made less than one week prior to the course.

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

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

Date: **Saturday, September 7, 2013**

Time: 9:00 AM – 12:15 PM

Location: Sunrise At McLean:  
8315 Turning Leaf Lane, McLean Va 22102

Instructor: Patricia Gibberman, LCSW

Info: [pgibbermanmsw@gmail.com](mailto:pgibbermanmsw@gmail.com) or 703-208-9988

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

CEUs: 3 hours

### ■ **Psychiatric Emergency: The Process of an Emergency Evaluation Petition**

As mental health professionals we provide our clients with healing and increased coping skills. But what do we do if a client spirals into a psychiatric crisis? What if our client voices suicidal or homicidal threats, or shows acute psychotic symptoms or sudden change of mental status that puts the client or someone else into immediate danger? For example, the parents of a 16 year old find his suicide note and he resists their attempts to get him help. Or, in a session with you, the couple starts fighting and the husband, who is diagnosed with bipolar disorder, makes homicidal threats to his wife and leaves the office. Or, the elderly parent of one of your clients lives alone in her apartment, leaves the stove on, wanders the streets of her neighborhood and refuses to allow your client to help her. What are our responsibilities? What legal aspects and ethical issues do we need to consider? How do we practice in an

ethical way and consider our clients' right to self-determination in a potentially life threatening situation? What ethical issues, as per NASW Code of Ethics, do we need to consider when filing an emergency evaluation petition?

Date: **Friday, September 20, 2013**

Time: 9:00 AM – 12:15 PM

Location: Heartlands Senior Village at Ellicott City:  
3004 North Ridge Road, Ellicott City, MD 21043

Instructor: Janette Patterson, MSW, LCMFT

Info: [janette.pat@gmail.com](mailto:janette.pat@gmail.com) or 240-418-8022

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

CEUs: 3 hours (Ethics)

**PRE-REGISTRATION REQUIRED – Register online at [www.gwscsw.org](http://www.gwscsw.org)**

# SUPERVISION CERTIFICATION (MARYLAND & VIRGINIA)

The two courses on this page may be taken separately or together. Completion of the two 6-hour courses will give the registrant the 12 hours of supervision study required by Maryland to supervise those pursuing clinical license. Virginia requires 14 hours of study and the additional 2 hours is available to those who wish certification in Virginia.

## ■ Ethics of the Supervisory Relationship: Power, Trust and Shared Meaning

Because of the fact that supervision is the primary vehicle through which one learns clinical practice and because of the phenomenon of parallel process, a good relationship between supervisor and supervisee is essential. This six-hour workshop introduces participants to a conceptual model that explains the fundamentals of the supervisory relationship and identifies inherent ethical considerations. Participants will have an opportunity to work with self-reflection questions about the basic elements of the relationship: power, trust, and shared meaning.

This workshop is first in a series of two that can be taken to fulfill a 12-hour certification in supervision. It also meets criteria as an ethics workshop.

Date: **Friday, October 4, 2013**  
Time: 8:30 AM – 4:00 PM  
Location: Ingleside At Rock Creek:  
3050 Military Rd NW Washington, DC 20015  
Instructor: Tamara Kaiser, PhD, LICSW  
Info: [tlkaiser@tamarakaiser.com](mailto:tlkaiser@tamarakaiser.com) or 612-825-8053  
Cost: Members \$120 / Non-Members \$180  
CEUs: 6 hours (Supervision and/or Ethics)

## ■ The Supervisory Relationship: Developmental Stages and Cross Cultural Issues

This six-hour workshop will address issues related to developmental stages of supervisor and supervisee and to cross-cultural supervision. Within the context of the supervisory relationship, developmental models can offer new insights into the dynamics of supervision. The first half of this workshop will offer information on several developmental models of supervision, focusing on the stages of the supervisory relationship, as well as stages of supervisor and practitioner development. Participants will have the opportunity identify their developmental stage as supervisors and the impact of this stage on how they approach their supervisory responsibilities. The second half of the workshop will include an application of the concepts of dynamics power, trust and shared meaning (presented in the first workshop) to a cross-cultural supervisory relationship. The presenter will also introduce a model based on the notion of dialectic thinking. Finally, participants will have the opportunity to review a self-assessment tool that they can use with their supervisees in order to develop a deeper understanding of each other's cultural context and the impact of that context on their work.

This workshop can be taken as part of a two session series to fulfill a 12-hour certification in supervision. It also meets criteria as training in diversity.

Date: **Friday, November 15, 2013**  
Time: 8:30 AM – 4:00 PM  
Location: Ingleside At Rock Creek:  
3050 Military Rd NW Washington, DC 20015  
Instructor: Tamara Kaiser, PhD, LICSW  
Info: [tlkaiser@tamarakaiser.com](mailto:tlkaiser@tamarakaiser.com) or 612-825-8053  
Cost: Members \$120 / Non-Members \$180  
CEUs: 6 hours (Supervision and/or Diversity)

**Virginia (14 hr) Certification:** Arrangements will be made for those who need an additional two hours for the Virginia certification. The additional two hours will be available only to those who have registered for both Supervision workshops (October 4 and November 15). Email the office ([gwscsw@gmail.com](mailto:gwscsw@gmail.com)) to register to register for the additional two hours. Cost will be \$40 for members and \$60 for non-members. Dates and times to be arranged with the instructor at the first workshop.

**PRE-REGISTRATION REQUIRED – Register online at [www.gwscsw.org](http://www.gwscsw.org)**

## ■ **Counseling and Attachment Theory**

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Effective counseling for clients includes awareness of theories concerning human development and application of effective interventions. This workshop reviews attachment theory and the attachment theory framework for viewing the client's experience. Understanding attachment style will help practitioners understand the client's and professional's lenses for understanding self and interactions with others. The workshop will provide didactic and experiential opportunities for learning and applying attachment theory to professional practice.

Date: **Friday, October 11, 2013**  
Time: 9:00 AM – 12:15 PM  
Location: 215 Loudoun Street SE Leesburg, Virginia 20175  
Instructor: Theresa A. Beeton, PhD, LCSW  
Info: [theresabeeton@gmail.com](mailto:theresabeeton@gmail.com) or 703-771-7555  
Cost: Members \$60 / Non-Members \$90  
CEUs: 3 hours

## ■ **Sibling Conflicts and Competition Over Aging Parents' Care**

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We all know that often when parents become frail or sick, revived sibling conflicts can muddy already complex waters. This workshop is for the therapist who sees individuals/families experiencing differences around their aging parents' care. Two case presentations fictionalized from our specialty geriatric practice will be presented. We will discuss strategies to help reduce sibling conflict and optimize care of the older parent.

Date: **Friday, October 25, 2013**  
Time: 9:00 AM – 12:15 PM  
Location: 4400 East West Highway, Suite 907  
Bethesda, MD 20814  
Instructor: Barbara Kane, LCSW-C & Linda Hill, LCSW-C  
Info: [ans@agingnetworkservices.com](mailto:ans@agingnetworkservices.com) or 301-657-4329  
Cost: Members \$60 / Non-Members \$90  
CEUs: 3 hours

## ■ **Emergency Coverage of Your Practice: Practical and Ethical Considerations**

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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, January 24 & February 14, 2014**  
Time: 9:00 AM – 12:15 PM  
Location: Heartlands Senior Village at Ellicott City:  
3004 North Ridge Road, Ellicott City, MD 21043  
Instructor: Melinda Salzman, LCSW-C  
Info: [salzmanmsw@starpower.net](mailto:salzmanmsw@starpower.net) or 301-588-3225  
Cost: Members \$120 / Non-Members \$180  
CEUs: 6 hours (Ethics)

*Note: This is a 2-session course; attendance both days is required for CEU certificate.*

## ■ **Prostate Cancer & Sexuality: The Basics**

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The basics of what every therapist should know when dealing with a person or couple diagnosed with prostate cancer will be presented: the diagnosis process, the treatment options and their possible complications, and most importantly, the sexual issues men with prostate cancer and their partners face. Ways to better the couple's sexual and sensual relationship will be discussed, as well as specific tips for incontinence and erectile dysfunction treatments.

Date: **Friday, January 31, 2014**  
Time: 10:00 AM – 1:15 PM  
Location: 6917 Arlington Road, Suite 202,  
Bethesda, MD 20814  
Instructor: Hani Miletski, PhD  
Info: [hani@drmiletski.com](mailto:hani@drmiletski.com) or 301-951-6592  
Cost: Members \$60 / Non-Members \$90  
CEUs: 3 hours

## ■ **Therapy in Action: From Movement to Transformation**

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The therapeutic conversation can take many forms on the path to healing. Psychodrama and other expressive arts therapies have demonstrated the ability to move the client beyond the familiar dialogue of traditional talk therapy to an often deeper, less conscious/self-conscious realm of exploration. Interpersonal neurobiologist, Daniel Siegel, refers to these mind-body-spirit based approaches as “whole brain therapies” drawing on all the resources within to create cohesion and balance. This workshop will introduce participants to a number of action techniques that can be invaluable when clients are stuck in repetitive patterns, reporting rather than revealing, or paralyzed by irrational fears. We will explore the roles of spontaneity and creativity in creating wholeness and well-being. The importance of “warm-up” to all therapeutic interventions will be emphasized and participants will learn how to prepare clients to move into a different process in the consulting room. The group will participate in several dif-

ferent action structures that include: the empty chair, doubling, embodiment and movement, sculpting, and rehearsals for life. Wear casual clothes and come prepared to move and play, try new things out, be surprised, delighted and inspired. As we do when working with clients, we will practice integrating it all on a cognitive, affective and behavioral level throughout the day.

Date: **Saturday, February 1, 2014**

Time: 9:00 AM – 4:00 PM

Location: Dominion Hospital  
2960 Sleepy Hollow Rd, Falls Church, VA 22044

Instructor: Gloria Mog, LCSW

Info: gloriainog@verizon.net or 703-550-4164

Cost: Members \$120 / Non-Members \$1800

CEUs: 6 hours

## ■ **ADHD in Children and in Adults: Strategies in Couples and Family Therapy**

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ADHD is a complex syndrome of neurological processing, and emotional and behavioral patterns that affect not only the individual, but will impact a couple or family. When ADHD is not addressed, patterns of impulsive and unpredictable behavior and emotional dysregulation can contribute to the dysfunction in the couple or family. As practitioners we need to be able to recognize symptoms of ADHD and help the couple explore techniques and strategies to support our clients in the process of healing. This workshop addresses the concerns of unrecognized symptoms of ADHD in the treatment plan and highlights effective techniques in working with couples and families affected by ADHD. Participants will learn about how ADHD in an adult impacts a couple and how ADHD in a child can affect the functioning of a whole family.

Date: **Friday, February 21, 2014**

Time: 9:00 AM – 12:15 PM

Location: Sunrise at Fox Hill:  
8300 Burdett Road, Bethesda, MD 20817

Instructor: Janette Patterson, MSW, LCMFT

Info: janette.pat@gmail.com or 240-418-8022

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

CEUs: 3 hours

## ■ **Aging: An Improvisational Art Form**

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The purpose of this presentation is to offer participants a new way of thinking about aging, late adulthood, and retirement, congruent with an active aging population of today. Mary Catherine Bateson has proposed a new developmental stage in Erik Erikson's 8 stages of life: one between Generativity vs. Stagnation and Integrity vs. Despair. This stage is called Active Aging II: Engagement vs. Withdrawal. Others have also encouraged this idea of an active aging engagement. This presentation will offer participants a three hour experiential workshop consisting of activities they may use with their patient populations and themselves to explore new avenues to pursue in an aging period of their lives.

Date: **Friday, March 7, 2014**

Time: 9:00 AM – 12:15 PM

Location: Sunrise at Fox Hill:  
8300 Burdett 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

## ■ **Retribution and Forgiveness**

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In this culture we commonly emphasize the need for “justice,” but often the concept of justice carries with it the companion wish for “payback” or revenge/punishment. But when does it stop? Probably many of us carry the germs of hurt and hatred with the wish to continue revenge or punishment, but what effect does this have on the body? Does retaining the anger/revenge mode block the person from moving on with the rest of life? With this course, we will explore various cultural, religious, philosophical and bio-psychological viewpoints dealing with guilt, retribution and forgiveness. We will view and discuss most of the film, “The Power of Forgiveness.”

Date: **Friday, April 4, 2014**

Time: 9:00 AM – 12:15 PM

Location: Sunrise at Fox Hill:  
8300 Burdett Road, Bethesda, MD 20817

Instructor: Marilyn Austin, PhD, MSW

Info: maaustin@starpower.net or 301-570-9143

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

CEUs: 3 hours



## ■ Relational Ethics and Social Work Practice

Social work practice is based on values and beliefs that apply to the development of social work ethics. This course will review the NASW code of ethics and apply those ethics to real life everyday practice. Participants will have an opportunity to review their own belief systems and practice situations with clients.

Date: **Friday, April 4, 2014**  
 Time: 9:00 AM – 12:15 PM  
 Location: 215 Loudoun Street SE Leesburg, Virginia 20175  
 Instructor: Theresa A. Beeton, PhD, LCSW  
 Info: theresabeeton@gmail.com or 703-771-7555  
 Cost: Members \$60 / Non-Members \$90  
 CEUs: 3 hours (Ethics)

## ■ What Complementary Medicine and Energy Practitioners Can Teach Clinicians

This course focuses on the clinical implications of the paradigm shift that's taking place in how we understand consciousness and the nature of change. As quantum theory is integrated into clinical practice, and as growing numbers of Americans use complementary and alternative medicine and practice yoga and meditation, it is important for clinicians to understand, from a clinical practice perspective, the implications of this profound shift. As scientific research legitimizes the heightening of human potentials, we see the growing pains of a paradigm shift. Many gifted and talented individuals cannot speak openly for fear of being dismissed out of hand or labeled pathological. Misunderstanding their gifts raises an important social justice aspect of working with this population; these clients are often vulnerable to practitioners who are uninformed. When these individuals enter mental health delivery systems they are often misdiagnosed and mistreated, but, in reality, they have much to teach clinicians.

This course proposes a model of direct experience that reflects an integration of quantum theory with research on the efficacy of prayer, meditation practices, subtle energy, and intuition across theoretical, cultural, and practice settings. Case materials will demonstrate work in this new paradigm, including the nature of the clinical relationship, the structure of the clinical process, and treatment goals and outcomes.

Date: **Friday, April 11, 2014**  
 Time: 9:00 AM – 12:15 PM  
 Location: 5319 Lee Highway, Arlington, VA 22207  
 Instructor: Marilyn Stickle, LCSW  
 Info: ms@marilynstickle.com or 703-790-0232  
 Cost: Members \$60 / Non-Members \$90  
 CEUs: 3 hours

### PRE-REGISTRATION REQUIRED – Register online at [www.gwscsw.org](http://www.gwscsw.org)

Register early—many of the courses fill up quickly. **PRIORITY OF REGISTRATION** Registration is available on a first-come, first-served basis at our website: [www.gwscsw.org](http://www.gwscsw.org). Registration is also available by mail; however mailed registrations are added to the class list on the date they are opened, not the date they are postmarked. **LATE REGISTRATION** Pre-registration ends one week prior to date of workshop. After that date, there is a \$10 late registration fee. **REFUNDS** In the event GWSCSW cancels a workshop, full refunds will be made. Cancellation by the registrant made prior to one week before the course will receive GWSCSW credit less a \$10 cancellation fee. Cancellation must be made by via email to the office ([admin@gwscsw.org](mailto:admin@gwscsw.org)). No credit is given for cancellations made less than one week prior to the course.

#### GWSCSW COURSES REGISTRATION FORM

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Home Phone (\_\_\_\_\_) \_\_\_\_\_ Office Phone (\_\_\_\_\_) \_\_\_\_\_

E-Mail \_\_\_\_\_

Course Title:	Date:	Course Fee	Late Fee
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<b>TOTAL</b> (make check payable to GWSCSW)	\$ _____	\$ _____
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Mail to: GWSCSW, PO Box 3235, Oakton VA 22124

# Sibling Conflicts Over Aging Parents' Care

By Barbara Kane, LCSW-C and Linda Hill, LCSW-C

*Sis, you can't continue to visit mom three times a day to give her pills and meals. We need to come up with a better plan. I think we should move mom to assisted living.*

*Ralph, stop telling me what to do. You may be 5 years older but not wiser. You are far away and don't know what's going on. Mom and I are doing ok.*

*But you look so worn, Mary. I'm worried about you too.*

*Ralph, just come down more often and give me more breaks. That's all that needs to change.*

We see this kind of sibling tension quite often in our geriatric practice. In this case, Mary and Ralph never had a close sibling relationship. Ralph was able to separate emotionally and geographically after college, while Mary stayed quite enmeshed with her narcissistic mother. He always tried to protect his youngest sister from the stresses of life. She always resented her brother for this and wanted to be self sufficient but didn't have strong coping skills. There weren't

many problems until mother became frail, cognitively impaired and needed more care.

When siblings have to come together and work intensely they often slip into their childhood or default settings. Time is often short. Stress is high. They tend to see each other through layers of past perceptions, having a difficult time letting go of the roles they had in their nuclear family.

It is ironic that at a time when grown children like Mary and Ralph need to focus on the present and future care needs of their mother, they are both dragged back into their original house of dysfunction.

A client once described the strain of sibling conflict over aging parents' care.

"It's as if you put all the siblings into one windowless room with no cell phones. A voice on the microphone says: Figure out your parents' care needs. Do not alienate each other because you want to be friends after your parents are gone and do not alienate your parents, even though they reject your help."

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Post Hall, GWU Mount Vernon Campus

Speakers:

Richard C. Fritsch, PhD

Richard Waugaman, MD

Tarpley Long, MSW

3 CME/CE  
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Which siblings do better together around their parents' care? We saw a write up of their work on siblings by Professors Geoffrey L. Greif, and Michael E. Woolley, at the University of Maryland in Baltimore in our very own GWSCSW newsletter and met with them. They invited us to do a chapter in their upcoming book with a working title: *Adult Sibling Relationships: Implications for Mental Health and Mental Health Practitioners* (Columbia University Press, 2015).

Here is one of their interesting survey findings to the question: *How often do you and your siblings agree about how to take care of your parents?*

Siblings with at least one living parent are more likely to agree when respondent sibling:

- Reports they could trust each other when they were children
- Reports higher intimacy in the relationship as adults to talk about issues such as childrearing, health, family, money, work, politics, religion or sex.
- Reports they are not jealous of each other as adults
- Is older, and the sibling set has an older average age.

Siblings less likely to agree when respondent sibling reports:

- They argued or fought frequently in childhood
- Their parents were highly upset by the sibling relationships in childhood
- Their parents interfered in their relationships in childhood
- Their parents protected one sibling from the other in childhood
- Parents play favorites among siblings in adulthood
- They argue or fight frequently in adulthood
- They compete more than most in adulthood

Interesting factors that do not impact agreement on parental care:

- Marital status
- Income or education
- Having children or not
- Whether they helped each other out now or in childhood
- One sibling excelled much more than the other in adulthood

Our work with siblings gets even more challenging when there are mental health problems in siblings or parents:

- A mother with Borderline Personality Disorder who has pitted one daughter against the other all through the years. Now mother needs a hip operation and daughters are fighting over how much care she needs.
- A dependent sibling with a mental health problem who has always lived with mother. Now he is in his 50s and Mom is in her 90s. Mom now has Alzheimer's and the long distance sibling is alarmed at the care his brother is providing her.
- A mom who has abused and neglected her children. Siblings have been in a lifeboat together, estranged from Mom. Now she is old and memory impaired and one of the siblings steps up to help, resulting in strain between siblings.

With siblings sometimes taking care of their parents longer than they take care of their children, they come into our office looking weary and worn down. We normalize their experience and give them objectivity about their parents' needs so that they can cope more effectively with each other during this difficult passage in their lives.

We look forward to sharing our clinical interventions in our upcoming workshop in October. ❖

Barbara Kane, LCSW-C and Linda Hill, LCSW-C, along with their staff of MSWs, have a private practice called Aging Network Services in Bethesda, providing consultation, psychotherapy and care management to grown children and their aging parents since 1982.

*A GWSCSW Continuing Education Workshop...*

## **Sibling Conflicts and Competition Over Aging Parents' Care**

We all know that often when parents become frail or sick, revived sibling conflicts can muddy already complex waters. This workshop is for the therapist who sees individuals/families experiencing differences around their aging parents' care. Two case presentations fictionalized from our specialty geriatric practice will be presented. We will discuss strategies to help reduce sibling conflict and optimize care of the older parent.

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Time: 9:00 AM – 12:15 PM

Location: 4400 East West Highway, Suite 907  
Bethesda, MD 20814

Instructors: Barbara Kane, LCSW-C & Linda Hill, LCSW-C

Info: [ans@agingnetworkservices.com](mailto:ans@agingnetworkservices.com) or  
301-657-4329

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

CEUs: 3 hours

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

# Study Groups – A Benefit of Belonging

In 2006, when Grace Lebow was contemplating retirement, she formed a GWSCSW study group of six colleagues who were also getting ready to retire. The group quickly reached ten members who called themselves the Grownups, recently renamed the Clinical Society Senior Seminar (CSSS). This membership has remained constant for the intervening years.

In 2008, Grace passed leadership along to Estelle Berley, who has overseen group organization and documentation for this group she describes as “accomplished and congenial social workers.” Over the years, the group has provided education, guidance, peer support, and an outlet for professional skills and experience. Group members take turns leading group discussions, often choosing topics in their area of expertise. This leads to lively and enlightening discourse and there is always something new and unexpected to learn. Grace adds that the group has been a wonderful resource for continuing to express her creativity during retirement.

Study groups like CSSS are a tremendous Society benefit, and one that any interested member can pursue. They are designed to promote ongoing social work education, collaboration, peer leadership, and the exploration of a wide range of clinical interests.

They also help satisfy continuing education requirements, as the GWSCSW Continuing Education committee works with registered study groups to grant CEUs to group members for their participation.

Each group needs an organizer to establish the size, time, place, and frequency of meetings for the group. The organizer submits specified information to the CE committee, including learning objectives, education content, a bibliography of any books or articles discussed, a list of participants and dates of attendance, and evaluation forms from each attendee. In exchange, the CE committee issues the appropriate number of CEUs to each group participant for a fee of \$25 per member. Groups might meet for a specified time, or might meet continuously over many years.

If there is an area of social work expertise you would like to develop in a collegial setting, consider forming your own study group. Grace has offered to advise anyone interested in starting a new study group and Estelle has offered to share her system of group documentation and organization. For more information and to register a new study group, you can contact Terry Ullman, Director of Education, [DirEducation@gwscsw.org](mailto:DirEducation@gwscsw.org) or 301-854-1121.

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## SOUNDING BOARD

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# Moral Imagination

*Beth Levine*

In her interview with Richard Simon for his Networker U Wisdom series in April 2012, Mary Pipher gave us a course toward a more compassionate world. Dr. Pipher talked about “moral imagination,” which is the ability to truly understand how the world looks from another living being’s point of view, to recognize that each living being has a valid point of view, and to give that living being our moral consideration. Expanding our moral imagination is good because it promotes a culture of inclusion and nonviolence.

Dr. Pipher stated that moral imagination extends beyond human beings to include other animals and all sentient beings. Moral imagination is about crossing boundaries between “self” and “other.” If we restrict our moral imagination to humans only, we are drawing a line between “us” and “them,” just as in any form of discrimination. The process of prejudice and violence is the same whether between human and nonhuman animals, whites and blacks, or men and women.

Brain scans show that vegetarians and vegans have a greater empathic response to both human and animal

suffering. Research also shows that children have an innate empathy for and desire to protect other animals, and that it is society that teaches them a different morality for “food” animals.

This raises important questions. What realities and feelings do we deny when we do not include all sentient beings in our moral consideration? How would our interactions with others and the world around us change if we extended our moral community to include all sentient beings? How could we support this shift within ourselves, our professional community, our clients, and our society?

Working toward extending our individual moral imagination, as well as that of our clients, professional organization and society, will help steer the human species toward a just, harmonious, and sustainable world. I hope this piece generates thought, understanding, empathy, discussion and action. ❖

---

Beth Levine, LCSW-C, is a certified Emotionally Focused Couple Therapist and supervisor, with a practice in Rockville, MD.

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## CLINICIANS AND THE LAW

# Preventing Gun and Other Violence... The Dangerous Patient

*Richard S. Leslie*

With the President, Vice-President, and Congress focusing on the prevention of gun violence as a result of yet another horrifying shooting incident in Sandy Hook, Connecticut, my thoughts once again turn to the issue of confidentiality and the dangerous patient. I approach this article not as an advocate for a particular profession, but from the perspective of trying to fashion good, sensible, and fair public policy, were these issues to be publicly debated. I welcome your thoughts, comments and opinions—if you wish to weigh in on this subject—although I will not be able to respond to you individually. I realize, of course, that opinions will differ on these issues.

Suppose that mental health services are readily available to the poor and the middle class, as they are for

the wealthy. While this supposition is far from current reality, the politicians are now talking about increased funding for mental health services as a result of recent events. The obvious thought is that if people can get needed and effective mental health treatment or counseling, this may lead to less violence generally. While it is hard to measure the amount of violence that may be prevented by universal access to quality mental health care, my belief is that any increases in funding for mental health programs, federal or state, will be minimal or marginal, at best. But for the purposes of this article, assume that all of those with significant mental health problems that are in need of treatment are able to access that treatment from qualified and competent practitioners.

I harbor no doubt that competent practitioners from all of the mental health professions will be able to deal with depression, anxiety, anger, and potential violence – and no doubt that much harm can and will be avoided as a result of competent care by psychiatrists, licensed counselors, LMFTs and LCSWs throughout the country. As mentioned above, the amount of prevention achieved will be hard to measure or quantify. I also have no doubt that there will come a time—in fact, many times –when a patient either communicates a serious threat of violence against another (or others) to his or her therapist or counselor or the mental health practitioner determines that the patient presents an imminent danger of violence to another (or others) based upon a number of factors, cues, or indicators that affect the practitioner’s judgment.

Two questions (there are others) that then arise are: Is the therapist or counselor under a duty to act in order to protect the intended victims? If so, what actions, if any, are or should be required?

With respect to the first question, there are two sub-questions—that is: is there a duty to protect the intended victim when there is a specific threat articulated by the patient to the practitioner, and is there the same duty to protect when a specific threat is not articulated by the patient but the practitioner has nev-

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*J. Shep Jeffreys, Ed.D., F.T.*

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ertheless determined that physical violence by the patient is imminent? This article addresses only the latter two sub-questions—that is, when is (or should) the practitioner’s duty to protect (an intended or reasonably identifiable victim or victims) be triggered?

Each state addresses these questions in their own unique ways. It might surprise some policy makers to learn that in some states there is no “duty to warn” or duty to protect, even if the intended victims are a classroom of first graders, and even if a credible threat has been communicated to a therapist. While mental health practitioners in such states may be permitted to take action, including breaking confidentiality to some degree, there may be no duty to do so—and no duty owed to an intended victim. In other states, the duty to protect the intended victim may only be triggered when the patient communicates a specific threat to the therapist, but not when the therapist “puts two and two together”—or determines, based upon his or her competence or expertise, that the patient poses a serious danger of violence to a reasonably identifiable other.

Confidentiality, like freedom of speech, is not absolute or without exceptions. The question then becomes

whether it is good public policy for a duty to be imposed (e.g., a duty to protect intended victims) upon mental health practitioners running to someone other than the patient. It has long been my belief that the California Supreme Court decision in *Tarasoff v. Regents University of California* (1976) struck the right balance and tone. The Court created a duty to use reasonable care to protect the intended/foreseeable victim against the danger from the patient. The Court’s balance and tone is best articulated in the following language from the Court:

“We realize that the open and confidential character of psychotherapeutic dialogue encourages patients to express threats of violence, few of which are ever executed. Certainly, a therapist should not be encouraged to routinely reveal such threats; such disclosures could seriously disrupt the patient’s relationship with his therapist and with the persons threatened. To the contrary, the therapist’s obligations to his patient require that he not disclose a confidence unless such disclosure is necessary to avert danger to others, and even then that he do so discreetly, and in a fashion that would preserve the privacy of his patient to the

*continued on page 28*

## Gottman Couples Therapy Training

Presented by Certified Gottman Therapists and Trainers:  
Scott Wolfe, Ph.D. & Patricia Gibberman, LCSW, BCD

**Earn up to 51.25 CE** (provided by CMI Education for an additional charge) by completing all three levels of Gottman Couples Therapy Training in Maryland. Registration online at [couplestherapytrainingcenter.com](http://couplestherapytrainingcenter.com).

Upon completion of each level you will receive a certificate of completion from the Gottman Institute. If you are interested in becoming a Certified Gottman Couples Therapist, these trainings fulfill the Levels 1, 2 & 3 requirements of the Gottman Institute Certification process.

**Level 1 Training in Gottman Couples Therapy: Bridging the Couples Chasm (11 CE)**  
Gottman Trainers: Scott Wolfe, Ph.D. & Patricia Gibberman, LCSW, BCD  
**October 11 & 12, 2013**

**Level 2 Training in Gottman Couples Therapy: Assessment, Intervention and Co-Morbidities (20.25 CE)**  
Gottman Trainers: Scott Wolfe, Ph.D. & Patricia Gibberman, LCSW, BCD  
(Level 1 training is a prerequisite for Level 2.)  
**December 6, 7, & 8, 2013**

**Level 3 Practicum Workshop in Gottman Couples Therapy (20 CE)**  
Gottman Trainer: Scott Wolfe, Ph.D.  
(Level 2 training is a prerequisite for Level 3.)  
**May 30, 31, and June 1, 2014**



*The Art*  
& **SCIENCE**  
*of Couples Therapy*

All training runs 8:30am to 5pm at Sheraton Columbia Town Center Hotel  
10207 Wincopin Circle  
Columbia, MD 21044

**Details and registration online at [couplestherapytrainingcenter.com](http://couplestherapytrainingcenter.com)**

fullest extent compatible with the prevention of the threatened danger.”

It is hard for me to see how one can today make a good public policy argument that says that even though the therapist is convinced that serious violence is about to be inflicted on a readily identifiable person or persons, the therapist could say that since he is under no “duty to warn” or duty to protect the intended victim, he or she can simply continue to treat the patient, albeit competently, and then be free from liability when the harm, possibly death, has been inflicted on others. Under the above-mentioned Tarasoff decision, the duty to protect the intended victim arises when the therapist determines that the patient poses a serious danger of violence to another. There is no requirement (as per the Tarasoff decision) that the patient has communicated a specific threat to the therapist, although that is often the case.

However, there is a statute in California that seemingly provides immunity from liability to psychotherapists for failing to exercise the duty to protect where the patient has not communicated to his or her psychotherapist a serious threat of physical violence against a reasonably identifiable victim or victims. While I do not interpret the statute in that manner, others do. I am uncomfortable concluding that a therapist who determines that the patient is an imminent and serious danger of violence to others, and who does not act to protect the intended victim, should nevertheless be immune from liability because the patient had not communicated a specific threat to the therapist. The statute should be amended so that it is clear that the duty to protect arises not only when a threat is directly communicated to the therapist by the patient, but when the therapist determines that physical violence is imminent. Additionally, therapists should be immune from liability when they take the required actions after determining (as opposed to the uttered threat from patient to therapist) the patient’s imminent physical violence against the intended victim(s).

If it is assumed that mental health services will become more available to those who are in need of such services, it then follows that there will be many more times when the therapist or counselor will be faced with these situations. I believe that if these issues were raised in the various states at this time, amendments would be made to state law that would impose a duty to protect intended victims. I do not believe that such

an exception to confidentiality would generally or significantly affect the willingness of those who need therapy to obtain the help they need. That has not been the case in California, either with respect to the duty to protect in dangerous patient situations or the duties to report suspected child abuse, elder abuse, or dependent adult abuse.

The duties to report child, elder, and dependent adult abuse are imposed upon mandated reporters primarily for actions that have already occurred. In such cases, the damage has already been done and the duty to report (break confidentiality) is imposed for a past act. If confidentiality must be broken for the already completed acts of the patient (in the cases of child, elder, and dependent adult abuse reporting), does it really make sense to not impose a duty to protect an intended victim merely because the likely serious physical injury or death has not yet taken place?

It is believed by many practitioners that patients often know about the mental health practitioner’s duty to report child abuse, and that they reveal such activity (including perpetrators) because they know intuitively or intellectually that the abuse will likely stop only once there is a report. Such thinking might also apply to someone who has the urge to physically harm or kill others. The last line of defense (and perhaps the most effective one) for society may be the mental health practitioner who has determined that a patient presents an imminent risk of harm to others or has been told by the patient of the serious physical harm that he or she intends to soon carry out.

Imagine if mental health care is readily available to those in need. How many cases of violence or mass murder might be avoided in the future if there is a duty to protect intended (and reasonably or readily identifiable) victims? Are the future deaths caused by dangerous patients a fair price to pay for the preservation of confidentiality under these circumstances? Is there not ever a greater duty of the mental health practitioner than to serve the individual patient? What are your thoughts?

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Richard S. Leslie is an attorney who has practiced at the intersection of law and psychotherapy for the past 25 years. 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 and provided telephone consultation services to AAMFT members regarding legal and ethical issue.

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# Washington Center for Psychoanalysis INC.

2120 L Street, NW, Suite 600-1, Washington, DC 20037 • 202-237-1854 • [www.wcpweb.org](http://www.wcpweb.org)

New!

## The Washington Psychoanalytic Institute Psychoanalytic Studies Program

A two-year program introducing foundational concepts of psychoanalytic theory and technique. Students who complete the PSP may elect to pursue further education at the Center, including full psychoanalytic training. By creatively combining three formerly separate programs of the Center -- Psychoanalytic Training, Psychotherapy Training and the Scholars Program -- we have created a psychoanalytic educational experience for the twenty-first century.

## Fellowship in Psychoanalysis

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

## Scientific Meetings

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

## Psychoanalytic Takes on the Cinema

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

## Institutional Review Board

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

## *close attention*

A new, entirely clinical, hands-on training program in psychotherapy. Using a variety of learning formats, this program focuses on the nuances of the individual session. Reading will be kept to a minimum. Students and faculty will be presenting their work as a basis for learning.

## Couple and Family Therapy Training

A Two-year certificate program designed to enhance the ability of clinicians to work with couples and families by incorporating theoretical readings, group classes, video discussions of faculty clinical interviews, plus supervision and group case conferences geared to deepen the clinician's work and skill sets. A one year CME/CE only educational experience for advanced clinicians is also offered.

## New Directions

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

## Psychoanalytic Perspective on Theater

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

## The Psychoanalytic Clinic

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

Visit [www.wcpweb.org](http://www.wcpweb.org) for more information or email [Center@wcpweb.org](mailto:Center@wcpweb.org). The Center offers continuing education credits for physicians, psychologists and social workers.

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# Another Great Annual Meeting!

Photo: Judith Asner

*Susan Post*

No one could have wished for a more delightful evening, both in terms of weather and camaraderie, than we enjoyed on June 21 at our Annual Meeting & Potluck Dinner. Staged again in Janet Dante's beautiful back yard in Bethesda, over 100 members enjoyed wine, great food, and live music while mingling and getting to know each other better. Especially impressive was the large number of students and new graduates who showed up. It takes some courage to brave a hoard of new faces, and they were a most impressive group which brings a range of interests and experiences to our growing society.

Kate Rossier, going into her second year as president, recognized the work of current board members—especially Flora Ingenhousz, who is stepping down after three years as an amazing treasurer—and welcomed the incoming board. We are particularly fortunate to have Hani Miletski taking over as treasurer. She brings a freshness and energy to our meetings and her work. New to other positions this year are Terry Ullman as director for Education, Juleen Hoyer as director for Communications, and Lisa Snipper as director for Development. Other returning members include Marie Choppin, vice president; Irene Walton, secretary; Margot Aronson, director for Legislation/Advocacy; and Louise Weaver and Gil Bliss as directors at large from points east and north. We are thrilled, too, that Deb Horan and Kathleen Landers will

be co-chairing the Continuing Education committee.

Naomi Greenwood reprised her role as Chief of Magic (that is, chair of the raffle) which each year produces surprises and hilarity as the chosen few claim their winnings. This year's prizes included acupuncture sessions (amazingly won by two friends from school), a large gift certificate from the Woodmont Grill (won by a tenant of The Stone House, whose fellow squatters immediately co-opted his prize), and salon treatments galore. "You have to love it," as they say.

There are so many people to recognize: Juleen Hoyer; Marilyn Lammert, with her fresh new hip, who greeted people as they came all evening; Judi Asner, who served as official photographer; Nancy Harrington and Sue Stevens, who were encouraging members to become more actively involved; the many members who graciously helped with the raffle, brought coolers and ice and drinks, set up tables and chairs, and cleaned up when it was all over; and of course our host, Janet Dante. Live entertainment was provided by young musicians Claude Martin and Erica Snowe, a twosome whose repertoire runs the gamut from country to classical.

Finally, there's Chief Kate, who proved herself again to be a most delightful and warm speaker and leader. She left us all smiling and feeling good about being part of this terrific organization—and after all, what more can you ask for? ❖

## Welcome New Members!

### Full

Maggie Barris  
 Terence Chang  
 Yasmin Chenoa Elkhair  
 Anita Gadhia-Smith  
 Rebecca Gradler  
 Caroline M. Guhde  
 Alexis Herschthal  
 Kitty Higgins  
 Zach A. Lehman  
 Marybeth E. Mangas  
 Lisa A. Newman  
 Catherine J. Player  
 Sandra Silbermann  
 Anna Lee Stratton  
 Lemuel Yutzy

### Retired

Barbara Glaser

### Graduate

Lissy E. Kahn  
 Amanda L. Maher  
 Theresa M. Minni  
 Allesia P. Owens  
 Monique J. Richards

### Student

Allie Dryden  
 Lynn P. Eskite-Tant  
 Chiara Jones  
 Shayna B. Rhyne  
 Erica A. Scarpulla  
 Sara (Sally) Shea  
 Katelyn V. Szymanski

# GWSCSW BOOK CORNER

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## The Therapist in Mourning: From the Faraway Nearby

Kerry L. Malawista, Ph.D. and Anne J. Adelman, Ph.D. (ed.)

Reviewed by Emily Hershenson

GWSCSW member Kerry L. Malawista, Ph.D., and her colleague Anne J. Adelman, Ph.D., have edited a collection of essays, recently published by Columbia University Press, that examines the implications of loss in the therapeutic setting on the clinician. Their book, *The Therapist in Mourning: From the Faraway Nearby* (2013), offers the reader a glimpse into the reflective process of a diverse group of clinician-authors who have each struggled to make sense of the inevitable loss and mourning inherent in the practice of psychotherapy. When interviewed, Malawista said the idea for the book came from her and Adelman's intensely personal experiences with loss, as well as the recognition that therapists do not often take the opportunity to deconstruct how such losses shape them personally and professionally.

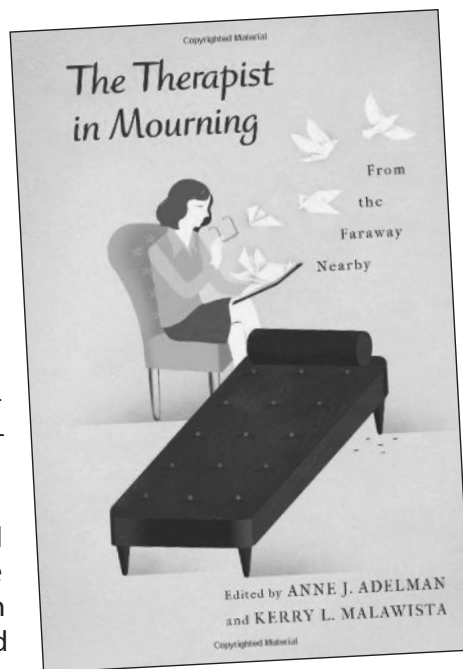
The book is organized into four separate sections, beginning with the introduction of therapists "transversing the middle distance," a particularly apt notion of the unique complexity of loss when considered in the context of our professional relationship with clients and the material they bring to session from their individual lives. In the second part, the editors selected essays that examine the impact of sudden and unanticipated patient loss on the therapist and the ensuing feelings of disenfranchised grief that may emerge for the therapist. Part three looks at the often unacknowledged intersection of our personal and professional selves, when confronted with what Adelman refers to as such a deep sense of private grief that "our empathy for a patient's pain reverberates with our inner pain and loss." The last section of the book presents essays that address loss on a catastrophic scale and the hopefulness that our profession can help foster in the face of such gravely traumatic circumstances.

While the collected writings have a psychoanalytic bent, Malawista said she and Adelman believe the essays have wide appeal for clinicians whose practices are grounded in other theoretical frameworks. She has found the dialogue prompted among practitioners from a broad discipline base to be one of the more gratifying outcomes of this project. Even feedback from the book's contributors has supported the idea that a springboard for such a discussion on loss and mourning

within our professional community is long overdue. Malawista said several of the authors commented on the dramatic personal feelings evoked from writing about their experiences, which had remained relatively unprocessed until they wrote about them for the book.

Malawista and Adelman, who collaborated previously with Catherine L. Anderson to co-author *Wearing My Tutu to Analysis and Other Stories: Learning Psychodynamic Concepts from Life* (Columbia University Press, 2011), have again drawn attention to the ways in which we as clinicians engage in our work. They point out that just as we are tasked with helping our clients examine that which is unexamined in their lives, we

must also engage in deliberate reflection on how grief and mourning, in all of its personal and professional renditions, may be affecting our own life and practice. *The Therapist in Mourning: From the Faraway Nearby* gently reminds us we need not be alone with our grief; in fact, that innate familiarity with loss and subsequent resilience may be more of a unifying professional virtue that we readily acknowledge. ❖



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Emily Hershenson, MSW, is a clinical social worker who works primarily with patients in treatment for AIDS-related cancers at a research hospital in Bethesda, Maryland.

# COMMITTEE REPORTS

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## Continuing Education

Deborah Horan, 301-325-3052  
dlhoran@mac.com

Kathleen Landers, 240-200-5401 x4  
kl.tower-oaks@mindspring.com

The June newsletter listed the educational opportunities that GWSCSW's Continuing Education committee will offer for 2013–2014. Significant work has gone into offering a wide array of topics, with a total of 14 programs to be held at four locations in Virginia, Maryland, and Washington, DC.

The CE committee will put out a call for proposals in the fall. Please consider developing a proposal and submitting it to the committee for consideration. We hope to expand the participation of members and insure we meet the membership's needs for ongoing training. The CE Committee is seeking volunteers, particularly to help with programs in Virginia. We'd like to introduce our co-chairs:

Deborah Horan, LCSW-C, operates a private psychotherapy practice in Bethesda, providing services to individuals, couples and families. Approximately half of her clients are trauma survivors. Deborah completed advanced clinical training through the Washington School of Psychiatry and has a special interest in neurobiology, attachment, and trauma. As a violence prevention consultant, Deborah worked with organizations including the American Medical Association, the CDC, and the Department of Justice.

Kathleen Landers, LCSW-C, operates a multi-disciplinary group practice in Rockville. SEQUENCE

Counseling and Consulting Services offers comprehensive services for the personal and professional lives of adults. A member of GWSCSW since 1994, Ms. Landers' training includes the clinical program at the former Clinical Social Work Institute. Her career has included multiple leadership and supervisory positions, with the past 11 years in private practice.

## Graduate Committee

Juleen Hoyer  
Sara Yzaguirre  
graduatecommittee@gwscsw.org

The Graduate Committee is working hard to continue to advocate for the needs of early-career social workers. We are excited to announce the launch of the GWSCSW Agency/Organization Resource Guide, which we have been working to develop for about a year. This project aims to provide GWSCSW members with comprehensive answers to two big questions:

- 1) Which agencies and organizations in the region hire at the LG/pre-licensed level?
- 2) What resources and services are available in the local community?

We hope each of you will take the time to fill in forms (available for download at [www.gwscsw.org](http://www.gwscsw.org)) for the agencies/organizations with which you are familiar. When complete, the GWSCSW Resource Guide will be posted in the "members only" section of the GWSCSW website. Please help! Also, please contact us if you are interested in getting involved with the Grad Committee.

## Leadership/Nominating

Sydney Frymire, 301-233-7612  
Susan Post, 301-652-5699  
leadership@gwscsw.org

We are planning several new programs to promote motivation and skill in both personal and professional areas of leadership. On Sunday, September 29, we will have the pleasure of meeting with *New York Times* journalist Judith Warner and Robert Stewart, MSW, executive director of MCGEO. For more information or to register for this event, go to [www.gwscsw.org/education.php](http://www.gwscsw.org/education.php)

Judith is a Senior Fellow at the Center for American Progress. Her books and articles on mental health issues have earned her numerous awards, most recently the Rosalynn Carter Fellowship for Mental Health Journalism. Her books include *We've Got Issues: Children and Parents in the Age of Medication*, *Perfect Madness: Motherhood in the Age of Anxiety* and a biography of Hillary Clinton. You can read more about her at [www.judithwarneronline.com](http://www.judithwarneronline.com). Robert represents the interests of over 1,200 Montgomery County Health and Human Services employees. He has over 25 years of experience lobbying for their benefits and workplace issues.

Later in the year, we are planning an event with Dr. Charles E. Lewis, Jr., director of the Congressional Research Institute for Social Work and Policy. An offshoot of the Congressional Social Work Caucus, it works to expand the participation of social workers in federal legislation and policy. Dr. Lewis served as deputy chief of staff for Congress-



man Edolphus Towns and was the coordinator for the Caucus. He is on the faculty of Howard University and was president of the MHA of DC. Read more about Dr. Lewis and CRISP at [www.crispinc.org](http://www.crispinc.org).

We are pleased that Tricia Olsen, whose area of expertise is organizational development, will be joining Gloria Mog and Mary Lee Stein as a member of the Leadership Committee.

## Legislation & Advocacy

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

Most of us were still abed at 6:00 a.m. on Saturday, July 13, when Dolores Paulson and Judy Ratliff set off for a meeting with the Legislative Committee of the Virginia Society for Clinical Social Work (VSCSW) in Richmond. Our two Society's committees work together on the Virginia Board of Social Work and legislative issues; we share the cost of a Virginia lobbying firm.

In this issue, Dolores and Judy update us on the relevant Virginia issues, and also write about their very productive meeting with State Senator Janet Howell. For the past several years, Dolores and Judy have kept the once-robust Virginia committee afloat, but now help is needed. Members can make an important contribution in researching and/or following specific Virginia issues, developing strategies for advocacy, and keeping members informed of developments. If you are interested, please contact Dolores at 703-790-0786.

While summer means a general slow-down for legislative activities, there's plenty going on in all three of our jurisdictions. In the District

of Columbia, Mary Lee Stein and I have been active participants at Health Benefits Exchange planning meetings and DC Board of Social Work meetings. In Maryland, Judy Gallant has been working with our Maryland lobbyist Alice Mutch to position our Maryland Clinical Social Work Coalition for the fall, when legislators begin planning for the next session. Meanwhile, Gwen Pla is getting set up as field supervisor for MSW candidate Kendra Brown, our outstanding Howard University intern who will be returning in the fall. And finally, Janice Berry Edwards is moving forward with our cultural competency collaboration with the social work schools at Howard University, University of Maryland, Catholic University of America, and Gallaudet University.

Please think seriously about becoming active. There are many different approaches in addressing the issues, and many ways to get involved.

## Membership

*Sue Stevens, 301-984-1325  
Nancy Harrington, 703-608-0180  
membership@gwscsw.org*

The Membership Committee was out in full force at the Annual Dinner. Brooke Morrigan and Lisa Snipper greeted the members who had joined this year by giving each one a white carnation. Rebecca Berlin, Nancy Harrington and Sue Stevens hosted the festive volunteer table to encourage people to think about becoming more active in the Society. Ongoing, short term and one time only opportunities were explained. Prizes were offered to those who stopped by to talk, but the real benefit was the connections that were made. Over the course of the evening, 15

people signed up to help. (We also have to give a shout out to the men who spoke to us and were very gracious about our prizes, which were not as gender neutral as they will be in the future.)

So, as we continue to attract new members, we also want to help all of our members become more active. We welcome your ideas on how to make this happen.

The Committee is currently planning the Fall New Member Tea, which will be hosted at the home of Mary Lee Stein on October 27.

## Professional Development

*Sydney Frymire, 301-233-7612  
sydneyfrymire@yahoo.com  
Karen S. Goldberg, 301-680-9060  
goldbergks@aol.com*

On June 29, 2013, Professional Development offered a workshop called *Life Re-Imagined*, which provided an opportunity to explore "reinvention rather than retirement." Cali Tamarkin and Lynne Schaffer educated participants about TheTransitionNetwork ([dc@thetransitionnetwork.org](http://dc@thetransitionnetwork.org)), a national organization for women ages 50+, which acts as "an inclusive community of professional women whose changing life situations lead them to seek new connections, resources and opportunities."

Participants also received an enlightening overview of one of AARP's newest programs called *Life Reimagined*. Terry Edwards, director of AARP's Office of Volunteerism and Service provided information about this exciting program, which has a free online format, as well as an adaptation for small groups, both offering a structure for "rewiring instead of

*continued on page 34*

### **Committee Reports, from page 33**

retiring." More information is found at [www.Lifereimagined.aarp.org](http://www.Lifereimagined.aarp.org).

Our workshop was so successful that our committee is developing a small group format for GWSCSW members. Anyone interested in participating in a group can contact Karen Goldberg at [goldbergks@aol.com](mailto:goldbergks@aol.com) or Nancy Harris at [nlharris1214@gmail.com](mailto:nlharris1214@gmail.com). Part II of *Life Re-Imagined* is scheduled for October 20, featuring Ruth Neubauer, LCSW-C who leads *Retirement or What Next* workshops. Workshops about licensing, social media, and furthering clinical practice are also being planned.

Contact Susan Marks at 703-533-9337 or at [surobbin@verizon.net](mailto:surobbin@verizon.net) if

you are interested in joining a new support group for members starting a private practice.

Experienced members are needed to serve as mentors. Newer social workers can arrange one-to-one guidance regarding career concerns. Find additional information under the Professional Resources tab on the GWSCSW website, or contact Sheila Rowny at [Sheila@rowny.com](mailto:Sheila@rowny.com).

### **Social Media Committee**

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

The Social Media Committee continues to work toward improving the GWSCSW Facebook page. In

addition to posting all GWSCSW events and member announcements, we are now also posting articles relevant to contemporary clinical social work practice. We encourage you to "like" the page, regularly visit the page, and comment on articles/links on the page. We are ALWAYS in need of photos, so if you attend/host an event, please take photos and send them our way at [socialmedia@gwscsw.org](mailto:socialmedia@gwscsw.org).

The Social Media Committee is also planning to host another *Social Media Basics* workshop. Please contact us if you have any interest in helping to plan this event, or if you would like to help in any other aspect of Social Media. ❖

### **Volunteers!**

Are you interested in being part of the Society but don't have a whole lot of time?

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

If any of the committees sound like fun, give us a call.

Nancy Harrington, 703-608-0180,  
[NAHLCSW@aol.com](mailto:NAHLCSW@aol.com)



### **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, under the GWSCSW logo)



Sign up for the **GWSCSW LISTSERV** Email your request to: [gwscsw@gmail.com](mailto:gwscsw@gmail.com)

### **News & Views Submission Guidelines**

We welcome GWSCSW members to write articles, contribute to one of the columns, and share your news in Out & About. Below are a few guidelines to keep in mind.

**Articles** – Focus on your area of expertise and practice, ethical dilemmas, responses to events in the media or other topic relevant to clinical social work. Articles should be 500–700 words.

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

#### **Submission Deadlines**

- March News & Views – deadline January 20
- June News & Views – deadline April 20
- September News & Views – deadline July 20
- December News & Views – deadline October 20

All submissions will be reviewed by the editors and are subject to editing for space and clarity.

**Send all submissions to [gwscsw.news@gmail.com](mailto:gwscsw.news@gmail.com)**

## ADVERTISEMENTS

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

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

<b>Classified Ads:</b> 75¢ per word Minimum price \$15 (20 words)	<b>Display Ads:</b> Full page 7 x 9¼ .....\$300 Quarter page 3½ x 4½ .....\$100 Eighth page 3½ x 2¼ .....\$ 50	Half page ..... \$175 Horizontal: 7 wide x 4½ high Vertical: 3¾ wide x 9¼ high
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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

**ALEXANDRIA** – Convenient, comfortable, quiet office right off Rt. 395 at Seminary Road. Space is available daily, nights and weekends. Separate, comfortable decorated office and waiting room. Rent part-time or full-time. Free parking. Contact Joyce at 301-983-8368 or email [kangre@comcast.net](mailto:kangre@comcast.net).

**FAIRFAX** – Lovely, furnished space in attractive 5-office suite. Days and time blocks negotiable. Cheerful group of psychotherapists, psychiatrist and art therapist. Shared waiting area, cozy kitchen, WIFI, copier/fax, telephone, handicap accessibility, ample parking. Proximate to GMU, Courthouse complex, Fairfax High. Minutes from Rte 66 at Chain Bridge Road, Rts 50 and 29. Contact Roberta Logwood 703-385-7575 x1 or [Roberta.logwood@gmail.com](mailto:Roberta.logwood@gmail.com).

**BETHESDA** – Looking to share lease of office accommodating groups up to 8, available Mondays, Tuesdays, Fridays, weekends. On a floor of therapists, across from Strosniders in Bethesda, rent is inexpensive for location. Subletting by hour/day also possible. Contact Marilyn Lammert, 301-951-9645, [drmarilyn@lammert@gmail.com](mailto:drmarilyn@lammert@gmail.com) or Irene Walton, 301-589-0209, [irenewalton@gmail.com](mailto:irenewalton@gmail.com).

**NORTH BETHESDA** – office in professional park easily accessible from NW DC, NoVA and MD suburbs. Roomy office, street level entry, abundant free parking. 301-802-4971 or [margecoffeymsw@verizon.net](mailto:margecoffeymsw@verizon.net).

**SILVER SPRING** – Part-time office for rent by the day three blocks from downtown area/Metro. Includes all utilities, WiFi, printer, refreshments for clients, etc. Call Amanda or Debra at 301-539-9355 or email [getcalm@optimallifesolutions.com](mailto:getcalm@optimallifesolutions.com)

**DUPONT CIRCLE** – Spacious, beautiful office with large windows in shared psychotherapy suite, one block from Metro. Waiting room, kitchenette, private staff bathroom. Available 3 half days a week. Reasonable rent based on number of hours. Contact Za McDonnell, 202-331-1999 or [za@zamcdonnell.com](mailto:za@zamcdonnell.com).

**NW DC** – Beautiful light-filled, recently renovated office available for sublet in professional office building in NW DC. Available Monday, Friday & weekends, Wed evenings & after 3pm Tuesdays and Thursdays. One block from Tenleytown/AU Metro. Contact Jennifer Grosman, PhD ([Jengrosman@yahoo.com](mailto:Jengrosman@yahoo.com)) or Kirsten Chadwick, PhD ([Kirsten\\_chadwick@yahoo.com](mailto:Kirsten_chadwick@yahoo.com)).

**NW DC** – Prime Foxhall Square location at 3301 New Mexico Ave. NW # 345 DC 20016. Suite with one other psychiatrist, 900SF. Starbucks, Suntrust, Rite-Aid conveniently located in office building. [drceliaoliveira@gmail.com](mailto:drceliaoliveira@gmail.com), 202-285-0712 or 202-537-3833.

## EVENTS

**NOVEMBER 16, 2013** – Imaginary Gardens, Real Toads: On Memory and its Uses in the Analytic Process. Presenter: Theodore Jacobs, MD; 5:00-6:30 pm, at the Baltimore Washington Center for Psychoanalysis, ten minutes from the Capital Beltway at 14900 Sweitzer Lane, Suite 102, Laurel, MD 20707. 1½ CEs. For more information visit [www.bwanalysis.org](http://www.bwanalysis.org) or call 301-470-3635 or 410-792-8060.

## SERVICES

**ADOLESCENTS** – Effective, high quality evidence-based and relationship based treatment for adolescents. Treatments that work. Rathbone & Associates. [www.rathbone.info](http://www.rathbone.info). Rockville and Bethesda. 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.

## TRAINING

**USE OF THE SELF IN NEW PARADIGM CLINICAL PRACTICE** – A model that integrates understanding of quantum physics, human consciousness research, and wisdom traditions, in the use of the self in clinical practice. Dates and times as well as level of content to be determined by participants over four, two-hour sessions. Cost \$250. Contact Marilyn Stickle, 703.533-1038 or [ms@marilynstickle.com](mailto:ms@marilynstickle.com).

## GROUPS

**BULIMIA, BINGE EATING AND BODY IMAGE** – Group in progress, Thursdays, 6:00–7:15 pm, Friendship Heights, \$65 per session. [Judith.asner@verizon.net](mailto:Judith.asner@verizon.net), 301-654-3211.

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### **2014 Prepaid Legal Plan**

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The plan will be in effect from January 1, 2014 to December 31, 2014.

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