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(l to r): Golnar Simpson, Susan Horne-Quatannens, Diana Seasonwein, Marcie Solomon, Marilyn Stickle, Carolyn Gruber, Janis Colton, Susan Post, Nancy Nollen, Margot Aronson. Photo: Kate Rossier

A Gathering of Former Society Presidents

By Kate Rossier

On the lovely morning of Saturday, October 5, Golnar Simpson, herself a former GWSCSW president, hosted a gathering of nine other former presidents and myself at her beautiful home in McLean.

The idea for such a gathering arose in conversations about how we might recognize and honor our upcoming 40th anniversary. Having the former presidents meet to share their stories and the history of our society seemed like an exciting and meaningful way for us to do this. Beyond that, the idea had great appeal for me as this would give me the lovely opportunity to get to know better those who have served before me.

The ten presidents who were able to attend were (in order of their tenure):

- | | |
|--------------------------|---------------------------------|
| Marilyn Stickle, 1983-85 | Susan Horne-Quatannens, 1991-93 |
| Marcie Solomon, 1985-87 | Golnar Simpson, 1993-95 |
| Carolyn Gruber, 1987-89 | Nancy Nollen, 2000-01 |
| Janis Colton, 1989-91 | |

continued on page 4

**December 31
is an important
GWSCSW deadline.
See the back cover
of this issue
for more information!**

Greater Washington Society for Clinical Social Work, Inc.

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202-537-0007

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GWSCSW NEWS & VIEWS

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

The next issue will be published March 2014 and the deadline is January 20

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President's Message

Kate Rossier



Way back in mid-September, our Board held its annual retreat, hosted most graciously by Sunrise at Foxhill, in Bethesda, a senior living facility with a special focus on memory care. Special thanks go to Jennie Feldman, the Director of Sales, who has been enormously helpful to us over the past year by providing space for many of our meetings and workshops.

As is often the case, our board can be pretty invisible to members not involved with committees and society activities, and it can easily seem like the society just rolls along on its own. So, I want to take this opportunity, as I did via the listserv, to let you know a little about the recent activity of your Board of Directors.

On September 15, 18 members of your all-volunteer board met for our six-hour annual board retreat. This year's board is a very special group—enormously talented, energetic, hard-working, creative, and fun! I feel privileged to serve with them and think that our whole society is lucky to have this group of folks in charge of the decisions that will move our society into its 40th year—and in such good shape!

The retreat agenda included:

- Updates from committee chairs and co-chairs
- Discussion and voting on issues related to the printed directory and ways we show appreciation for our volunteers
- A preliminary review of the Mission Statement
- Brainstorming about ways to recognize and celebrate our upcoming 40th year

I'm looking forward to the year ahead with this fantastic board and wanted you to know what they have in store. We'll be having our second board meeting on December 8—a mere two hours this time!

The fall has begun with a burst of activity and here are some of the highlights:

- So far, we've had 12 continuing education and career development offerings, roughly ten wine and cheese gatherings in diverse geographic areas, and a New Member Tea. Please contact Evelyn Goldstein if you can host a wine and cheese event in the spring. These are wonderful ways to connect with your fellow members, build your business, and make new friends.
- Terry Uhlmann, our Director of Education, has been hard at work organizing an all-day workshop on March 1, to be given by Laura Groshong, the Director of Government Relations for the Clinical Social Work Association (the national group looking out for clinical social workers). Mark your calendars now! She will be explaining the whole brave new world of health care regulations that affect us starting in 2014.

- This December we say farewell to Kendra Brown, our Maryland legislative intern who is an MSW student at Howard University. She has been wonderful and has learned a lot from our Maryland Legislative and Advocacy committee members and from Alice Mutch, our Maryland lobbyist. You can read her article about her experience in this issue.
- Juleen Hoyer, our Director of Communications—a newly created position to coordinate all of the ways we communicate with our members and support them in communicating with each other: website, newsletter, listserv, directory, and Facebook—will be providing us with Tech Tips in the newsletter. These will help us make the most of the many features new technology can offer us.
- Marie Choppin, our VP, put out a listserv request for volunteers interested in working together on organizing events for our 40th anniversary. Four dynamic members answered the call and the brainstorming has begun. Read more about that later in this issue—and if you are interested in being part of the anniversary planning, please contact Marie.
- Last, but incredibly importantly, pay special attention to the Legislation and Advocacy reports, coordinated by Margot Aronson, as we rapidly head towards the January 1 start of the complete Affordable Care Act. This is a time when we need to be paying full attention and getting involved. If you can help the Legislative committee in your part of the tri-state area, please do so! They will welcome your help!

Happy Holidays to all! ❖

REMINDER...

Participation closes for the
GWSCSW 2014 Prepaid Legal Plan
 on December 31, 2013.

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

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

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.

Falls Church, Virginia

Friday, January 24

4:30 – 6:30 PM

The Stone House Group

Silver Spring, Maryland

Saturday, January 25

9:00 – 11:00 AM

Coffee, Tea & Bagels

Laurie Young

Towson, Maryland

Friday, January 31

5:30 – 7:30 PM

Gayle Bohiman

Tenleytown, DC

Thursday, February 20

5:00 – 7:00 PM

Erika Bugaj Petrova

Reston, Virginia

Sunday, February 23

3:00 – 5:00 PM

Lisa Snipper

Alexandria, Virginia

Friday, March 21

5:00 – 7:00 PM

Susan Horne Quatannens & Jane Carey

For details and
 new events, visit
www.gwscsw.org



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Former Presidents, from page 1

Margot Aronson, 2002-05

Diana Seasonwein, 2005-07

Susan Post, 2007-10

See them all in the photo on page 1. Unfortunately, unable to come were:

Vesta Downer, 1978-79

Anne Stephansky, 1979-81

Fran Thomas, 1981-83

Eileen Selz, 1997-99

Irwin Dubinsky, 1999-2000

Marilyn Austin, 2001-02

Sydney Frymire, 2010-12

Sadly, three presidents have passed away:

Eloise Agger, 1975-1977

Louisa Schwartz, 1977-1978

Alice Kassabian, 1995-1997

The stories these leaders shared told of earlier times that were fascinating, challenging, lively, and full of passion. In the first 20 years of our society, the focus was on obtaining licensure for our profession in all three jurisdictions, then on obtaining “vendorship” (the inclusion of clinical social workers as mental health providers recognized and covered by insurance companies), and finally on clinical social work education being provided by social workers rather than by people with other mental health degrees. These were three enormous achievements and all three required sustained energy, commitment, organization, and hard work—qualities in abundance in this group of leaders. Each of them was involved in legislative and advocacy efforts during their tenure. Without that involvement, it’s hard to imagine we would be where we are today!

Also emerging from the stories was the picture of a time, around the turn of the new century, when the issue of unionization and hiring an executive director became fragmenting forces within the society and we nearly folded. However, with the tenacious work of several Society leaders, this time ultimately led to a transformation and we survived to rebuild.

Because this one meeting was clearly not enough time to share all of the stories that need to be shared, and didn’t occur at a time that worked for all of the former presidents, I will be organizing another meeting. Perhaps at that meeting, we will not only continue

to share with each other, but also be able to further develop the history writing project.

On a personal note, I would like to recognize and express my appreciation for all of the former presidents who have come before me and have done so much to make this society what it is—a major force in building and fighting for our profession. What a privilege (and an education) for me to be a part of this lovely morning! ❖

Happy 40th Anniversary, GWSCSW!

An energetic, creative and enthusiastic group of GWSCSW members has formed to work on developing celebratory events for our 40th year coming up in 2014. The members include Gloria Mog, Julie Lopez, Marie Choppin, Rhonda Lieberman-Lapan and Sara Feldman.

Our creative group “met” through a conference call in October and had a lively discussion about ways to honor this momentous time in GWSCSW’s history.

We have some wonderful ideas brewing and will let everyone know soon what they are. We hope to have at least three events (spring, summer and fall) that will provide a time to celebrate, reflect, and connect with one another.

Be on the look-out for events throughout the year and mark your calendar—we hope you’ll attend them all!

If you have any thoughts, suggestions or ideas, please feel free to contact us:

Gloria Mog

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Sara Feldman

sara.m.feldman@gmail.com

Second Annual CSWA Summit

Marie Caterini Choppin, LCSW-C, LICSW

The Clinical Social Work Association (CSWA) summit is an annual gathering of leaders, including CSWA board members, presidents of affiliated societies, and invited guests. This fall's summit was held in Arlington, Virginia; and since our president, Kate Rossier, was not available, I was fortunate enough to be able to attend in her place.

The summit began with a wine and cheese reception, hosted by the CSWA Government Relations Committee, on Friday evening. CSWA board members arrived one by one from their home states of Washington State, Arizona, Idaho, South Carolina, North Carolina, Pennsylvania, Illinois, Kentucky, and New York. A number of our GWSCSW board members braved the heavy rain and rush hour traffic to meet these dedicated and energetic clinical social work leaders at the reception.

The CSWA's mission statement notes that "a profession is only as vibrant as is its leadership." The all-day Saturday session was a demonstration of how our vibrant profession addresses the important issues it faces. The agenda was packed.

Discussion and problem-solving focused on ongoing concerns, including the:

- Dissemination of information about HIPAA, DSM V/ICD-9 codes, changing requirements for documentation, billing, and communication with clients;
- Need for increased advocacy for clinical social workers as a specialty under healthcare;
- Need to develop a national definition for LCSW-C standards and scope of services; and
- Insufficient access to supervision for graduating MSWs working toward clinical licensure.

Distance Learning and Online MSW Programs

Laura Groshong, Chair of the CSWA Distance Learning Committee, and Joel Kanter, an active participant on that committee, reported on the CSWA's study of online MSW programs that was completed this year. This initiative brought together some of the best known names in our field, including Frederick Reamer, Jan Freeman, Doug Stephenson, Robin McKenna, Kevin

Host, and David Phillips. After extensive research into online education, the committee developed and submitted to the Council for Social Work Education (CSWE) a position paper stating their concerns about those programs which involve no in-person instruction, especially in the area of clinical coursework. Problems noted with these programs include the lack of proper clinical supervision for students in field placements, direct faculty-student personal interactions, and in-class opportunities to discuss and communicate with fellow students. For these reasons, the committee concluded that exclusively online programs, ultimately, cannot meet the need to develop social workers who are competent in the range of social interactions and really ready to practice social work. Consequently, the advantage of increased access offered through online education must be balanced with a minimum requirement for face-to-face instruction. The CSWA Board enthusiastically endorsed the report and will be following up on it in a number of ways in the days to come.

On another note, a new initiative to launch a public relations campaign was launched at the summit. A committee is being formed to create videos which will be put on the CSWA website to inform the public about the many services offered by clinical social workers, what clinical social workers are, and how we are different from the other mental health professions.

Overall, I found the experience exciting; and the reality that a small group of dedicated clinical social work volunteers from around the country can make positive changes is wonderful. To do all of these things, however, CSWA needs to increase membership. GWSCSW strongly urges you to become individual members of CSWA, our GWSCSW parent organization. To be responsible stewards of our profession, LICSWs need to be members of both GWSCSW and CSWA.

If you have any questions, contact CSWA at the website: www.clinicalsocialworkassociation.org. ❖

Marie Caterini Choppin, LCSW-C, LICSW, has played a leadership role in GWSCSW as chair of the Education Committee and now as vice president. She is a Certified Emotionally Focused Therapist with offices in Silver Spring and Bethesda.

PQRS: A Pretty Quick Reasonable Summary of the Physician Quality Reporting System

Laura Groshong, LICSW

As 2013 draws to a close, clinical social workers who are Medicare providers should be knowledgeable about and ready to participate in the Physician Quality Reporting System (PQRS). Developed and managed by the Centers for Medicare and Medicaid Services (CMS), the program has been in use since 2007, but this is the first year that our profession has been affected by its requirements.

The goal of PQRS is to improve the quality of care provided to Medicare beneficiaries by encouraging providers to identify and track certain treatment practices relevant to certain client conditions. For example, for a client with depression, a clinician might document depression screenings and follow ups. Tracking can be accomplished easily: the provider simply fills in an extra line on the standard CMS claim form. What may not be easy, until we become accustomed to the PQRS format, is figuring out the measures and codes to report.

Who Should Use PQRS... And Why It's Important to Start Now

While clinical social workers who are Medicare providers *do not have to* submit PQRS information now, there are financial incentives and penalties to consider:

- Those who submit claims with three PQRS codes for at least half of their Medicare patients will receive a bonus of .5% in 2015.
- Those who submit on claims at least one PQRS code for one patient in 2013 by 2/28/14 will receive neither bonus nor penalty.
- If, by February 28, 2014, you have not submitted at least one code for one patient seen in 2013, a penalty of 1.5% will be imposed in 2015 for 2013 claims.
- Clinical social workers who do not submit PQRS codes in 2014 will see a 2% reduction in their Medicare payments in 2016.

A frequently asked question has been whether one may resubmit a claim with PQRS codes that was previously submitted without them. The answer is "no"; only new Medicare claims can be submitted with the PQRS codes.

The Complicated Part: PQRS Codes and QDCs

Your first step is to determine what PQRS measure or measures you will track for a particular client.

Of the many PQRS measures tracking Medicare patients, only twelve are available for clinical social workers: #9, #47, #106, #107, #130, #134, #173, #181, #226, #247, #248, and #280. A few of these—for example, screening for risk of suicide (#107), and treatment with anti-depressant medication (#9)—may be applied only to clients with specified diagnoses. Most measures, however, are not linked to diagnoses and may be used with any appropriate client. Examples include screenings relating to whether patients smoke, drink, use substances, or are involved in other behaviors that CMS is tracking.

To see the twelve PQRS measures available for submission by clinical social workers, go the CSWA website at www.clinicalsocialworkassociation.org, click on



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"Clinical Practice," then click on "PQRS Options," then click "Click here for the PQRS Options". All PQRS Codes available for clinical social work are listed.

Alongside the PQRS Codes on the webpage noted above, you will find Quality Data Codes (QDCs). QDCs are the numeric documentation of the PQRS measures. For example, if the measure you have selected for your client is #134 *Preventive Care and Screening for Clinical Depression and Follow-Up*, the choices of QDCs for documentation on your claim include

- G8431 –Positive screen for clinical depression with a documented follow-up, or
- G8510 – Negative screen for clinical depression, follow-up not required.

Filling in the Forms

The simplest approach to submitting the QDCs for PQRS measures is to use the standard CMS-1500 claim form. *(There is a new version of the CMS-1500 (2/12) which you must start using on April 1, 2014. The old CMS-1500 (08/05) can be used until that date.)*

All the data will be entered in Section 24, using a separate line for each code.

- First, enter the QDC(s) in Section 24D under the CPT code. If the client has more than one diagnosis, be sure to fill in column E to clarify which diagnosis is being claimed.
- Next, across the way, fill in F for the "charges"—which will be a .01.
- Do not forget to enter the date and your NPI (National Provider Identification) for *each* line item.

The sample CMS-1500 with PQRS data at www.facs.org/ahp/pqri/2013/cms-1500-claim.pdf should make it clear.

CSWA hopes that this information is useful to clinical social workers for navigating the complicated world of PQRS which, with any luck, will soon become as second nature as diagnostic codes. Although at present, PQRS applies ONLY to Medicare providers, many health care policy experts expect PQRS to become part of private insurance plans at some point.

Laura Groshong, LICSW, is the Clinical Social Work Association (CSWA) Director for Government Relations. In addition to her legislative work, she maintains a private psychotherapy practice in Seattle, Washington.

information has been taken from CMS at the following link: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2013_PQRS-2015_PaymentAd-

justmentTipSheet060313.pdf and a webinar offered by CMS e-health at http://cms.gov/eHealth/downloads/Webinar_eHealth_September11_PQRSDeadlines.pdf. Many thanks to Bill Rogers, Medical Director of CMS, Lauren Fuentes and Ashley Spence of CMS, and Martha Gautier, Ketchum Vice-President and CMS Coordinator for their help in gathering this information.

THE PRO BONO COUNSELING PROJECT & TOWSON UNIVERSITY VETERANS CENTER

present ...

Women & the Military Workshop

Presenter: Kate McGraw, PhD

Friday, December 6

8:30 AM to 3:30 PM

(Registration begins at 8:00 AM)

Towson University, Loch Raven Room
Towson, MD 21252

Objectives

- Identify three environmental factors unique to military culture that contribute to the psychological health of military females.
- Assess the DoD and VA policy related to the processes currently in place for Service members and Veterans to report military sexual trauma, military sexual assault and military sexual harassment in the VA and the DoD systems of care.
- Identify two research studies and understand the results related to the impact of combat on the psychological health of military females.
- Analyze how military sexual trauma, military sexual assault, and military sexual harassment may impact the psychological health of victims, both Active duty and Veterans.
- Compare how the historical and contextual role of women in the military may contribute to and potentially impact the psychological health of the military female.
- Discuss the physical health issues unique to women that may impact their psychological health.

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Supplementary Workshop Resources

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LEGISLATION & ADVOCACY

■ VIRGINIA

Judy Ratliff, LCSW

Social networks and the Internet provide unparalleled opportunities for rapid knowledge exchange and dissemination among many people, but this exchange does not come without risk. Social workers and students have an obligation to understand the nature, benefits, and consequences of participating in social networking or providing technology-assisted therapy of all types. Online content and behavior has the potential to enhance or undermine not only the individual practitioner's career, but also the profession.

From *Guidance on Technology-Assisted Therapy and the Use of Social Media*, Virginia Board of Social Work; October, 2013.

The Virginia Board of Social Work has issued guidelines for Virginia social workers on the use of telephonic

sessions, Skype, blogs, chatrooms, and social media. While acknowledging the relevance of the various new technologies for social work practice, the board also identifies unintended consequences. These could be reported to the board as inappropriate use of social/electronic media or technology-assisted therapy, leading to investigation and possible sanction of a practitioner. You can review the guiding document at www.dhp.virginia.gov/Social/social_guidelines.htm.

Regulations Governing the Practice of Social Work

The most recent update of Virginia's *Regulations Governing the Practice of Social Work* is now on the web, and is current as of September 26, 2013. This document covers regulations governing all Virginia social work licensees with definitions, requirements for licensure, examinations, requirements for supervisors, renewals, reinstatement, and standards of practice.

These regulations should be the starting place for would-be licensees as they prepare for licensure. Further, since state licensing regulations do not remain static over time and licensees are responsible for knowing what is current, it is recommended that all licensees review regulations on an annual basis. See http://www.dhp.virginia.gov/Social/social_laws_regs.htm.

A New Governor and a New Assembly

By the time you read this, our very contentious governor's race will have been decided, as will the makeup of our Virginia legislature. No matter who has been elected, we all should be taking advantage of the weeks before the 2014 legislative season begins to educate our delegates, our senators, and our governor about the critical need for broader access to mental health treatment *and about the invaluable role clinical social workers play in providing care*. Constituent calls and emails help legislators who are supportive to build their case, and assist those who are in opposition to see our perspective. ❖

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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discounts for mental health professionals

■ DISTRICT OF COLUMBIA

Margot Aronson

DC's Mayor Vincent Gray's Community Forum on Mental Health this October was one of a series of nationwide gatherings held since President Obama called for a national conversation on mental health in June. The Mayor's theme was DC youth, and young people made up close to a third of the 400 participants giving up their sunny Saturday to learn about what mental health programs and services are available in the District and to talk about addressing the needs that persist.

The program was energized by facilitated group discussions on key challenges including stigma, cultural biases, and economic reality. As issues were raised, participants registered their views using keypad polling, with results quickly posted to enrich the discussion. Susan Lesser, representing our Society, noted how involved the young attendees were, particularly in looking toward practical community-based action steps: to target specific age groups, be transparent, give youth choices, get information out quickly, and put more youth on the Action Planning Team.

All the Forum documents, including the final report, can be found on the web. The most direct approach is to google "Creating Community Solutions – DC."

Looking ahead...

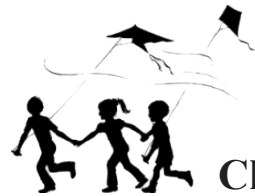
Last year at this time, legislative committee member Gina Sangster had the opportunity to interview Brenda Donaldson, the very impressive new director of Child & Family Services Administration (CFSA). Gina described Ms Donaldson's ambitious plans for revamping CFSA in the December 2012 *News & Views* in "Four Pillars Change the DC Child Welfare System." Our Society has now been invited to a stakeholders update, to take a look back at CFSA highlights of FY13 and preview FY14 plans. Ms. Donaldson will also be asking participants for thoughts about possible priorities for CFSA's FY15 budget. Chantay White, new to our legislative committee, will be representing the Society. We look forward to her report.

The DC Board of Social Work has been hard at work developing a guidance document on what consti-

tutes "clinical case management" experience that will be accepted for the supervised hours required before taking the clinical licensure examination. A draft circulated at the October board meeting was clear and to the point, and we are assured it will be ready for publication soon.

Like Maryland, the District developed its own Health Benefits Exchange (HBX). Plans were made thoughtfully, with considerable input from community organizations (including GWSCSW). As of this writing, it seems not to be plagued with website problems, and we're hoping to be among the success stories of health care reform. An excellent description of the program and the planning process can be found on the Kaiser Foundation website, at <http://kff.org/health-reform/state-profile/state-exchange-profiles-district-of-columbia>. ❖

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



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Remember you can find past issues of *GWSCSW News & Views* at
www.gwscsw.org > **GWSCSW Newsletter** > **Newsletter & Archives**

■ MARYLAND

Judy Gallant, LCSW-C & Alice Neily Mutch

The goal of the Maryland Clinical Social Work Coalition (that is, our Society's legislative committee in Maryland) is to raise the consciousness and knowledge base of the legislative and executive branches of government so that Maryland residents will have greater access to quality mental health care. One of our projects this fall, carried out with the able assistance of our outstanding Howard University MSW intern Kendra Brown, was a letter to each legislator, highlighting issues of importance to us, and offering our assistance as bills are being crafted for the 2014 legislative session.

We have also been preparing for the annual Legislative Workshop and Dinner scheduled for Wednesday, January 21, 2014 in Annapolis. An afternoon of advocacy training with our dynamic lobbyist Alice Mutch will be followed by an evening with two legislators—one from the Maryland Senate, one from the House—

who will meet with us for an informal dinner at the Annapolis Yacht Club. We hope you will join us!

In this issue of *News and Views*, we conclude our review of the Maryland 2013 legislative session with three issues which could impact us and our clients: telehealth, end-of-life, and medical marijuana.

Task Force for Examining Telehealth

A Telemedicine Task Force established by HB934/SB776 is charged with identifying opportunities for using telehealth to improve health status and health care delivery in Maryland, and making recommendations to the Maryland Health Care Commission, the Governor, and the Legislature. Of particular interest will be innovative service models for chronic care, for acute care, and for use in rural areas. The task force will also analyze services for patient engagement, education, and outcomes; health professional productivity, resources, and shortages; and emerging technology and standards for security.

End of Life Issues

HB 581 creates palliative care pilot programs throughout Maryland. Some background:

An article published in *JAMA* in January 2013 noted a simultaneous increase in ICU utilization followed by very short (fewer than 3-day) hospice stays over the last 10 years. This raises concerns about expensive, aggressive, unsuccessful medical intervention with inadequate exposure to palliative care/hospice care, a trend that can leave patients with untreated symptoms, families unduly burdened, and can bankrupt our medical system.

Our coalition, along with other organizations, resisted original legislation which would have asked hospitals to meet impossible requirements with existing hospital resources. We were influential in having the bill become a pilot. The amended bill requires the establishment of at least five palliative care pilot programs in hospitals with at least 50 beds. The pilot programs will collaborate with palliative care or community providers to deliver care; gather data on costs and savings to hospitals and providers, access to care, and patient choice; and report to the Maryland Health Care Commission (MHCC) on best practices. MHCC will report findings to the General Assembly at the end of 2015.

SB790 requires the Department of Health and Mental Hygiene to make an Advance Directive Registry operational by October 1, 2014, to establish fees for any

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service, and to carry out appropriate educational and outreach efforts to increase public awareness of the registry. The registry will make it possible for a health care provider to determine whether a patient who is unresponsive has an advance directive.

Medical Marijuana

HB 1101 allows for the investigational use of marijuana for medical purposes at academic medical centers, and establishes an independent commission within DHMH to oversee such programs. So far, there are indications that the only academic medical centers in the state (Johns Hopkins and the University of Maryland) are not planning to apply to operate an investigational medical marijuana program at their centers.

SB 580 allows caregivers of patients who use **medical marijuana** to possess up to an ounce of pot without being convicted of a crime. Patients are protected under a 2011 law that allows them to use medical necessity as an “affirmative defense” in court if caught with marijuana and drug paraphernalia. Without the approved bill, “those patients are not able to get the drug without their caregivers facing jail time,” according to Jaime Raskin, a Montgomery County Democrat who introduced the bill.

Advocacy Counts!

Our coalition’s efforts to increase awareness of the importance of Clinical Social Workers’ input into legislative issues resulted in the specific inclusion of clinical social work language in two important pieces of legislation related to autism and confidentiality. In 2013, the coalition offered its views and recommendations on 14 proposed bills. It is only through continued advocacy that legislative leaders will continue to be our advocates in the future.

Please join us on January 21 in Annapolis for our advocacy workshop and a wonderful dinner with two of our legislators. Help us demonstrate our involvement and advocacy, and raise everyone’s awareness! ❖

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.CapitalConsultant-sofMd.com.

Save the Day and Feel Empowered!

MARYLAND ADVOCACY WORKSHOP & LEGISLATIVE DINNER

Wednesday, January 21, 2014

Annapolis Yacht Club
2 Compromise Street, Annapolis, MD

Workshop: 3:30–6:00 PM

2.5 Cat.1 CEUs

Members \$30 | Non-members \$45 | Students \$0

Cash Bar & Dinner: 6:00-8:30 PM

1 Cat.2 CEU

Members \$50 | Non-members \$65 | Students \$40

You may attend the Workshop, the Dinner, or both events. Please register for each event separately.

Please join us at the Annapolis Yacht Club for an enjoyable evening of learning and schmoozing. We will begin the event with our advocacy workshop, led by our dynamic Maryland lobbyist, Alice Mutch. Alice is able to help us translate our concerns into language the legislature understands. We will increase our sense of empowerment over the environment in which we practice.

We will then have the opportunity to put what we have learned into practice! We will be joined at dinner by 2 legislators, one from the Maryland Senate, the other from the Maryland House of Representatives. We will get to know each other at an informal cocktail hour, and then have further opportunities to discuss issues we are focused on at dinner. It is a fun event, and we hope many of you will join us!

For details and registration, please visit

www.gwscsw.org



My Internship in Clinical Social Work Advocacy

Kendra Brown

Social work called me. I did not always know I wanted to be a social worker. I just answered the calling.

When I was in high school, I had the opportunity to meet an extremely hard-working and caring woman who adopted me into her family unofficially. She was there to console me through bad times and celebrate my successes when others did not. Her heart cradled me from the negativity and war zone that had become my home. After graduation, when I started college at North Carolina A&T State University and had to choose a major, I wanted to be able to do for others what she did for me. She was a social worker.

While in my senior year, I had an internship at Lifespan Services, an organization that provides services for those with mental retardation and developmental disabilities. The year I was with them, they were experiencing many policy changes that would negatively affect the clients. One would eliminate the targeted case management portion of the organization, effectively meaning that clients would become numbers,

not people. I learned how social work on a macro scale changes lives. So when I applied to Howard University in the spring of 2012, I stated that I would love to work with policy.

What I find most interesting

Social work keeps my interest because it has so many facets. You can do anything you want to with a degree in Social Work. I had a professor at North Carolina A&T named Dr. Glenna Barnes. She told a class full of juniors, including myself, "Social work is not restrictive. Social work is a set of skills. What you choose to do with that set of skills is up to you." I keep those words with me. Since moving to the DC area, I have become increasingly interested in mental health, health care policy and displaced populations. The internship with Capital Consultants of Maryland and the Greater Washington Society for Clinical Social Work has been a great opportunity to learn, hands-on, about health care policy.

What I have learned in the internship

As a new resident to the area, this internship gave me the opportunity to learn more about the policy-making process in Maryland. I learned firsthand about the politics of politics. I also learned how maintaining relationships with people gives you an advantage.

Working with lobbyist Alice Neily Mutch was probably the best learning tool I could have been afforded. She was absolutely wonderful at providing history of the legislature that I could not have gotten elsewhere. I began to quickly understand why everyone loves and respects Alice. She also taught me about the job of a lobbyist. Watching her advocate on behalf of her clients was amazing. She even trusted me to do some advocating too.

I also had the opportunity to be mentored by three wonderful social workers: Dr. Susan Gibbons, Dr. Gwendolyn Pla, and Judith Gallant. Each of these women also helped me navigate this internship with grace. I am grateful that they took time to aid in my learning process. All in all, my experience was a great one. ❖

Kendra Brown has completed her second year MSW internship, and is heading for graduation with a Howard University Masters in Social Work. Congratulations, Kendra!

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Social Work and the Cultural Competency Bandwagon

Margot Aronson

Social workers tend to be wary of any new continuing education requirements for license renewals, and the current rumors of a possible CEU requirement in cultural competency evoke special concern and considerable resistance. "We are *already* culturally competent; it's *who we are*," we exclaim. "We wrote the book!"

Yes, cultural competency is at the core of social work, a standard in our Code of Ethics for over twenty years, and embedded in our MSW education as a Council on Social Work Education (CSWE) Core Competency. Indeed, our profession embodies the understanding of the intersection of cultures. We are trained to reach out to vulnerable and minority populations, to understand difference, to consider the person-in-environment with all that encompasses, to be sensitive, responsive and effective in our dealings across cultural and ethnic divides.

But—let's take a deep breath.

Even though that's all true about social work, cultural competency training is widely seen as a helpful approach for breaking the health outcome disparities that plague much of our nation—and, in particular for our concerns in this article, in Maryland. What we tend to reject as a "cultural competency bandwagon" of certification programs and one-size-fits-all toolkit, is, in fact, a serious attempt to address valid concerns about Maryland's health care delivery system. We know how important cultural competency is to our profession. It behooves us to join the discussion and to share our experience.

Maryland initiatives

"Maryland... despite its wealth, demonstrates significant disparities in health care and health outcomes. For example, black Marylanders have infant mortality rates that are almost three times

continued on page 14

Interested in learning more about psychoanalysis and how it is practiced and taught today?

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Joint Institute Candidates Symposium for Mental Health Professionals

Sunday, February 9, 2014

Rockville Hilton, 1750 Rockville Pike, Rockville, Maryland 20852

The analytic community will meet and discuss detailed case material. Representatives from each of the 5 training institutes in the Washington metropolitan area will discuss their understanding of the patient's inner world, the analytic relationship, and the use of technique

Presenter: Kathryn Watt, MD

Psychoanalytic Candidate, Baltimore Washington Institute.

Moderator: Jay Phillips, MD

Baltimore Washington Institute

and a Discussant from each of the area psychoanalytic training programs.

Registration: \$50 per person. (\$55 walk-in registration). Candidates - \$25 (\$30 walk-in).
Seating is limited and pre-registration is strongly encouraged.

3 Continuing Education Credits for physicians, psychologists and social workers.

Registration at: www.wcpweb.org

Cultural Competency, from page 13

the rate for white Marylanders; have an incidence of new HIV infections at almost 12 times the rate of the white population, and are almost twice as likely to lack health insurance as Whites.”

Maryland Health Quality and Cost Council (MHQCC) Health Disparities Workgroup, Final Report and Recommendations, 2012.

For more than a decade, Maryland’s State legislators and the Department of Health and Mental Hygiene (DHMH) have been aware of and taken a proactive approach to problems of racial and ethnic disparities in health care access, utilization, quality, and outcomes. Extensive information on the DHMH office of Minority Health & Health Disparities (MHHD) website reflects a number of thoughtful and ambitious initiatives designed to alleviate these problems. The Minority Health Equity Data report, reports of the five workgroups of the Health Disparities Collaborative, the MHQCC report cited above, and much more that can be found on the website.

The two most recent legislative initiatives—the Health Improvement and Disparities Reduction Act of 2012 (SB 234) and the Cultural Competency and Health Literacy-Education Act of 2012 (HB 679)—focus on the critical need for a diverse healthcare workforce that is both culturally and linguistically competent.

The latter, HB 679, calls upon Maryland professional associations and public health entities to identify, develop or collaborate in the development of training programs for health care professionals. Such programs are to be focused on target populations, with stan-

Cultural Competence and Social Diversity

- Social workers should understand culture and its function in human behavior and society, recognizing the strengths that exist in all cultures.
- Social workers should have a knowledge base of their clients’ cultures and be able to demonstrate competence in the provision of services that are sensitive to clients’ cultures and to differences among people and cultural groups.
- Social workers should obtain education about and seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, and mental or physical disability.

From *Standards for Cultural Competence in Social Work Practice*, NASW (2001)

dards for identifying competency, and developed in collaboration with MHHD.

The Maryland Clinical Social Work Coalition—our GWSCSW legislative arm in Maryland—is specifically named in this bill.

Our Cultural Competency Project Begins

In response to HB 679, we approached the deans of the three major area graduate schools preparing social workers for licensed practice in Maryland—University of Maryland School of Social Work, Howard University School of Social Work, and the National Catholic School of Social Service—and proposed a collaborative effort examining how the social work profession is handling preparation of students and professional education in support of cultural competency, and how that might relate to the concerns addressed in the Act.

The three deans agreed to an informal, pro bono collaboration and, with that, our Cultural Competency Project began.

Dr. Janice Berry Edwards, representing Howard, chairs the project. Other faculty participants are Dr. Eileen Dombo representing Catholic; Dr. Cynthia Harris representing Howard; Dr. Kathleen Deal, Dr. Philip Osteen, and Ms. Seante Hatcher representing the University of Maryland; and Dr. David Barclay from Gallaudet University’s social work program. As for the professional associations, Dr. Harris is president of the DC-Metro Chapter of the National Association of Social Work (NASW), and Dr. Edwards, Dr. Dombo, and I are active GWSCSW members.

When we called the first meeting in June, 2012, the expectation was that we would focus primarily on joint CEU programs. It very quickly became clear that our interests and experience would take us in other directions.

Graduate schools are required by CSWE to develop standards of cultural competency, and to provide opportunities for their MSW students to meet such standards. *How* competency is taught, however, differs widely from school to school. Further, while all schools refer to “infusion” of cultural understanding throughout their curriculum, the meaning of “infusion” differs from school to school.

The professors in our group are deeply involved in research in the area of cultural competency, and all are in agreement that the so-called “toolkit” approach (how-to guides to working with various racial and ethnic minorities) falls far short of the subtleties of

interactions and communications that social work students must master. In social work, the critical concept is “intersectionality”: finding and working with the intersections within the complex mix of multiple identities—culture, language, geography, intra-group identity, power, values, and so on—where social worker and client find fertile ground for working together.

Just how, then, is “intersectionality” taught, and what exactly does “infusion” look like? How are we measuring its effectiveness? How do students feel, on graduating with the MSW, about their comfort level dealing across cultural and ethnic divides?

Training for Cultural Competency: A Series of Colloquia

An intriguing proposal emerged from our discussions, and a plan began to take shape: a series of colloquia, to be hosted in rotation, annually, by our social work schools, with the goal of bringing together faculty and administration to consider a broad range of issues in cultural competency training for social work students and professionals.

The inaugural colloquium, “Training for Cultural Competency: A Colloquium for Social Work Educators”, will be hosted at Howard. It will examine how cultural competency is taught and/or infused in the MSW social work curriculum, with special emphasis on the issues raised in HB 679.

We believe that a continued informal collaboration of the schools can lead to the enrichment of all the programs. Future colloquia will focus on training for cultural competency for the Bachelor of Social Work program level, for continuing education (perhaps focused on cultural complexities in mental health treatment), and—of particular relevance in Maryland—an exploration of an interdisciplinary approach to cultural competency training in *other* health professions, pairing social workers with instructors in those professions in seminars, to share our unique perspective and experience.

What About Rumors of CEU Requirements?

As for specific CEU requirements, at present, psychologists and chiropractors are the only Maryland health professionals for whom CEUs in diversity and cultural competency are required. That will probably change.

Over the past year, an MHQCC Health Literacy and Cultural Competency Workgroup has been examining standards for cultural and linguistic competency

for medical and behavioral health treatment; considering the feasibility of incorporating those standards into reporting by health care providers and tiering of reimbursement rates; developing recommendations for establishing multicultural health care equity and assessment programs for certain health care settings; and recommending criteria for continuing education in multicultural health care, including cultural competency and health literacy training.

Dr. Edwards was appointed to this workgroup, and others of us volunteered on subcommittees. It was a thoughtful and thorough process, looking at the experience of other states, at continuing education regulations for each group of Maryland licensed health professionals, and at a range of resources and opportunities. A final report is expected soon.

The strong likelihood is a recommendation that all Maryland health profession boards—including ours—establish requirements for continuing education in cultural competency. If so, there will be ample time for public comment. We urge members to consider how social work can best contribute to Maryland’s efforts to ensure that our healthcare workforce is effective across our diverse population, and to enter the discussion. ❖

Margot Aronson, LICSW/LCSW-C, is currently GWSCSW Director for Legislation & Advocacy. She maintains a small private practice in the District of Columbia.

SAVE THE DATE

The End of the World as We Know It and We Feel Fine: Understanding the Changes to Health Care Delivery for LICSWs

Presenter: Laura Groshong

March 1, 2014

9 am - 4:30 pm

National 4-H Youth Conference Center
7100 Connecticut Avenue, Chevy Chase, Maryland
6 Ethics CEUs

This conference will provide an overview of changes that have occurred as a result of changes in Federal regulation to Medicare, health care delivery by LICSWs, diagnostic and procedural mental health categories, and HIPAA compliance in the past year (2013) and changes to come in 2014. Ethical implications of all these changes will be discussed. This course will apply to all levels of clinical expertise as all LICSWs will need to understand these changes and incorporate them into their practices.

Details and registration at www.gwscsw.org

Tech Tips: QR Codes

Brought to you by the GWSCSW Social Media Committee
What is this?!?



It's a "QR Code" or "Quick Response Code" (and this one happens to connect you to www.gwscsw.org).

Essentially, QR Codes are a type of two-dimensional barcode. The matrix (two-dimensional) nature of their design allows more data to be captured than the traditional, one-dimensional barcode. QR Codes were originally developed by Toyota® and used to track vehicle and vehicle components during manufacture. Today they are widely used in advertising, community building, information storage and sharing. The typical QR Code stores URLs or other information that can be read by the camera on a smartphone.

To use QR Codes, you must first download a QR code-reader application (app) to your mobile device. Here are some popular apps:

<u>iPhone</u>	<u>Android</u>
Quick Scan	QR Droid
QR Reader	QR Barcode Scanner
i-nigma	QuickMark Barcode Scanner
Qrafter	Scan-Barcode Scanner
RedLaser	RedLaser

When opening/launching the app following download, the app will automatically activate your device's camera. Align the QR Code as indicated by the app. When the app has correctly read the QR code, it will display the information the code contains, or launch your Web browser to take you to the designated URL.

Save time and effort typing in those long URLs. There are some QR codes in this issue—give them a try! ❖

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Call for Continuing Ed Proposals for 2014-2015

Kathleen Landers, LCSW-C, CE Co-Chairperson

The GWSCSW CE Committee is now accepting proposals for courses to be taught in the 2014–2015 academic year. **The proposal deadline is January 31.**

If you are interested in submitting a proposal for review, please do so by filling out our proposal template found on the new website at www.gwscsw.org. Click on the Continuing Education tab on the left. Please provide as much detail as possible in order to facilitate the process of review and acceptance.

We will be reviewing proposals as they are received, with a final decision made by the committee following the January deadline. If you have questions about the process, please review the FREQUENTLY ASKED QUESTIONS sheet also located on the Continuing Education page (<http://www.gwscsw.org/instructor.php>).

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

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

Those interested in presenting should send proposals to Deborah Horan, LCSW-C, CE Committee co-chairperson (cechairperson@gwscsw.org). She will collect and distribute proposals to the committee for the review process.

We are excited about developing a wonderful educational program for 2014-2015. ❖

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GWSCSW CONTINUING EDUCATION COURSES 2013-14

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. 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). No credit is given for cancellations made less than one week prior to the course.

■ Emergency Coverage of Your Practice: Practical and Ethical Considerations

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

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

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 or 301-588-3225

Cost: Members \$120 / Non-Members \$180

CEUs: 6 hours (Ethics)

■ Prostate Cancer & Sexuality: The Basics

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 or 301-951-6592

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

CEUs: 3 hours

PRE-REGISTRATION REQUIRED – Register online at www.gwscsw.org

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

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 \$180

CEUs: 6 hours

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

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**

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**

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

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. 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). No credit is given for cancellations made less than one week prior to the course.

GWSCSW COURSES REGISTRATION FORM

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Course Title:	Date:	Course Fee	Late Fee
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
TOTAL (make check payable to GWSCSW)		\$ _____	\$ _____

Mail to: GWSCSW, PO Box 3235, Oakton VA 22124

ADHD in Children and in Adults: Strategies in Couples and Family Therapy

By Janette Patterson, MSW, LCMFT

"You have to help us get through to Nate," says William, Nate's dad. "We can't trust him at all anymore. He says he is studying in his room, but when we check, he is playing on his computer. He says he has it under control, but then he bombs tests because he didn't study."

Beth, Nate's mom rolls her eyes. "He never does any of his homework assignments."

"That's not true! I did study! The biology teacher gave us the wrong assignment to study and everybody failed the test! And I did turn in the assignments, but the teacher just hasn't put the grades into the database." Nate is clearly annoyed with his parents. "I totally know what I am doing. You just need to back off!"

As therapists we are faced with having to find underlying reasons for "bad" behavior and stuck patterns. These scenarios are all too common. Just about any parent with a high schooler is dealing with "push-back" behavior. But what do you do when the problem is the adult?

Betsy, Jackie's mom, sits with her arms crossed, "I can't stand being with Jack anymore. He's rude, throws stuff everywhere, and we get into fights over everything. He just doesn't give me any space."

Before she can go on, Jack interrupts. "No way. What do you mean I don't give you any space? I do everything for you. You ask and I jump. So what if I don't remember to take the trash out. All you have to do is remind me. You just don't ever give me a break!"

If the underlying concern is undiagnosed ADHD, the client could be suffering from a neurological processing problem which affects his or her ability to learn and regulate emotions. Especially if the individual is bright, a "quick study" and successful at work, underlying ADHD can go unnoticed for a long time. According to the Centers for Disease Control and Prevention, 8.4% of all school aged children were diagnosed with ADHD in 2011, and some studies suggest those that are undiagnosed could run as high as 15.6%. According to the August 2008 report "Best Practices

in Adult ADHD" in the *International Journal of Neuropsychiatric Medicine*, an estimated 4% of adults meet diagnostic criteria for ADHD.

Signs and Symptoms

ADHD is a neurobehavioral disorder with symptoms such as:

- Struggling to maintain focus on a topic
- Being easily distracted
- Distracting others
- Long-term and short-term memory difficulties
- Fidgeting or a sense of restlessness
- "Spacing out"
- Impulsive and inexplicable behavior
- Irritability
- Talking too much and/or having difficulty letting others have a turn
- Talking too loudly and/or being the class clown or being the "center of a party" as an adult
- Poor judgment
- Difficulty finishing or starting tasks

Though everybody has difficulties with each of these skills at one time or another, a person with ADHD tends to struggle with these kinds of issues *all the time*.

Treatment Options

A proper diagnosis. The most comprehensive and thorough way to assess for symptoms of ADHD is to have a psychiatric evaluation or a psycho-educational evaluation done by a psychologist.

Medication. Not everyone chooses to take medication for ADHD, but for some it can be very effective.

An ADHD tutor or coach. For children, this can address academic concerns, such as organizational and study skills. For adults, an ADHD coach can address organizational skills.

Psychotherapy. An experienced and well-trained therapist can help an individual gain awareness of the impact of ADHD, practice self-advocacy skills and explore effective coping strategies for

improving school and/or work performance and social skills.

Finding the right solution requires understanding the client's needs and particular circumstances, as well as a commitment from both the therapist and the client to work through whatever subsequent challenges may arise from an ongoing course of treatment. Fine tuning treatment plans for children and adults with ADHD will be explored in my upcoming workshop. I hope to see you there! ❖

Janette is a marriage and family therapist, licensed in Maryland, specializing in working with individuals, children and adults with ADHD and comorbid conditions. Janette has over 25 years of experience working in a variety of agency and school settings and is in private practice in Silver Spring, MD. You can find more information on her website: www.relationshipcollaboration.com

A GWSCSW Continuing Education Workshop...

ADHD in Children and in Adults: Strategies in Couples and Family Therapy

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**

Instructors: Janette Patterson, MSW, LCMFT

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

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

CEUs: 3 hours

Register: www.gwscsw.org

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Working with People with Prostate Cancer

By Hani Miletski, PhD, MSW

One in six men will be diagnosed with prostate cancer. Currently there are more than nine million men in the U.S. with prostate cancer. After the initial, obvious shock, and after a slew of various tests, the man and his partner are left to make a decision about treatment. All treatment options—surgery, radiation, cryotherapy, hormone therapy, watchful waiting, and chemotherapy – have possible side effects which may affect the relationship and sexuality, including:

- Getting sexually excited may take longer
- Orgasm may feel different
- Ejaculation may be different or missing
- Erections may not be as rigid
- Erections may not last long
- Erections may be missing
- Stress incontinence
- Lack of sexual desire
- Fatigue
- Depression
- Changes in the couple's dynamics

- Masculinity issues
- Aging issues

The most common complaint from prostate cancer survivors is erectile dysfunction. After prostatectomy, "full function" may take six to 28 months, but often erections will never be the same again. With radiation, erectile functioning declines slowly, and after four years, both radiation and surgery—the two most common treatment options—have the same effect on erectile dysfunction. Many men stop having any kind of sexual relations when erectile dysfunction hits, and many also stop any displays of physical affection. Without sex and physical affection, most couples are physically and emotionally stressed, which negatively affects the relationship.

When couples come to our office to deal with the stress of the diagnosis and surgery, depression, and other side effects of prostate cancer, it is important to go deeper, into their bedroom, to find out what is going on there as well. Sexuality is an integral part of a relationship and of one's self identity and self-esteem.

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As social workers, we need to understand how prostate cancer can affect sexuality and sexual relations, so we can help couples and individuals work through these sexually-related challenges. We need to be able to open the door for discussions about this intimate topic. Otherwise, our clients may never feel comfortable to bring it up, and their hidden issues may fester forever.

Discussing sexual issues is one thing, but what can we actually do when clients complain about erectile dysfunction? I find the biggest challenge to be selling men on the idea that they can have great sex without an erection. erectile dysfunction affects the ability to penetrate. However, both partners can have desire, arousal, sexual touching, sexual pleasure, sexual satisfaction, and even orgasm without an erection. It is important to know that men can have orgasms without an erection, and they can have erections which don't lead to orgasm. Men can also have erections and not be aroused, and they can be aroused and not have an erection. This is all part of normal physiological processes.

In addition, it's important to educate men that for most women, orgasm and other genital activities, although important, are less related to sexual satisfaction than attention to romance, intimacy, and the sensual aspects of sex.

Clients may choose to end their sex life, or make a conscious decision to work on their relationship, including their sexual relationship. Given that the various available meds and other aids may not restore "full sexual functioning," I advise clients to explore changing the way they make love and interact with their partner. I tell them cancer is a life changing event. It's a wake-up call to make all kind of changes in their lives. And, it is also an opportunity to learn how to make love instead of just having sex.

I talk about going to a restaurant and reading the menu, and how sometimes one only wants to have an appetizer. Sometimes, it's a Caesar salad and sometimes it's a crab cake. Other times one may want a full, three-course meal, and the options there are varied. Yet, sometimes, one only wants to have dessert, and only the chocolate cake. Sex should be the same. First,

let's realize the many various sexual and sensual activities that are possible. Second, let's not choose the same dishes all the time. It gets boring after a while, even if it always feels good.

As we explore various "sexual dishes," the focus of therapy is on strengthening the relationship, better communication, learning to be understanding, accepting and supporting, learning to be patient and setting realistic goals, and most importantly, having non-stop "foreplay" and enjoying the relationship as a whole. ❖

Hani Miletski, Ph.D., MSW, is a psychotherapist in private practice in Bethesda, Maryland, and an AASECT Certified Sex Therapist and Supervisor. She authored two books and a variety of professional articles and chapters on sexual issues. Hani has been training and supervising other therapists all around the world.

A GWSCSW Continuing Education Workshop...

Prostate Cancer & Sexuality: The Basics

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

Instructors: Hani Miletski, PhD

Info: hani@drmiletski.com or 301-951-6592

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

CEUs: 3 hours

Register: www.gwscsw.org

VISIT THE GWSCSW WEBSITE: www.gwscsw.org

Facebook Tips from the Social Media Committee

Thank you all for joining in on the conversation regarding using Facebook (FB) as a way to promote your private practice. There is some concern about clients finding your personal page via your business or professional FB page. Here are some tips you can use to best protect your privacy on your FB personal page.

1. If you already have a FB page, go to the gear symbol in the upper right hand corner of the page. This will lead you to your settings.
2. Click Privacy Settings
3. Under "Who Can See My Stuff," make sure you click "Friends" (not Friends of Friends or Public) to make sure that only people whom you have accepted to be your friend can see your posts.
4. Under "who can contact me/who can send you friend requests," you can change your setting to "Friends of Friends." It appears FB has eliminated the option to make yourself unsearchable. Thus, by choosing "Friends of Friends" instead of "Everyone," you can limit the number of people who may be able to contact you.
5. Under "who can look me up," click "Friends" for the email address and phone number, so that only friends can see those contact information pieces. You also do not have to enter a phone number when you create your profile. Also under "who can look me up," change the setting to "off," for "do you want other search engines to link to your timeline." This prevents your personal page from showing up in public google searches.

If you are worried about clients finding you on FB, another good idea might be to change your name on Facebook. A lot of people may use only their first and middle name or first name, middle initial, last name in order to reduce the number of people that may be able to search for you. To change your name on FB:

1. Go to the gear symbol in the upper right hand corner of your FB page and click Account Settings.
2. Under the general tab, click edit next to your name.
3. From there, you can change or edit the name that appears on your personal FB.

Note that these are tips for your *personal* page, not your *business* page. We recommend that if you are going to set up a page for your business, that you make a professional personal page first and then make your business/company page. This will allow you to start afresh if you already have a personal page. You can create a professional personal page to only accept "professional" contacts, limit what pictures are shown, etc. Keep your personal page for your personal life and your professional personal page for your business life! You will have to use two separate email addresses to have two separate personal pages (one for your personal life and one for your business life). We have found that it is easiest to set up your business/company FB page from your professional personal page. This will help ensure that your clients/colleagues only find what you want to be putting out to the FB world.

Here are a few tips on controlling what you post on FB from your personal page or personal professional page. You do not want to control what you post from your business page because you will want everyone to see those posts.

1. Once you are logged in from your personal page, go to the upper right hand corner to the button that looks like a lock. Click on the lock and then click "who can see my stuff?"
2. You will then get a drop down menu. Under "who can see my future posts," select "Friends." This will ensure that only the people you have accepted to be your friend can see your posts.
3. Under the same drop down menu, under "where do I review who can see or find things I've posted or been tagged in," it will provide a link to your "activity log." From there, you can see what you've been tagged in and can edit what you don't want out there on FB.
4. Finally, under "what do other people see on my timeline" (still under the same drop down menu), you can view your profile as someone else. This allows you to type in any of your friends names and see your profile as they would see it. This is helpful if you have limited your posts to preclude a certain person or group of people from seeing the post and want to make sure you did it correctly.
5. From your timeline, you can also edit the posts individually. When you are updating your status, you see a bunch of different icons. One of the icons lists who will be seeing the post. This button is to the left of the "post" button. Ours says "Friends," since that is how we have made our settings. This is

the default from what we set in step #2. However, if you click on "Friends," it gives you the option to change the post to "public," "only me," or "custom." If you click on "custom," you can individually choose who you would

like to see the post and who cannot see the post.

6. Also, on each individual post, if you hover your mouse over the upper right hand corner of the post, a little downward arrow appears. If you click on this

arrow, it gives you the option to "hide from timeline" or "delete" the post.

Don't forget to "like" the Greater Washington Society for Clinical Social Work Facebook page (see page 34). ❖

Inspiring Alice Kassabian Memorial Conference

Susan Post

About 70 members came together November 2 for what was undoubtedly a most exciting and successful conference with guest speaker Mark D. Smaller, PhD. Dr. Smaller, the first social worker to serve as president-elect of the American Psychoanalytic Association, represents a unique perspective and area of practice in our field. He brings psychoanalytic training and sensitivity to work with the underserved in the community through his leadership of Project Realize, a program that facilitates growth among students, families and staff at an alternative school in Cicero, Illinois.

After sharing his very human and unique journey from psychoanalysis to community activism, Dr. Smaller and project assistant director Kate Romey, a PhD student, enacted three therapy sessions with one of the school's students. Kate, a gifted thespian as well as therapist, played the student, with Dr. Smaller playing Kate. Dr. Golnar Simpson, one of our past presidents, served as discussant for the program, making important connections between the psychoanalytic/self psychology notion of "leading edge" and the case material.

Not only was the process of the therapy sessions hugely inspiring; this method of supervision suggested new ways of understanding the role of the therapist in any number of clinical settings. The lively discussion period at the end of the conference reflected enormous interest, enthusiasm and insight on the part of both audience and participants.

The Kassabian conference, organized by Golnar Simpson, Dolores Paulson, and Audrey Walker, has been held every year since Alice's untimely death in 2011. A past president of GWSCSW and a renowned leader in the areas of social work education and social justice, Alice was a guiding force within both our Society and the clinical social work community at a national level for decades. It has been a joy to be able to keep her extraordinary legacy alive through these stimulating conferences combining social work

theory and practice with our field's commitment to social justice.

Each year, Alice's family members have come from near and far to join us in honoring Alice, and this year we were gifted by remembrances from her husband Al and one of her sons, Brett. Their poignant and funny stories of Alice as wife, mother, educator and activist reflected our own treasured memories and served as both introduction to the program and inspiration to everyone in attendance. I'm reminded of a comment someone made after our first Alice memorial: "If you attend only one conference a year, make it this one!" ❖



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When Clinicians Advertise – Reminders

Richard S. Leslie

It is not uncommon for those who advertise their services, credentials, or expertise to “toot their horns” a bit in order to attract more business. There is nothing wrong with this—provided that the practitioner understands that the advertisement can have a negative impact upon his or her professional career if one is not careful or mindful about the many ways advertising can have an impact. I have written about advertising before, but a few reminders and cautions cannot hurt! As you likely already know, advertisements must not be false, misleading, fraudulent, or deceptive. This general rule seems simple and perhaps self-evident, but there are many ways that the rule (the law in most, if not all, states) may be violated.

I have spoken with therapists who may have misstated or misrepresented something that they thought was not very important, like stating that they were a member of a professional organization, when in fact they had dropped their membership (e.g., non-payment of dues) at an earlier time. I have also talked with therapists who have been cross-examined at a deposition or at trial about misrepresentations appearing in their curriculum vitae or in an advertisement. The opposing lawyer would of course argue that if the therapist would misrepresent something as inconsequential as membership in a professional organization, he or she might misrepresent pertinent facts in the case being litigated.

Advertising “expertise” or a specialization can have an impact upon one’s liability, since if you hold your-

self out as an expert or as having special knowledge in a given area, you may be held to a higher standard of care than the usually applicable reasonable practitioner test—that is, you may be held to the standard of care of a specialist or expert. The use of testimonials can be problematic as well—especially if the indication is that the success you have had with a former patient will be duplicated with future patients.

Advertising by pre-licensed persons can be problematic when the pre-licensed person does not make the disclosures necessary as per state law, regulation, or ethical standards. My experience has been that the most common problem with advertising by pre-licensed persons is that they all too often do not make sufficient disclosures indicating that they are not licensed, that they work under supervision, or that they are employed by another person or entity. My experience has also been that the employer of the pre-licensed person, whether a private practitioner or a non-profit corporation, often does not exert enough control over the content of such advertising.

Use of the word “Doctor” or the abbreviation “Dr.” can be problematic, depending upon state law and the manner in which such references are made. This particular issue usually arises with respect to those who have a Ph.D. or other doctorate degree, and who may refer to themselves as “doctor” without use of the Ph.D. Additionally, there may be other words or phrases that present problems under state law—especially with respect to fees. In most states, false or misleading advertising is not only grounds for disciplinary action by the licensing authority, but it is a misdemeanor (crime). I have previously written about these issues on several other occasions, and I refer you to review these articles in the archives section (advertising) of the *Avoiding Liability Bulletin* at the CPH and Associates’ website (www.chpins.com).

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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Happily Ever After is not therapy. Only positive and fun ideas will be discussed: no “dirty laundry” will be allowed. Participants will be introduced to various tools and techniques to help deepen their intimacy and continue to enjoy their relationship.

This 14-day, holiday voyage, round trip from Ft. Lauderdale, provides participants with ample time to be romantic, celebrate the holidays, relax, explore various ports of call, meet fellow passengers, create memorable experiences, and participate in three two-hour meetings of *Happily Ever After* during days at sea.

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 Dec 28 Santa Marta, Colombia
 Dec 29 Cartagena, Colombia
 Dec 30 Colon, Panama
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Early Career & Graduate Committee Compiling Resources

For many of us, the community aspect of GWSCSW is one of its most valuable characteristics. At one point or another, we have all benefitted from sharing information with each other, whether through the listserv, the website, the newsletter, or Therapist Finder.

As social workers, we know that community and connection to resources can make a big difference in overall health and optimal functioning for our clients, as well as ourselves. Thankfully, the Metro DC area has many wonderful community agencies and organizations. However, for early-career clinicians, recent metro-area transplants, or those of us less familiar with community resources, finding these resources can be a bit overwhelming.

At the very first meeting of the GWSCSW Early Career and Graduate Committee, a member asked, "Wouldn't it be nice if GWSCSW had a list of all the agencies/organizations in the area who are willing to hire pre-licensed MSWs and/or LGSWs?" As far as we knew, nothing like that existed.

Since then, our committee has been working to develop the framework for GWSCSW's Resource & Referral Guide, which will eventually provide comprehensive answers to two significant GWSCSW member needs:

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

Don't we all feel a little more comfortable referring someone to a resource when we have a more personal connection or insight into the resource? Isn't it invaluable to know a little more about a work environment before you submit that resume? The Resource & Referral Guide is a relevant and beneficial GWSCSW project precisely because it is yet another way we can continue to build, strengthen, and benefit from our community. Through the course of our careers, most of us have interned, worked for, or in some way come to know at least a few agencies and/or organizations in the DC, MD, and Northern Virginia region...let's share our knowledge with each other!

Take a look at the blank Agency/Organization Profile form on the next page. Don't be dismayed by the amount of text—the form has been developed to limit the amount of info you have to enter, and should only take 5–10 minutes to complete! You have the choice to complete the form electronically or by hand (directions below). Simply check the applicable boxes, or fill in the blanks. If you don't know *all* the requested info, simply provide what you *do* know. Don't worry about whether or not someone has already sent one in for your organization(s)—we'll sort all that out.

When compiled, the Resource & Referral Guide will be posted in the "members only" section of the GWSCSW website. Consult with the specific agency if you are concerned that you need permission to share information.

Similar to information shared on the listserv, this referral resource will be available to all current GWSCSW members.

Tips

- Note the "Additional Info" section under the check boxes where you can fill in any details not already captured by the check boxes.
- Try to be succinct in your answers, as we hope to keep each agency profile to one page.
- *Clinical Supervision* refers to supervision that counts toward independent licensure. The fill-in blanks behind *individual/group* in this section are for denoting the frequency of the supervision sessions.
- Check out the Sample Form for clarification on how to fill in the form, but also feel free to ask any questions (send email to graduatecommittee@gwscsw.org).
- If you want to help with this project, but do not wish to serve as a contact for information pertaining to the agency, you may leave the bottom section for "GWSCSW Contact" blank, or provide your name and check "no."

Instructions

Electronic submission:

1. Login as a member at www.gwscsw.org
2. Click "Document Store" tab, then click "Shared Documents."
3. Find "Resource & Referral Guide Instructions," "Agency Profile" forms in (.doc) and (.docx) formats, and a "Sample Agency Profile" completed form.
4. Click "download" on the "Agency Profile" form compatible with your version of Microsoft Word (and the other documents for your review, as needed).
5. Click to allow your computer to open it.
6. Rename the form: "(Your Agency) Profile" (ex. "Rape Crisis Center Profile").
7. Use the gray check boxes and gray type-in boxes to complete the form to describe the agency.
8. Save again when you are finished making changes.
9. Attach your saved form(s) to an email, and send to graduatecommittee@gwscsw.org with the agency name as the email subject line.



Paper submission:

Print the PDF of the Agency Profile form (available at www.gwscsw.org with the other forms as described above) or use this one (photocopy as needed), and mail to: GWSCSW, P.O. Box 3235, Oakton, VA 22124.

The Early Career & Graduate Committee thanks you for your help with this important project! ❖

Agency/Organization Profile
GWSCSW Resource & Referral Guide

Agency Name		Phone	
Address(es)		Fax	
County/Region(s)		Website	
Services Provided			
<input type="checkbox"/> Individual Psychotherapy/Counseling	<input type="checkbox"/> Residential treatment	<input type="checkbox"/> Financial assistance	<input type="checkbox"/> Fee for service
<input type="checkbox"/> Family therapy	<input type="checkbox"/> Expressive therapies	<input type="checkbox"/> Transitional housing	<input type="checkbox"/> Sliding fee scale
<input type="checkbox"/> Couple therapy	<input type="checkbox"/> Alternative therapies	<input type="checkbox"/> Group home	<input type="checkbox"/> Low cost
<input type="checkbox"/> Group therapy	<input type="checkbox"/> Social skills therapies	<input type="checkbox"/> Shelter	<input type="checkbox"/> Medicaid
<input type="checkbox"/> Diagnosis/Assessment	<input type="checkbox"/> Animal-assisted therapy	<input type="checkbox"/> Career counseling	<input type="checkbox"/> Medicare
<input type="checkbox"/> Psychiatric med management	<input type="checkbox"/> Collaborative divorce	<input type="checkbox"/> Resource referrals	<input type="checkbox"/> Private insurance
<input type="checkbox"/> Substance abuse treatment	<input type="checkbox"/> Grief counseling	<input type="checkbox"/> Vocational rehab	<input type="checkbox"/> No insurance
<input type="checkbox"/> Hotline/Crisis intervention	<input type="checkbox"/> Hospice	<input type="checkbox"/> Immigration services	<input type="checkbox"/> Other:
<input type="checkbox"/> Out-patient services/treatment	<input type="checkbox"/> Medical social work	<input type="checkbox"/> Advocacy	<input type="checkbox"/> Other:
<input type="checkbox"/> Inpatient hospitalization	<input type="checkbox"/> Case management	<input type="checkbox"/> Legal services	<input type="checkbox"/> in Spanish
<input type="checkbox"/> Partial hospitalization	<input type="checkbox"/> Foster care/Adoption	<input type="checkbox"/> Community outreach	<input type="checkbox"/> in Amharic
<input type="checkbox"/> Intensive out-patient treatment	<input type="checkbox"/> Child welfare	<input type="checkbox"/> Psychoeducation	<input type="checkbox"/> in ASL
<input type="checkbox"/> Detention/Correctional treatment	<input type="checkbox"/> Supportive employment	<input type="checkbox"/> Other:	<input type="checkbox"/> in
<input type="checkbox"/> Mobile/Home-based treatment	<input type="checkbox"/> Public benefits access	<input type="checkbox"/> Other:	<input type="checkbox"/> in
Target Populations Served			
<input type="checkbox"/> Children 0-4	<input type="checkbox"/> Refugees/Asylees	<input type="checkbox"/> Developmentally disabled	<input type="checkbox"/> Homeless
<input type="checkbox"/> Children 5-12	<input type="checkbox"/> Immigrant	<input type="checkbox"/> Violence offenders	<input type="checkbox"/> Military/veterans
<input type="checkbox"/> Adolescents 13-17	<input type="checkbox"/> Low-income	<input type="checkbox"/> Domestic violence survivors	<input type="checkbox"/> Inmates
<input type="checkbox"/> Young adults	<input type="checkbox"/> Hearing impaired	<input type="checkbox"/> Sexual abuse/assault survivors	<input type="checkbox"/> Court-mandated
<input type="checkbox"/> Adults	<input type="checkbox"/> Blind/Sight impaired	<input type="checkbox"/> Severe/Persistent mental illness	<input type="checkbox"/> Other:
<input type="checkbox"/> Older adults	<input type="checkbox"/> Physically disabled	<input type="checkbox"/> Chronic/terminal illness	<input type="checkbox"/> Other:
Position Types		Agency/Organization Composition	
<input type="checkbox"/> Employee	<input type="checkbox"/> Therapist/Counselor	<input type="checkbox"/> Hotline counselor	<input type="checkbox"/> Nurse
<input type="checkbox"/> Contractor	<input type="checkbox"/> Therapeutic support staff	<input type="checkbox"/> Administrative staff	<input type="checkbox"/> Medical doctor
<input type="checkbox"/> Intern	<input type="checkbox"/> Service/Care coordinator	<input type="checkbox"/> Fundraising staff	<input type="checkbox"/> Psychiatrist
<input type="checkbox"/> Volunteer	<input type="checkbox"/> Employment specialist	<input type="checkbox"/> Clinical supervisor	<input type="checkbox"/> Psychologist
<input type="checkbox"/> Part-time	<input type="checkbox"/> Family support specialist	<input type="checkbox"/> Clinical director	<input type="checkbox"/> Case manager
<input type="checkbox"/> Full-time	<input type="checkbox"/> Behavioral specialist	<input type="checkbox"/> Psychiatric nurse	<input type="checkbox"/> Social worker
<input type="checkbox"/> Crisis worker	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
Licensure Req.	Benefits	Structure	Clinical Supervision
<input type="checkbox"/> None	<input type="checkbox"/> Paid time off	<input type="checkbox"/> Flexible schedule	<input type="checkbox"/> On-site
<input type="checkbox"/> LGSW	<input type="checkbox"/> Comp/flex time	<input type="checkbox"/> Fixed schedule	<input type="checkbox"/> Off-site
<input type="checkbox"/> LICSW	<input type="checkbox"/> Retirement plan	<input type="checkbox"/> Shared office space	<input type="checkbox"/> Individual:
<input type="checkbox"/> LCSW	<input type="checkbox"/> EAP	<input type="checkbox"/> Designated office	<input type="checkbox"/> Group:
<input type="checkbox"/> LCSW-C	<input type="checkbox"/> CEUs provided	<input type="checkbox"/> Technology provided	<input type="checkbox"/> None provided
<input type="checkbox"/> Other:	<input type="checkbox"/> CEUs time paid	<input type="checkbox"/> Other:	<input type="checkbox"/> Reimbursed /hr
Additional Info			
GWSCSW Contact(s)		Relationship to Agency	
Available to provide more information? No <input type="checkbox"/> Yes <input type="checkbox"/>		Contact Email/Phone	
Agency Contact(s)		Position/Title	
Info Submitted by		Last Update	

*GWSCSW is not affiliated with, nor endorsing the above agency/organization. This document is for informational purposes only and may contain inaccuracies. Please contact the agency/organization directly to verify current information.

Brain Wonderings

By Wendi R. Kaplan

A long time ago, in a galaxy far, far away—well, actually, in a small town in Iowa, at the dawn of an emerging field in medicine and psychology examining the mind/body connection—I was an undergraduate studying psychophysiology. We were looking at how meditation affected the brain and I was assisting Dr. David Orme-Johnson in measuring brain waves through the use of electroencephalography, better known as EEGs. His research, along with that of Dr. Robert Keith Wallace (who worked at Harvard with Dr. Herbert Benson, co-author of the ground-breaking book *The Relaxation Response*) was showing that meditation—specifically, Transcendental Meditation—produced increased alpha waves in the brain in the frontal cortex. Alpha waves are indicators of a more relaxed brain. Therefore, the more alpha waves, the more relaxed a person is. Additionally, their research showed an increase of “alpha coherence,” which was thought to create more “consciousness” as demonstrated by increased mental clarity and other indicators.

Many studies exploring the mind/body connection and the effects of meditation and relaxation followed and were replicated with wondrous results. Dr. Bernie Siegel, a surgeon practicing at Yale, emerged in the 1980s. His research showed that simply talking to the body before and during surgery, even while the person was anesthetized, led to increased ease during surgery and facilitated healing afterwards. I remember talking to a doctor at Jefferson Hospital in Philadelphia in 1984 about Siegel. We agreed to do our own quiet research project that involved my using meditation, imagery and affirmation with a patient before a surgery. The

doctor had no knowledge of the specifics, in order for him to be as objective as possible. The doctor emerged from the surgery carrying Polaroid photographs and asking, “What the hell did you say to the patient?” I had written some of the specific visualizations such as imagining that the blood in the body would move away from the incision so that the doctor could have a clear visual field and that the tumor would be easily removed and hand itself over to the doctor. The doctor had expected this surgery to remove a blood-filled fibroid tumor to take about 4 to 5 hours. It actually took less than an hour and a half to complete, was relatively clear and unexpectedly not bloody and did not match his experience of similar surgeries. After reading my notes, he shook his head in disbelief and said “I don’t believe in this stuff at all, but it worked. I am glad I am retiring next year!”

In 1999, Dr. Daniel Siegel published *The Developing Mind*, a book that solidified and beautifully articulated the mind/body connection and added the language of neurobiology to the field as he explained how the firing of neurons in the brain affects our bodies, our thinking, our moods and our relationships. In his subsequent books Dr. Siegel includes significant research about the effects of mindfulness on our brains. Most therapists in the beginning of this century have had some training on the functioning of the brain and how it affects all aspects of our lives. Many of us share this information with clients in myriad ways. Many of us have seen the sparkle in people’s eyes as they come to understand the connection between their brains and their moods, habits, relationships and growth. Many of us use meditation, mindfulness and relaxation methodologies in our own lives and with clients as well. We have experienced and witnessed the results of understanding the brain and assisting it with mindfulness.

The brain, this 3-pound collection of cells, is like the cosmos. We know that the brain has billions of neurons. There are as many neurons in the brain as there are stars in the Milky Way. The number of synapses in the human brain is larger than the number of galaxies in the observable universe. It’s mind boggling!

So let’s take a deep breath. Notice our bodies, our hearts, our minds. You might want to think about what

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you know about the brain, about your own brain. You might think about the clients you see and how you observe their brains and how they function, how they protect, how they survive, how they grow and thrive. Read Emily Dickinson's poem to yourself. Then read it again, this time aloud. Notice how you feel. Notice what thoughts arise.

The Brain—is wider than the Sky

The Brain—is wider than the Sky—
 For—put them side by side—
 The one the other will contain
 With ease—and You—beside—

The Brain is deeper than the sea—
 For—hold them—Blue to Blue—
 The one the other will absorb—
 As Sponges—Buckets—do—

The Brain is just the weight of God—
 For—Heft them—Pound for Pound—
 And they will differ—if they do—
 As Syllable from Sound—

-Emily Dickinson

Here are some writing prompts that you might want to use to explore further.

- Begin writing with this sentence stem: *The brain is...*
- Repeat this at least 11 times using the same sentence stem.
- Think about how you hold things that are bigger than you (the brain, nature, pain, God, etc.). Pick one and write about it. How do you hold it? How does it hold you?
- Imagine your brain can create reality. Write about what you would create right now.

If you would like to share any of your writings, feel free to email me at wendi.kaplan@verizon.net. ❖

Wendi R. Kaplan, MSW, CPT-M/S, is a psychotherapist in Alexandria, Virginia. She is the founder of the Institute of Poetry Therapy where she teaches the theory and process of biblio/poetry therapy, journaling and word arts. Wendi is an assistant clinical professor for the George Washington University School of Medicine. As a mediator since 1974 Wendi weaves mindfulness practices into, well, everything!

Recommended Reads

A selection of books, recommended by members over the listserv and compiled by Molly Milgrom, for clients dealing with divorce.

- *Divorce Is Not the End of the World: Zoe's and Evan's Coping Guide for Kids*, by Zoe Stern and Evan Stern
- *Helping Your Kids Cope with Divorce the Sandcastles Way*, by M. Gary Neuman and Patricia Romanowski
- *Mom's House, Dad's House: Making Two Homes for your Child*, by Isolina Ricci, PhD
- *Mom's House, Dad's House for Kids: Feeling at Home in One Home or Two*, by Isolina Ricci, PhD
- *The Truth About Children and Divorce: Dealing with the Emotions So You and Your Children Can Thrive*, by Robert Emery
- *We're Having a Tuesday*, by DK Simoneau
- *We're Still Family: What Grown Children Have to Say About Their Parents' Divorce*, by Constance Ahrons

Welcome New Members!

Full

Peter Bachman
 Diana Burnett
 Kelly Ezickson
 David Facenda
 Susan Fleischmann
 Brenda Gearhart
 Linda Gordon
 Emily Griffin
 Anne Howard
 Phyllis Kaye
 Leslie Kilpatrick
 Roberta Knussmann
 Kathi Kolbe
 Anu-Liisa Lukk
 Kara Veigas

Retired

Michelle E. Smith

Graduate

Kathy Balog
 Elizabeth Buchanan
 Robin Mansfield
 Elizabeth Wolfe

Student

Samantha Ambroz
 Brittany Antonucci
 Anne Bradley
 Kendra Brown
 Carla Brun
 Jennie Cohen
 Cait Hanley

COMMITTEE REPORTS

Continuing Education

Deborah Horan, 301-325-3052
Kathleen Landers, 240-200-5401 x4
cechairperson@gwscsw.org

The Continuing Education committee is underway for the 2013-2014 year, with a terrific array of programs being offered throughout the year. These programs showcase the talent of the GWSCSW community and address a range of critical educational interests. At this time the committee is working on two fronts: offering support to the current presenters to ensure their programs go smoothly; and gearing up to receive and review proposals for presentations to be offered during the 2014-2015 calendar season.

We welcome all GWSCSW members to submit proposals. You can find all of the information you need to get started listed on our website, with a proposal template and an FAQ section to clarify the process. Please go to www.gwscsw.org and click on the continuing education link. The proposal deadline is January 31, so now is a great time to get organized and make a submission.

We welcome any direct inquires if you have an interest in submitting a proposal or in volunteering with the committee. Please contact either of the committee chairpersons listed above for more information. We continue to be in need of a representative from Virginia on the committee as well, so if you practice south of the Potomac please consider joining the CE Committee. Participation by Skype is always an option!

Leadership/Nominating

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

As we enter the fall/winter season, the Leadership Committee will be looking towards putting together a slate of candidates for our spring elections. New officers and board members always bring great energy, creativity and skills to our leadership.

In this, GWSCSW's 40th anniversary year, the rewards of being part of this team will be particularly great as we celebrate the many achievements of the Society on behalf of clinical social work and those we serve. We enter the year with a particularly dedicated and innovative group of leaders, many of whom will continue in their roles for another year. If you have an interest in serving the Society by joining our leadership team, please contact Sydney Frymire or Susan Post—we are eager to hear from you. You will find the experience to be not only fulfilling but a lot of fun as well!!

Early Career & Graduate

Juleen Hoyer & Amanda Slatius
graduatecommittee@gwscsw.org

The newly-renamed Early Career & Graduate Committee continues in its efforts to provide a go-to committee experience for students, recent graduates, LGSWs, and early career social workers looking to become more involved in GWSCSW. We continue to grow as a committee. Each meeting is generally comprised of both new and returning members. We

have been excited to welcome Erica Scarpulla, UMD 2014-MSW candidate, to our committee and the GWSCSW Board in the role of Student Representative.

This fall, the leadership of the Early Career & Graduate Committee has shifted. Sara Yzaguirre was part of the inspiration for founding the Graduate Committee in 2012, and has served as committee co-chair since then. Sara has served as both past Student Representative and past Graduate Representative to the Board. Through her work on the committee and many projects, Sara has invested incredible time and energy into advocating for the needs of recent graduates and early-career social workers within our society and community. Sara remains active in the committee, and we are grateful for her many contributions.

Amanda Slatius has stepped up as the new co-chair of the committee. Amanda has been an active member of the committee since its very first meeting. She has worked hard in researching and providing feedback to improve GWSCSW's mentor program, and also has been an important source of inspiration and motivation for the Resource & Referral guide. I'm excited to welcome her help!

The Early Career & Graduate Committee hosted two workshops this fall, both designed to support those of us in the often difficult first few years of a social work career. Marilyn Lammert, ScD, LCSW-C graciously facilitated *Burnout Prevention: Building Inner Strength and Overcoming Isolation in Your Job Search & Beyond*. We

had a fantastic turnout, including GWSCSW members and soon-to-be members. A follow-up series of workshops is offered to support participants in processing and applying the content of the workshop.

We also hosted *Healing Ourselves: An Experiential Self-Care Workshop*, led by GWSCSW member Erin McCarthy with Gracy Obuchowicz. Erin and Gracy led participants from across the career-span in the healing practices of yoga, thai massage, and heart meditation, followed by an enriching discussion.

Finally, the committee encourages you to participate in our ongoing project: *The GWSCSW Resource & Referral Guide*. Please see page 28 for more information.

Also, if you are interested in becoming involved in the committee, please contact us at graduatecommittee@gwscsw.org!

Legislation & Advocacy

Margot Aronson, 202-966-7749
DirLegislation@gwscsw.org

This fall two of our newer GWSCSW members, Catherine Player and Chantay White, joined our advocacy network. Catherine has quickly jumped in to gather information for us on mental health events and potential community connections in the District of Columbia, and Chantay will be reporting on an upcoming Stakeholders Update meeting with the director of DC Child and Family Services. Chantay will also be participating in our Maryland committee initiatives.

Meanwhile, in the District, Susan Lesser covered Mayor Gray's Community Forum on Mental Health Issues and Mary Lee Stein

continued to keep up with our health advocacy coalition's calls with Mila Kofman, director of the DC Health Benefits Exchange Authority. In Maryland, working with our lobbyist Alice Neily Mutch and our Howard University MSW macro intern Kendra Brown, Judy Gallant keeps a variety of projects in the air, with assistance from Gwen Pla (field supervisor to Kendra), Arlene Saks-Martin (Behavioral Health Integration), and Linda Friskey (representing GWSCSW on the Maryland Board of Social Work Examiners' proposed guidelines for social workers in child custody cases).

Our DC and Maryland advocates are stretched thin and would gladly welcome help (even a little!) on these or other issues that interest you. It is even more serious in Virginia: our Virginia committee—Dolores Paulson and Judy Ratliff—cannot carry the ball forever. When clinical social workers lobbied for licensure forty years ago, it was our Virginia contingent that led the way. Let's see that leadership again!

You'll notice there are a goodly number of meetings and organizations of significance to our practice and to the health of our community. If anyone wants further information on the ones identified above (or others), please let me know.

Membership

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

The Membership Committee is proud to report that membership in the Society now exceeds 900! There is strength in numbers but also there is more of a need for active members to help us meet

and greet new members, as well as to be part of the workings of the Society. More volunteers are being sought in every area, so if you are interested in short term, long term, one time projects, or any of the above, come join in on the fun!! We'd love to have you on any committee!

Fall brings the New Member Tea which is a chance for new and old members to get acquainted with each other and the Society. On October 27, the Fall New Member Tea was graciously hosted in DC by Mary Lee Stein, a long time member and generous volunteer.

New members, old members, and many Board members attended to help welcome our newest members into our social work Society fold. Besides sharing practice information and hearing from the Board, we also had an experiential relaxation exercise.

Another way the Society hopes to welcome new social workers is through our University Outreach Program. We are currently looking for someone to oversee this program. We currently have liaisons at GMU and UMB and would like to add some from Howard and CUA. We would like to help develop fun and innovative ways to connect with MSW students and their Universities. Please let us know if you would be interested in this program.

Newsletter

Lisa Wilson, Editor
gwscsw.news@gmail.com

We are currently seeking volunteers to help with the newsletter on a one-time or ongoing basis. If you might enjoy writing, editing, tracking multiple moving parts

continued on page 34

Committee Reports, from page 33

or simply reaching out to fellow members for interesting content, please contact Lisa Wilson at the editor's inbox, noted above.

Social Media Committee

Sara Feldman & Juleen Hoyer
socialmedia@gwscsw.org

The Social Media Committee is continuing to work hard on keeping the society updated with various events and member information through posts on Facebook. We are also posting articles regularly on the Facebook page. Please like/comment on the arti-

cles, so we can get dialogues going on the page.

We recently held the *Social Media Basics* workshop. Thank you to Lori Wark for facilitating this workshop for the society. We hope everyone who attended was able to gain something from the workshop.

We have been brainstorming ways to increase use of the society Facebook page, and have researched techniques other organizations/businesses use. Stay tuned for more information on this! Finally, please glance at our newsletter column, "Tech Tips," in which we will explain a different internet/device concept each edition.

We are always looking for more help. Contact us at socialmedia@gwscsw.org if you're interested in joining us. ❖

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



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

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

ADVERTISEMENTS

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

Material should be sent to gwscsw.ads@gmail.com. For questions about advertising, call 202-537-0007.

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

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

OFFICE SPACE AVAILABLE

ELLCOTT CITY – Soundproofed offices available in a very congenial, nicely decorated, multi-disciplinary mental health suite. Also, furnished offices available on a daily basis. Includes workroom (photocopier & fax available) and a full kitchen. Handicapped access, ample parking, private staff bathrooms, convenient to Rtes 40, 29 and 695. Contact Dr. Mike Boyle, 410-465-2500.

N.BETHESDA – very reasonable part or full time office with amenities in professional park easily reached from NW DC, NoVA and MD suburbs. Handicapped accessible, abundant free parking. Share waiting room, bathroom and kitchen with friendly, well respected therapists with possible referrals. Please call 301-230-3168.

PIKESVILLE – Shared offices in therapist suite for a part-time therapist. Psychotherapy offices with large windows for a part-time therapist. In a well-maintained professional building. Excellent location near Baltimore Beltway 695. Attractively furnished and decorated. Includes telephone, fax and Internet. Free parking. Accessible anytime. Office shared with other psychologists and therapists. Price varies according to hours, starts at \$235. Call 410-654-1300.

SILVER SPRING/WHEATON – Attractive part-time office for rent with large window. Near Beltway. Telephone, fax, copier, internet. Free parking. Accessible anytime. Rent based on use, starts at \$230. See pictures at www.sharedoffice4rent.com. 301-588-5800.

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

ROCKVILLE – Office space with possible referrals. Fully furnished office with all amenities available for full or part-time sublet. Office is in a bright, spacious suite in well-maintained professional townhouse office development. Near public transportation, free parking at door, free wifi and reasonable rent. Call 301-340-1646.

ROCKVILLE / NORTH BETHESDA – Beautiful, light-filled furnished offices for part-time rent. Collegial group of therapists and nutritionist in 4-office suite. Professional, secure, upscale building with gym and cafe near White Flint Metro/Mall. Large shared waiting room; kitchen/storage room. Contact Diane Scheininger, 301-922-3780, DLScheininger@gmail.com.

WOODLEY PARK/ZOO – Extremely spacious, bright, beautifully furnished office - 320 sf (great for groups, families, lots closet storage). Available part time \$8-20/hr (e.g., \$420/mo for 8 hrs, \$780/mo for 20 hrs) – hourly or daily. Renovated, well-appointed psychotherapy suite. Waiting room, bathroom, utilities, WiFi included. Contact Lynn Hamerling (202-722-1507 - lynnhamerling@gmail.com).



Woodley Park photos & rate sheets:
<https://www.dropbox.com/sh/1f16oafgr5pmns/s-H4WAXsVG>

WOODLEY PARK/ZOO – Sunny, Attractive, Comfortable, Smaller Office - 130 sf (good for individual/couples therapy and writing). Current renter leaving, so most hours available (except Mondays 4-7). Part time \$5-11/hr, depending on number of hours (eg., \$275/month for 8 hours, \$315/month for 10 hours, \$415/month for 15 hours). Well-appointed psychotherapy suite. Contact Lynn Hamerling (202-722-1507 - lynnhamerling@gmail.com).

POSITIONS

FAMILY COMPASS – in Reston is seeking a licensed professional to lead social skills groups for children: Seeking a professional with extensive experience leading groups that support the emergence of better social thinking and friendships. Our practice also includes drama therapists, and we seek an innovative professional to design a cutting-edge program that combines experiential and reflective elements. For full job description go to <http://www.familycompassgroup.com/careers.php>. If interested, please email letter of interest with a CV to: familycompass@aol.com.

SERVICES

ADOLESCENT THERAPY – Effective high quality evidence-based and relationship-based treatments for adolescents. Rathbone & Associates. 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.

GROUPS

EATING DISORDERS GROUPS – For Bulimia and Binge Eating Disorder. A good adjunct to your individual work with clients. Fee: \$70. One day and evening group available. Judith Asner MSW, BCD, Chevy chase, MD. 301-654-3211, judith.asner@verizon.net

EVENTS

MARCH 8, 2014 – (5:00 – 6:30 pm) Confidentiality in the Practice of Psychodynamic Psychotherapy and Psychoanalysis; March 9, 2014 (10:00 – 12:00 pm) Confidentiality in Clinical Practice: Practical Issues Presenters: Paul Mosher, MD; Barry Landau, MD; Danille Drake, PhD; at the Baltimore Washington Center for Psychoanalysis, ten minutes from the Capital Beltway at 14900 Sweitzer Lane, Suite 102, Laurel, MD 20707. Ethics Continuing Education Credits Available. For more information visit www.bwanalysis.org or call 301-470-3635 or 410-792-8060.



**If you haven't renewed your membership, this will be your last News & Views!
Your membership must be current to be listed in the 2014 directory, to be eligible
for the prepaid legal plan, to be listed in the Therapist Finder, to remain on the listserv.**

2014 Membership Directory

Do you find yourself tossing your printed GWSCSW membership directory in a drawer...or wondering what to do with the old ones?

In embracing the idea of *reduce, reuse, recycle*, we encourage you to OPT-OUT of receiving the GWSCSW printed membership directory.

- To receive a printed directory: do nothing and you will receive a printed directory in the mail
- To opt-out of the printed directory, go to: www.gwscsw.org/directorychoice.php



Please join GWSCSW in being GREEN!

Remember, our online directory is available to members at www.gwscsw.org. The online directory is easily searchable by name, and is updated daily!

Deadline to sign up for the optional 2014 Prepaid Legal Plan is December 31, 2013

The 2014 Prepaid Legal Plan will be serviced by the same attorneys as in the past, and members can subscribe at the same time they renew their GWSCSW membership or *anytime before December 31*.

The plan covers January 1 to December 31, 2014. The opportunity to subscribe to the 2014 closes December 31, 2013. Mid-year subscriptions are not available.

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

Sign up at www.gwscsw.org >
Membership > Prepaid Legal Plan



Will your contact information be correct in the printed directory?

We are finding that many phone numbers members have listed in their contact information are no longer in service. Is yours one of them? If you have dropped a landline, changed phone numbers, moved your office, etc. — ***please update your online information by December 31 or your information will be incorrect in the 2014 Directory!***