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## This Is to You, 2014 MSW Graduates

*Juleen Hoyer, in collaboration with the Early-Career & Graduate Committee*

Congratulations, you made it! Those long-sought letters M-S-W are finally, and securely, attached to the end of your name. The never-ending chapters and articles to be read are over. The APA guidelines for correct placement of commas and semi-colons can fade to a distant memory. The cloud of paper and exam due-dates that followed you around on every weekend outing is dissipated. You will no longer be known as “just the intern,” and the possibility of an actual income is within reach. You’ve worked so hard to meet this goal. You’ve earned it. Soak it in.

Now, get ready for the inevitable question from well-meaning friends and family members: “So, when are you going back to get that PhD?” And the ultimate question: “So, have you found a job yet?”

Our geographic region creates a unique dilemma for new grads. With three jurisdictions in close proximity, it is not enough to navigate the licensing process. You must first decide where to get licensed. Then comes the challenge of figuring out what to study, how to study, and how to prepare needed documentation. It can be overwhelming. But take a deep breath and be assured that, if you are persistent, you will pass the exams; you will figure out the documentation; and you will eventually get that license.

If you already have your first job, double congratulations to you! If you don’t, then take another deep breath. You’re not alone. Most MSWs don’t have a job right after graduation. Many of us were surprised to learn how challenging it is to find a clinical job, and that few of the available jobs offer benefits and competitive salaries. The months of job-searching post-graduation can feel extremely isolating. Persevere. You will find something that you can work with.

Perhaps you’ve found a job, and you’re finding the experience to be disappointing. Many of us have felt frustrated by insufficient supervision, and some of us found that the clinical and/or theoretical preparation of grad school felt inadequate once we were in the trenches with challenging populations. Perhaps you’re feeling uncertain how to structure the multitude of necessary administrative tasks. Or, you might be finding it challenging to set boundaries with employers and colleagues. You’re in good company.

We’d like to share some insights gained along the way by those who have (very recently) gone before you. Read on!

*continued on page 4*

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Email articles to newsletter@gwscsw.org

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# President's Message

Kate Rossier



As this newsletter comes out, I will be turning over the mantle of the presidency to our new president who is, at this point, on the ballot but yet-to-be-elected. It is with very mixed emotions that I step down from this position. What a full two years it has been and what a great number of wonderful people I have gotten to know! While I will welcome some free time, I will also miss being in the thick of things and the fun of collaborating with so many talented

and smart clinicians and fellow volunteers.

In my last newsletter article, I looked back on these two years from my vantage point and acknowledged those who will be leaving the board. In this issue, I'd look to look ahead and share with you some information from our April 6th board meeting.

We are now on the eve of our 40th Anniversary and at the last board meeting of the fiscal year (and my last as your president), we took on an exciting new project and joined a new coalition concerned with the welfare of our social work education programs. Both are important pieces of work that will be unfolding in the coming year. The first, proposed by Susan Horne-Quattanens, past president (1991–93) and two-term member of the Virginia Board of Social Work, is for us to explore the possibility of working with the DC Veterans Administration to provide treatment to veterans and their families. The first steps will be to arrange some meetings with the VA folks and also assess the level of interest in this area of work among our membership. Given the increasing number of veterans returning from wars with traumatic brain injuries, loss of limbs, and/or PTSD, there are enormous mental health needs to be addressed. The impact on these young service members and their families is tremendous, so there is certainly an opportunity for us to contribute in a meaningful way to the well-being and recovery of these men and women and their families.

The second presentation to the board was by Joel Kanter, listserv moderator and past board member for many years as chair of the Program Committee and leader of the Brown Bag discussions. He spoke to us about the Coalition for Excellence in Social Work Education and asked that we join as a society, which we did. Joel has spearheaded the efforts to form this coalition to protect the integrity of our professional training and educational standards—and to protest the changes that have been threatening to devalue the meaning of our profession. He focused on three specific areas: the lowering of admissions standards, excessive or indiscriminate use of online classes for clinical subjects, and erosion or elimination of high quality field placements in many masters programs around the country. This coalition arises out of the work of the Clinical Social Work Association Distance Learning Committee, which released a position paper about these issues last September entitled "Report on Online MSW Programs." Joel was one of the authors, along with Laura

Groshong, CSWA Government Relations Director; Fred-eric Reamer, professor and well-known ethicist; Jan Freeman, another wonderful GWSCSW member; and a few others. The board unanimously voted to explore the veterans' project and to join the Coalition. More on both of these issues will be coming out in the news- letter and on the listserv, so stay tuned!

I expressed my deep gratitude to those dear souls leaving the board in the last issue, so I will not repeat that here, although I will truly miss them and am very grateful to them for all that they have contributed. But I do want to thank the board once again for a wonderful experience, and to especially thank my Executive Committee composed of Marie Choppin, Irene Walton, Juleen Hoyer, Susan Post, and Hani Miletski. A more wonderful group of people could not be found!

As I write this, we have not yet held elections for the new officers and directors, but I do know that we have a very strong slate of candidates and also some wonderful people coming in as new committee chairs. We are in strong and energetic shape going forward!

Lastly, thank you all, dear members, for the privilege of serving as your president over the past two years. This has been a demanding but also incredible growing experience and I wouldn't trade it for anything! Happily, I will still be on the board next year as immediate past president and also as co-director of commu- nications with Juleen Hoyer.

With gratitude and best wishes for a happy summer to you all! ❖

Remember you can find past issues of  
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[www.gwscsw.org](http://www.gwscsw.org) > **GWSCSW Newsletter >  
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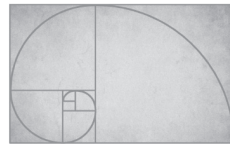
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**MSW Grads, from page 1**

- In applying for jobs, and in life in general, stretch a little bit beyond your comfort zone. Any experience is an experience from which you can learn.
- Don't be afraid to leave behind a job that just isn't working, even if it's only been a few months. This is sometimes a necessary act of self-care.
- Become familiar with the licensing requirements and related documentation as soon as possible.
- Advocate for supervision prior to accepting a position and throughout your employment experience, and pay for off-site supervision if necessary. Good and consistent supervision is vital to surviving and moving beyond this career phase.
- Invest in your own learning! Budget to attend interesting and marketable CEUs. Courageously ask for a reduced rate. Though cost is obviously a concern, look into the possibility of enrolling in a postgraduate training program; these offer much needed continuing education, additional supervision, and peer support.
- Continue your own development through therapy. The experience of being a client is invaluable to your development as a therapist;

and some clinicians are willing to slide their fee for early-career clinicians.

- Own your strengths and accept your inexperience. In supervision, it's okay to be unsure of the answers to the questions your supervisor asks you. This helps you to refine your skills. Seek to learn from your supervisors and co-workers.
- Develop a strong, supportive professional network. This is infinitely helpful in the job search process and for getting through those initial months and years. Get into a peer supervision group, get involved in your professional organization, and seek mentorship and friendship with more seasoned professionals.
- Please remember that whatever anxiety, self-doubt, and insecurity you might be feeling, you are not alone. Reach out. Don't be afraid to talk about your struggles as well as your successes.

2014 MSW Graduates, we welcome you and look forward to encouraging you. May you feel confident and supported as you join the ranks of this fiercely compassionate profession! ❖

Juleen Hoyer, LCSW-C, LICSW is a therapist at the Center for Abused Persons in Waldorf, MD. She is GWSCSW Director of Communications, and Co-Chair of the Early-Career & Graduate and Social Media Committees.

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# Private Practice Mentor Group

Susan Marks

For the last five years, I've facilitated the Private Practice Mentor Group. Over that course of time, participants have fallen into three cohorts, with members ranging from those who are new to practice to those who are more seasoned. I've enjoyed seeing each colleague change and develop as they start their own private practices or continue to build established practices.

What happens at our meetings? Colleagues share with the group their reasons for coming. These range from wanting to be with other colleagues or struggling with some issue, to exploring how best to build a practice or keep one growing. Each therapist sets his or her own goals for the coming month and then checks in at the next meeting with progress toward those goals. Sometimes there is no progress from one month to the next, and when that happens we don't scold anyone. We just cheer them on and help them figure out their blocks in going forward. The process is similar to what we know about helping clients move forward.

I've launched many colleagues into their private practices through the years. I love to see them leave,

because I know that means they are feeling more confident. My motto is "Network, network, and more network." As we learn how to do that, we not only gain personal success but can also help colleagues become less anxious and uncomfortable going out into the community and educating folks about their work.

Some group members join panels and others decide to work out-of-network. Whatever they choose, they're all there to find the unique pathway to their own practice. The bottom line is for all members to do whatever works for them, but be open to rethinking their approach over time.

You're invited to come join us. We meet once a month, on a Sunday in D.C. I announce upcoming meetings during the first week of the month on the listserv. Our meetings are lots of fun. Hope to see you there! ❖

Susan Marks, LCSW, has been in practice over 35 years. She provides individual psychotherapy and couples therapy to children, adolescents, and adults in North Arlington, Virginia. She utilizes both psychoanalytical and relational therapy.

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# Layers of Change: ACT and the Psychological Processes of Pain

By Evan Marks

About three years ago, while sitting in a conference on Acceptance and Commitment Therapy (ACT), I had an experience that changed the way I view human psychology so profoundly that it altered not only how I treat my patients, but also how I live my entire life. This experience reminded me that often when we have difficulty finding the answer to a problem, it may be our questions that are creating the difficulty. The first time I remember experiencing this shift, I was sitting in a college class learning about the work of geologist Charles Lyell. How does a geologist from the 1830's relate to human psychology? At the time I took that class, I probably would have said "nothing." Today, I would say "everything."

Sitting in that geology class almost fifteen years ago, I learned that the geological formations that inspire our awe were created by the same processes we still see at work today. Prior to Lyell, geologists primarily asked "What catastrophic events occurred to create the earth's landscape?" Lyell's work was special because he asked instead, "What processes are at play every day that created and continue to create the earth's landscape?" Lyell was then able to explain how subtle mechanisms such as sedimentation, erosion, volcanism, and plate tectonics acted together to gradually produce monumental changes in the earth's surface.

When someone is distressed, it is almost human instinct to ask, "What happened?" When we ask that question, we generally mean: "What event occurred to make you upset?" This is a very important question. It helps us to build a relationship with the person and to understand the context in which they are suffering. However, ACT asks us to consider another question: "What is happening?" This question reflects Lyell's insight reformulated in psychological terms. Pathology, as dramatic as it may be, actually consists not of one single event but of a series of moment by moment processes.

At this point I would like to make three potentially controversial statements about the relationship between psychological processes and psychological distress.

**First: External events are not the cause of distress.** The fear I feel when I see a snake does not actually come from the snake. It comes from light refracting off the snake's skin, striking my eye, passing through my

visual cortex into my limbic system, and ultimately triggering a fear response. Danger exists externally, but fear takes place entirely within my mind.

This is good news, because if we perceive distress as internal and not external we have the ability to alter our response. Yes, I am afraid of snakes, but on a fundamental level it is probably more accurate to say that I am afraid of the thought of snakes, the word snake, images of snakes, memories of snakes, and the physiological sensation that occurs when I encounter these stimuli. I am afraid of my own feeling of fear.

**Second: Emotions, thoughts, memories, and physical sensations are not the problem.** This is a pretty radical thing to say, given that much of our current DSM categorizes human psychopathology along these lines. However, we have much less control over these things than we would like to believe. If someone were to point a gun at me I would be afraid whether I liked it or not; if I were stabbed in the leg it would hurt regardless of my approval; and research has shown that attempts to suppress thoughts may actually increase their frequency. Ultimately, the problems are not the stimuli themselves, but rather how we relate to them.

**Last: Emotions, thoughts, images, and memories do not control our behavior.** This is a lot to swallow, but consider testing it out. Think to yourself that you cannot walk, and then try to walk. Imagine that you cannot hold this newsletter in your hand, and then observe that you can do it anyway. Confront something that scares you. Take a risk that is meaningful to you, even though it did not turn out well last time.

Pain, fear, and anger have so much power in our lives. But they don't have to maintain this power. We can learn how to hold our emotions, our thoughts, and our memories gently and with love. We do not need to treat them as enemies that we must conquer to be well. By understanding and changing our relationship with the psychological processes that govern our choices, we can start to ask new questions, and, like Lyell's sandstone mountains of sediment, build lives of meaning, layer by layer. ❖

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Evan Marks, LCSW-C, CPC-AD, has a private practice in Bethesda, MD, and specializes in the treatment of anxiety, mood, and substance use disorders. To learn more about ACT, contact him at [emarks@adaptationlife.com](mailto:emarks@adaptationlife.com) or [www.adaptationlife.com](http://www.adaptationlife.com).



## Huge Turnout for March 1 Conference on Healthcare Delivery Changes

*Susan Post*

More than 150 GWSCSW members turned out for our March 1 all-day conference on healthcare delivery, "The End of the World as We Know It and We Feel Fine," featuring Laura W. Groshong, LICSW, Director of Government Relations for the Clinical Social Work Association.

She spoke in depth on an alphabet soup of changes to HIPAA, PQRS, EHRs, and DSM-5 and their ethical implications for clinical social workers, as well as their interplay with relevant state laws. Along with a voluminous workbook of slides and statutes, participants were also given online access to HIPAA-required forms that they can personalize for their practices.

As we enter a new age in practice and practice guidelines, this program was highly anticipated. Many came in a state of high anxiety and left significantly more optimistic and knowledgeable. There has been a good deal of conversation and exchange of information

on the listserv since then, with Groshong and others sharing whatever information they possess or can find. There will definitely be a period of adjustment for all of us as we enter this brave new world, but no doubt we will continue to encourage and support each other!

Many thanks to Laura Groshong, who tirelessly watches out for our profession at the national level, travels cross country to share her knowledge in person, and has the brains and courage to wade into the sea of healthcare regulations. A huge debt of gratitude is owed also to our Director of Education, Terry Ullman, who planned and organized this very complicated conference in response to an expressed need by the membership for some help understanding the implications of all these new regulations.

This event was a prime example of the benefit of belonging to a regional professional organization such as ours as well as a national organization like CSWA. ❖

# LEGISLATION & ADVOCACY

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## ■ FEDERAL

Laura Groshog

After innumerable Congressional task forces and derailed legislative efforts on various mental health issues, Congress has passed a bill providing an increase in access to mental health treatment and protection of provider reimbursement rates. HR 4302—the Protecting Access to Medicare Act of 2014—was signed into law by President Obama on March 31. Here is a summary of the sections of HR 4302 that affect LICSWs:

- Delays the planned April 1, 2014 implementation of the Sustainable Growth Rate Formula (SGR) until March 2015. The SGR calculation is intended to reduce Medicare reimbursement rates to stay within budget, thus providing “budget neutrality.” In fact, this is the 17th time that the flawed Sustainable Growth Rate formula has been delayed, as Congress avoids the automatic 24% cuts in Medicare reimbursement

mandated by the SGR and works its way toward a more realistic reimbursement formula. Clinical social workers will surely be forgiven for heaving a huge sigh of relief.

- The Excellence in Mental Health Care Act, long promoted by social worker Senator Debbie Stabenow (R-MI), was passed as part of HR 4302. Sen. Stabenow’s bill begins to address the community mental health care that was promised—and never delivered—some 50 years ago with deinstitutionalization. A four-year, eight-state demonstration program will provide community behavioral health organizations meeting certain criteria (to be published by September 1, 2015) with enhanced Medicaid reimbursement. This new type of mental health provider organization will be called a *Certified Community Behavioral Health Clinic*. Planning grants for the demonstration program will be awarded by January 1, 2016, for implementation by September 1, 2017. CSWA congratulates our fellow social worker on this achievement.
- In a surprise move, the ICD-10-CM diagnostic codes, planned to be implemented on October 1, 2014, were delayed until October 1, 2015. One reason is the significant cost of upgrading Electronic Health Records (EHRs) involved; another is the recent CMS survey which showed that only 40% of all providers would be “ready” to use the ICD-10-CM codes by the 2014 date. The delay will allow more time for LCSWs to lobby for inclusion in incentive funding for EHRs currently available to psychiatrists and psychologists.
- HR 4302 also includes a grant program for Assisted Outpatient Treatment (AOT) For Individuals with Serious Mental Illness, authorizing 4-year grant awards of up to \$1 million to no more than 50 grantees. AOT has raised great controversy in the mental health community. On the one hand AOT could pave the way to fewer inappropriate incarcerations of individuals with mental illness and makes possible certain appropriate caregiver support that at present is rigidly prohibited by HIPAA and other regulations. On the other hand, forced hospitalization/treatment raises the specter of violations of the right of self-determination.

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As proposed—much more expansively—in HR 3717, the Murphy Bill, AOT has the support of many mental health organizations, among them the American Psychological Association (APA) and the National Alliance for the Mentally Ill (NAMI). The Bazelon Center for Mental Health Law, On Our Own and the Disability Rights Network are among the many in strong opposition. Our hope is that, since the comparatively small and time-limited grants proposed in HR 4302 will be closely scrutinized, it may be possible to document what is effective assistance as opposed to what is unacceptably coercive treatment. The devil is in the details, and CSWA will be monitoring and reporting on the details. ❖

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Laura Groshong, LICSW, is the Clinical Social Work Association (CSWA) Director for Government Relations. Laura writes *The Aware Advocate*, informative CSWA reports on legislation, Medicare, and insurance issues that appear frequently on our GWSCSW listserv. Laura maintains a private psychotherapy practice in Seattle, Washington. Information about CSWA (including how to become a direct member) can be found at [www.clinicalsocialworkassociation.org](http://www.clinicalsocialworkassociation.org).

## ■ DISTRICT OF COLUMBIA

*Margot Aronson and Chantay White*

Implementation of the District of Columbia Health Benefit Exchange (HBX) has so far been a model of success. Its transparent and well-functioning web portal is known as “DC Health Link” and we’re told that more than 40,000 people have been enrolled into private health plans and Medicaid.

The first year of HBX operations is funded with federal implementation grants, but those funds are set to expire. As we write, the DC Council is considering a bill that would provide a sustainable local funding source. “The Health Benefit Exchange Authority Financial Sustainability Emergency Amendment Act of 2014” would create a broad-based assessment on all health carriers in the District, based on a percentage of the carrier’s direct gross receipts in the previous calendar year. It dedicates these funds to support the operations of the HBX Authority.

The HBX Authority, after considering recommendations of a community stakeholder working group, concluded that such an assessment would be the most effective way to raise revenue while minimizing the impact on premiums for health plans. The GWSCSW DC legislative committee is supporting this bill, along with Families USA, DC Fiscal Policy Institute, the DC Primary Care Association, DC Coalition on Long Term

Care, Legal Aid Society of the District of Columbia, Autism Speaks, American Cancer Society Cancer Action Network, Inc and many others in our community coalition of health advocacy organizations.

## Child and Family Services Update

In our December 2012 newsletter, Gina Sangster interviewed Brenda Donald, newly appointed director of Child & Family Services Administration (CFSA). Chantay White recently had the opportunity to follow up on the progress of CFSA of the Four Pillars program initiated by Ms. Donald.

Chantay reports that CFSA is successfully meeting goals in the following areas: They have decreased the foster care population and the number of entries into foster care. They successfully put measures in place that resulted in decreased placements in group homes and saw a decrease in the number of teen mothers in foster care and the repeat births to teen parents in foster care. Relative placement (kinship care), increased, placements overall decreased to two or fewer placements in the past 12 months. CFSA is effectively administering a substance abuse screening program and providing after-care services. The high school graduation rate for youth in care is higher than the city average; post-secondary education and employment opportunities increased for youth in care.

In FY13, the primary focus of CFSA was transitioning away from foster care and soliciting family support. In FY14 the focus is on investing in information systems solutions that will better collect and analyze data related to outcomes. CFSA further plan to strengthen programs for youths, traumatized children, meet the physical health needs and support academic achievements for clients receiving CFSA services. ❖

Reston, Virginia

### **PART TIME INDEPENDENT CONTRACTOR POSITION AVAILABLE**

Do you want to work at a private practice without the hassle of marketing and finding your own clients? Then this is the position for you. I am looking for someone to work part time at a group practice: Lisa Snipper and Associates in Reston, Virginia. We work with children through adults. Experience working with children and families is necessary.

**If interested send your resume and CV to  
[lisa.snipper@me.com](mailto:lisa.snipper@me.com)**

## ■ MARYLAND

Judy Gallant, LCSW-C

Mere predictions of snow were not enough to postpone our annual Annapolis Legislative Workshop and Dinner for a second time, though admittedly we had our fingers crossed on that wintry afternoon in February. The workshop was led by our incredibly-knowledgeable lobbyist, Alice Mutch, who facilitated a lively and informative discussion about the most effective ways to address issues with legislators. At the informal reception and the dinner, guest legislators Delegates Ariana Kelly (District 16) and Susan McComas (District 35B) told us about their key legislative interests; it was particularly gratifying to hear how these able legislators responded to our concerns. It was a truly stimulating and worthwhile evening... and all could get home before the snow whitened the ground. We hope many more of you will be able to attend the event in coming years.

Our Society is built on three foundations: education, advocacy and community. The annual Annapolis event encompasses all three. We *educate* ourselves about the

legislative process and learn about legislative issues that impact our clinical practices and our clients, from some of the best possible teachers: our lobbyist, and two distinguished legislators who share our concern in protecting the vulnerable while supporting access for all Marylanders to services that enhance their lives.

By making ourselves available to legislators, we can share our knowledge of how mental health issues impact individuals and our entire society [with a small s]; we can *advocate* for and share our professional experience observing the benefit of access to mental health care in an individual's productivity and sense of well-being. When we are willing to speak out, our clinical social work expertise can inform the way laws are written in order to support those goals. As for *community*, social workers getting to know each other better in the lovely Yacht Club setting speaks for itself.

### At The Top of Our Legislative Agenda

The 2014 session of the Maryland General Assembly came, frenetically, to a close in early April. We are tied to newsletter deadlines, so a more complete summary will follow in subsequent newsletters. Of our top legislative agenda items, three bills stand out.

A concern that everyone shares is protection of Maryland's children. However, each year since the Sandusky/Penn State abuse case, various bills have proposed huge financial penalties and draconian sanctions for failure to report (for example, several legislative proposals included a \$10,000 fine and 10 years of incarceration). Our position is that some child abuse cases are clear-cut, and there will be no question about reporting, but others are likely to be very difficult and highly complicated. In such cases, LCSW-Cs and other licensed mental health providers must balance multi-layered family dynamics, help parents maintain healthy attachment with their children, and keep troubled families in a therapeutic safety net.

We believe that where there is failure to report, the Board of Social Work Examiners and other health professional boards have the needed expertise to determine culpability and to appropriately discipline offenders through fines and revocation of their license. Conversely, for mental health professionals—including Clinical Social Workers, who provide the majority of psychotherapeutic services—the threat of criminal penalties could result in a chilling effect on willingness to accept complicated, high risk, often volatile cases. A punitive climate is likely to put the most vulnerable

Marie Caterini Choppin, LCSW-C & Associates



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children at greater risk, unable to receive much needed services, and leave them and their families unsupported during a time in their lives when they most need that support.

Again this year, we were successful in our opposition to the punitive bills - all failed. What we support, as key to protecting vulnerable children, is increased education in prevention and recognition of abuse for the many mandated reporters not familiar with or comfortable with child abuse reporting. Delegate McComas' thoughtful approach, with a House bill calling for a comprehensive study of training for mandated reporters on the risk factors, prevention, identification, and reporting of child abuse, was unfortunately unacceptable to Senate leadership, and did not pass. We will continue to advocate for appropriate responses to ensuring children's safety.

### **The Safety Net Act**

Our support for the most far-reaching mental health bill the legislature proposed—the Mental Health and Substance Use Disorder Safety Net Act of 2014—was in vain. This was a huge initiative that would have provided full funding for Maryland community mental health services, coordinated services between core service agencies, eliminated gaps in the State's mental health, substance use disorder, and behavioral health safety net and, of particular relevance to clinical social workers, addressed reimbursement issues. We pointed out in our testimony that resources are a critical underpinning for the bill's provisions: services such as early recognition of children's mental health needs and services for inmates returning to the community will not be effective without an adequate number of providers willing to accept the rates offered by State-funded and private insurance. The bill died under the weight of a 44 million dollar cost to the State, with local costs projected at 137 million dollars.

### **Support for Victims of Rape and Sexual Assault**

At our dinner in Annapolis, Delegate Kelly described the dire need for legislation to support victims of rape and sexual assault when they arrive at a hospital seeking emergency care; she has pursued such legislation for several frustrating years. Her persistence finally paid off. This year's Assembly passed HB 963, the Hospitals-Protocol for Sexual Assault Medical Forensic Examinations and Planning Committee bill, requiring each

hospital that provides emergency medical services to have, by July 1, 2014, a protocol in place for offering timely access to an appropriate medical forensic examination and care. Our congratulations to Delegate Kelly, and thanks to the GWSCSW members who joined us in submitting supportive testimony.

Overall, we offered views and recommendations on ten proposed bills. On two of them, regarding the treatment of autism and the protection of confidentiality, our efforts to increase awareness of the importance of Clinical Social Workers resulted in the specific inclusion of clinical social work language addressing our concerns. Our efforts continue. ❖

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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](http://www.CapitalConsultant-sofMd.com).

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## ■ VIRGINIA

Judy Ratliff, LCSW

The Virginia Assembly adjourned on March 8 having enacted what the Washington Post described as “modest mental-health reforms...leaving broader improvements unaddressed.” Fired up by the tragic events of last November, when Senator R. Creigh Deeds was wounded by his son, who then turned the shotgun fatally on himself, lawmakers passed legislation providing more time for emergency clinicians to locate a psychiatric bed for a patient in crisis, requiring the state “to provide a bed of last resort” if needed, and mandating close monitoring of court-ordered outpatient treatment.

Also passed was a four-year study of mental health services. Our GWSCSW legislative committee had urged Virginia members to email their legislators, asking them to oppose the four-year study and instead implement reforms already recommended in the last study. Recommendations already in place call for increased funding for community service boards and the Department of Behavioral Health and Developmental Services. Instead, the State mental health budget has been so

severely cut that care in the community is often available only on an emergency basis.

### The Medicaid Expansion

As we write, Governor McAuliffe’s hope for Medicaid Expansion in Virginia seems to be at an impasse. We have been communicating with Senator Janet Howell of Virginia regarding the resistance in the Virginia House and Senate to expansion of the Medicaid program. Senator Howell was a member of the Medicaid Innovation and Reform Commission, which developed the Marketplace Virginia plan. Although this plan had the support of most Chambers of Commerce and business groups, hospitals, religious organizations and editorial boards throughout Virginia, it was blocked, primarily by Republican legislators.

Senator Howell points out that, as a result of this defeat, 400,000 working Virginians will not be insured and Virginia is giving up 5 million dollars a day “in funds that we Virginians have paid in fees and taxes intended to provide health care coverage in Virginia.” Of particular concern are the hospitals, including Northern Virginia’s INOVA Health Care System. Senator Howells noted that one hospital has had to close and “others are on the brink. Quality of care will suffer in all, including INOVA. There is no rational basis for opposition.”

Even when legislators seem to be locked in their positions, constituents can make a difference by educating the opponents and bolstering the strength of supporters. Virginia GWSCSW members are urged to make a call or send an email to their State delegates and senators in support of Medicaid Expansion. ❖

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.

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# Training for Cultural Competency: A Colloquium for Social Work Educators

By Margot Aronson, Eileen Dombo, and Janice Berry Edwards

Maryland's Cultural Competency and Health Literacy-Education Act of 2012 (HB 679) is centered on the need to assure a culturally-competent healthcare workforce for the State, one skilled at and committed to working to overcome persistent minority health and health outcome disparities.

In response to the legislation, we three GWSCSW members reached out to the University of Maryland's School of Social Work, the Howard University's School of Social Work, the Catholic University of America's National Catholic School of Social Service, and the Gallaudet University Social Work Program, asking them to join a new committee to explore ways to enhance and extend the cultural competency of licensed social workers in the Maryland health and mental health workforce.

The Deans agreed, and we had our committee: Margot representing GWSCSW; Janice, Howard's SSW; Eileen, Catholic's NCSSS; Dr. Kathleen Deal, University of Maryland SSW; and Dr. David Barclay, Gallaudet. Many months of discussions, research, and planning led to an all-day event this May, *Training for Cultural Competency: A Colloquium for Social Work Educators* at Howard's School of Social Work. Faculty from all of the Maryland and Greater Washington social work programs were invited.

## A Gathering of Distinguished Guests, Faculty

Maryland Delegate Shirley Nathan-Pulliam, primary sponsor of HB 679, well-known for her leadership in legislation addressing minority health disparities, served as Honorary Colloquium Chair. Her keynote presentation focused on her legislative work in Maryland, and emphasized how important it is for social workers and other health professionals—including faculty—to educate lawmakers and to engage in the legislative process. Delegate Nathan-Pulliam was joined by Dr. Carlessia Hussein, Director of Maryland's Department of Health & Mental Hygiene Office of Minority Health & Health Disparities (MHHD), who shared valuable information about MHHD research and the resources developed available through that office. (See the MHHD website [www.dhmh.maryland.gov/mhhd](http://www.dhmh.maryland.gov/mhhd) for Maryland health disparities data, reports on specific minority groups, the Primer on Cultural Competency and Health Literacy, and more.)

Panel discussions featured distinguished faculty from Maryland and District of Columbia schools of social work focusing on cultural differences in help-seeking behaviors, how cultural competency is addressed in the social work curriculum, and cultural competency from the student perspective. Howard SSW Interim Dean Sandra Edmonds Crewe gave an inspiring lunch-time address.

One theme heard throughout the day was the recognition that *cultural competency* is not a destination but rather a lifelong process by which one is learning continuously how to respond to others. *Cultural sensitivity, cultural responsiveness, cultural intelligence* and *cultural humility* were some of the other terms used to describe the concept.

## Sponsors and Co-sponsors

Before the Colloquium concept was adopted, when our committee began meeting, the deans of each of the four participating schools—Maryland, Howard, Catholic, and Gallaudet—had agreed to participate in discussions, nothing more. But as the proposal began to take shape, Howard offered to host, and then each of the other schools and our Society offered in-kind support. Ultimately these five sponsors all helped with funding for sign-language interpreters, for printing of materials, for coffee and lunch.

As we reached out to invite other Maryland schools of social work to participate, we were met not only with enthusiasm, but with offers to contribute. Additional co-sponsors were Coppin State University Department of Social Work, Hood College Social Work Program, McDaniel College Social Work Program, Morgan State University School of Social Work, Salisbury State University Social Work Department, and University of Maryland Baltimore County Baccalaureate Social Work Program. Each school was represented at the colloquium, as were NASW and the Board of Social Work.

We hope that this event will be only the first of an anticipated series of colloquia, hosted annually in rotation by participating universities, to provide opportunities for faculty to consider a wide range of social work training interests, including exploration of an inter-professional approach to cultural competency in health training. ❖

# Hats Off To Our Hosts

*Terry Ullman, LCSW-C, Director of Education*

One of the challenges we have faced as an organization is finding sites to host our continuing educational programs. It isn't easy finding facilities that have audio-visual equipment, a comfortable environment, ample parking, a convenient location and that are willing to host us for free!

We have been very fortunate to have found not one, but four wonderful facilities. All four have exceeded our expectations; not only have they met our initial criteria, they have proven to be exceptional hosts, going out of their way to make sure we are comfortable and have everything we need, including great refreshments. The following is a list of these sites along with some information they provided about their services. Please feel free to contact them for more information and let them know how much we appreciate them!

## **INGLESIDE AT ROCK CREEK**

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*Kristin Shanks*

*kshanks@westministeringleside.org, (202) 596-3083*

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## **SUNRISE AT FOX HILL**

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Bethesda, Maryland 20817**

*Jennifer Feldmann*

*jennifer.feldmann@sunriseseniorliving.com  
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McLean, Virginia 22102**

*Nancy Van Buskirk*

*mclean.dos@sunriseseniorliving.com, (703) 734-1600*

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## GWSCSW CONTINUING EDUCATION COURSES 2014-15

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### ■ DBT Skills Group: An Experiential Workshop

Dialectical Behavior Therapy is an evidence-based treatment for borderline personality disorder and suicidal adolescents, two of the more challenging presentations for clinicians. The treatment also shows promise for individuals with multiple diagnoses including mood disorders, anxiety disorders, eating disorders, substance abuse disorders, and disruptive behavior disorders. Research, while still inconclusive, suggests that skills training may be the single most effective component of this treatment. This training will provide clinicians with an experiential understanding of skills training as provided to adolescents and parents in a group. Participants will be expected to actively engage in the learning and activities. This is a unique opportunity to experience skills training from both the therapist and client perspective. This workshop is appropriate for all clinicians interested in DBT. Due to the experiential nature, this workshop is limited to 20 participants.

Date: **Friday, September 19, 2014**

Time: 9:00 AM – 12:15 PM

Location: Sunrise at Foxhill:  
8300 Burdette Road Bethesda MD 20817

Instructor: Britt Rathbone, LCSW-C, CGP, BCD  
Pat Harvey, LCSW-C

Info: [britt@rathboneandassociates.net](mailto:britt@rathboneandassociates.net)  
or 301-229-9490 x401

Cost: Members \$60 / Grads \$30 / Non-Members \$90

CEUs: 3 hours

### ■ Symptom Reduction through Mind-Body Medicine

This experiential workshop will explore a variety of mind-body techniques (meditation, movement, autogenics and guided imagery) that therapists can use to support themselves and can easily be taught to clients. The material is medically proven to calm the central nervous system by activating the parasympathetic nervous system. These techniques are applicable to many situations including, but not limited to, helping manage mood and the physical symptoms associated with the body's stress response. This workshop is appropriate for all levels of experience.

Date: **Friday, October 31, 2014**

Time: 9:00 AM – 12:15 PM

Location: Ingleside at Rock Creek  
3050 Military Road NW Washington DC

Instructor: Fran Zamore, ACSW, LCSW-C  
Michael Shea, LGSW

Info: [fran.zamore@gmail.com](mailto:fran.zamore@gmail.com) or 240-688-9099

Cost: Members \$60 / Grads \$30 / Non-Members \$90

CEUs: 3 hours

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

## ■ Relationship Enhancement Therapy with Couples and Families

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RE Therapy combines a psycho-educational skills-teaching approach with deep emotional processing designed to transform couples' and families' negative interactional patterns into positive ones while also facilitating emotional connection and healing in ruptured relationships. The skills focus on managing conflict effectively and how to dialogue so as to uncover clients' deepest feelings, concerns and desires. This in turn empowers even the most distressed couples/families to resolve current and future problems on their own. An additional strength of RE Therapy is that it equalizes power within relationships, both between genders and across generations. RE Therapy is supported by 40 years of research that validates its clinical effectiveness. This workshop will introduce the theory and practice of RE therapy and demonstrate how the RE therapy process is used in clinical practice via videotaped therapy sessions and a live role-played demonstration.

Date: **Friday, November 7, 2014**  
Time: 9:00 AM – 4:00 PM  
Location: Ingleside at Rock Creek  
3050 Military Road NW Washington DC  
Instructor: Robert Scuka, PhD, MSW, LCSW-C  
Info: robscuka@earthlink.net or 301-530-5271  
Cost: Members \$120 / Grads \$60 / Non-Members \$180  
CEUs: 6 hours

## ■ Helping Couples Recover from an Affair

---

In the United States, estimates are that between 15-43% of men and 10-15% of women have had an extra-marital affair. Many couples enter couples therapy as the result of infidelity, and this is one of the most difficult situations for the couple's therapist to treat. Trust has been shattered, commitment is in question, and the betrayed partner suffers from PTSD. Learn an effective method devised by John Gottman based on the research of Shirley Glass on how affairs occur, Peggy Vaughn on what helps couples heal from an affair, Carol Rusbult on negative comparisons in relationships, and Gottman's own research on trust and commitment. Called Atone-Attune-Attach therapy, you will learn how to help couples heal from infidelity and build a stronger relationship based on the Sound Relationship House theory and Gottman method of interventions for making relationships work.

Date: **Friday, February 27, 2015**  
Time: 9:00 AM – 12:15 PM  
Location: Ingleside at Rock Creek  
3050 Military Road NW Washington DC  
Instructor: Patricia Gibberman, LCSW  
Info: pgibbermanmsw@gmail.com or 703-208-9988  
Cost: Members \$60 / Grads \$30 / Non-Members \$90  
CEUs: 3 hours

## ■ Working with Adult Adoptees: Nuances, Underpinnings & Subtleties in Clinical Practice

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What does it mean to work clinically with the adult adoptee? Which aspects of being adopted are clinically relevant to treatment planning (whether it is identified as the focus of treatment or not)? In this day-long workshop, relevant research, resources and clinical overview will be presented. Participants will have the opportunity to learn both didactically and experientially covering topics such as: transference and countertransference issues, psycho-educational material, overview of adoption terms and potential tasks for integrating the adoption experience. The clinical terrain for addressing the potential attachment challenges will also be explored. Lastly, participants will have the opportunity to explore strategies to address potential pre-verbal, pre-cognitive material present with the adult adoptee clients.

Date: **Friday, March 13, 2015**  
Time: 9:00 AM – 4:30 PM  
Location: Viva Center 1555 Connecticut Avenue NW, 3rd flr  
Washington DC 20036  
Instructor: Julie Lopez, PhD, LICSW  
Info: julie@vivapartnership.com or 202-265-1000x101  
Cost: Members \$120 / Grads \$60 / Non-Members \$180  
CEUs: 6 hours

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



## ■ The Role of Compassion in Clinical Practice

This workshop integrates understanding of the evolution of clinical theory with emphasis on the alignment of the self of the therapist; supporting the capacity to stay grounded in compassionate presence. This state has a feel that is reflected in the ability of practitioners to be fully present and to remain engaged through the range of affects and experiences our patients present. Memorizing the feel of compassionate presence, workshop content will enable participants to broaden its expression across sessions and patient populations.

Date: **Friday, April 24, 2015**  
 Time: 9:00 AM – 12:15 PM  
 Location: 5319 Lee Highway, Arlington VA 22207  
 Instructor: Marilyn Stickle, LCSW, BCD  
 Info: ms@marilynstickle.com or 703-790-0232  
 Cost: Members \$60 / Grads \$30 / Non-Members \$90  
 CEUs: 3 hours

## ■ Integrating Couples Therapy and Sex Therapy

This workshop will explore ways to integrate couples therapy (often focused on repairing the attachment wound and deepening connection) and sex therapy (a more cognitive-behavior therapy). We will explore the sexual messages which we carry inhibiting our ability to address sexuality in couples therapy. A-user friendly model of sex therapy, the PLISSIT model, (entailing Permission Giving, Limited Information, Specific Suggestions, and Intensive Therapy) will be presented. Therapists will be encouraged to attune to the couple in ways that enable the therapist to determine what types of interventions are needed. Participants discuss and view a live session videotape, exploring sexual messages, to enhance learning.

Date: **Friday, May 15, 2015**  
 Time: 10:00 AM – 2:15 PM  
 Location: Sunrise at Foxhill  
 8300 Burdette Road Bethesda MD, 20817  
 Instructor: Gail Guttman, LCSW-C  
 Info: gail@gpathery.com or 301-984-0322  
 Cost: Members \$75 / Grads \$40 / Non-Members \$120  
 CEUs: 4 hours

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

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

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**Allyson Shaffer | 202-319-4388 | [shaffera@cua.edu](mailto:shaffera@cua.edu)**

# OUT & ABOUT

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

**Mike Giordano** is thrilled, and a little bit self-conscious, that his essay: "Being a Therapist Made Me Kinky" was published in the American Academy of Psychotherapists' Spring issue of *Voices*. The theme of the issue was "Sex."

**Evelyn Goldstein**, LCSW-C led a workshop in April titled "Restoration & Healing for Caregivers: Finding Balance & Wellbeing When Caring for Others" with noted meditation/yoga instructor Peter Moser. The workshop was designed to help caregivers nurture their own needs, refuel and gain new insights.

**Marilyn Lammert's** article, "Building Strength and Resiliency: Tools for Early Career Social Workers," was published in the Fall 2013 issue of *The New Social Worker*. It describes positive approaches for preventing and dealing with burnout and for addressing difficult professional situations in general. She has presented free workshops and follow-up groups on the topic.

**Ruth Neubauer**, LCSW, and Karen Van Allen, LCSW, co-founders of "Retirement" or WHAT NEXT™, held their annual spring weekend workshop for women over 50 in Denver, Colorado in March.

**Terry Ullman**, LCSW-C, LICSW was a guest on *Senior Solutions*, MMC-TV 16, where she spoke on "Surviving Hospitalization" for people with dementia. She was also interviewed on *Seniors Today*, County Cable Montgomery Comcast/RCN 6, Verizon 30, on how to select a residential facility. ❖

## Welcome New Members!

### Full

Maryellen Armour  
Suzanne Dunn  
Julie Isaacs  
Anne Lipp  
Abigail McClintock  
Laney McHarry  
Anne McKnight  
Annie Miller  
Carroll Roddy  
Erica Werfel  
Allison Winoker

### Graduate

A. Cybele Hirschhorn  
Jennifer Kent  
Gisela Martinez  
Rachel Narrow  
Morgan Osborne  
Matt Sosnowsky  
Alexandra Weisz

### Student

Orelia Busch  
Kelli Cronin  
Jenna Hall  
Kathryn Hudson  
Elizabeth Johnston  
Ashley Lore  
Dina McNaughton  
Ariste Sallas-Brookwell  
Michael Stahly

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# TECH TIPS

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## Email 101

*Social Media Committee*

Email has become a routine part of our lives, and in many ways gives us more control and efficiency in our communication. However, the details of the process can be confusing, frustrating, and at times intimidating. What follows is a guide to navigating email. Please note that there are variances between operating systems, email providers, and computer programs. The information provided here is an overview, based on Yahoo and Gmail. We included various terms and possible outcomes in an effort to capture the range of experiences people might have. But there is no way to describe every possibility. If you have specific questions that are not addressed here, please feel free to email us [socialmedia@gwscsw.org](mailto:socialmedia@gwscsw.org).

### Attachments

If an email contains an “attachment” (a separate file), you will see a “paper-clip” symbol near the subject line, and the attached document name or icon at the bottom of the email with the option to “view” or “download” and open/save it to your computer.

Clicking on “view” will allow you to open a “read only” version of the document without saving it to your computer.

To save it to your computer, click “download,” or the downward arrow [insert download.jpg] over the document icon. If a drop-down box appears, you can select the folder in which you want to save the file. You can rename the file in the “File name” window, then click “Save.” The file may automatically open in a separate window, or in a tab on the bottom of your email screen; if it does not, go to your folders, open the folder in which you saved it, and click the document name.

If nothing appears after clicking “download,” the file may have automatically downloaded to your “downloads” folder, the “desktop,” or the last folder you used when downloading an attachment; so check those locations. If you want to move the file into a different folder, click and hold down, then drag and drop it into the preferred folder.

To send an email with an attachment, click the “paper-clip” symbol in the email you are composing. In the window that opens, find the folder containing the file

you want to attach, click on the file, then click “attach.” If the file has successfully been attached, the icon or the document name will appear on the bottom of the email you are composing.

### Hyperlinks (or “Links”)

A “link” is a blue underlined line of text that will open another webpage when clicked, saving people the time of typing in the webpage address or having to use a search engine. If you suspect a link might be spam, you can mouse/hover over a link without clicking to see what webpage it will open.

To create your own hyperlink in an email, type in the word, phrase, or website you want to use as your “display text” (note, the text you use does NOT have to be the web address you are linking to). Highlight this text, then click the “chain link” icon [insert link.jpg] in your email. Open a separate browser tab, and go to the webpage to which you are creating the link. Highlight and copy this address. Go back to the open link window in your email, paste (or carefully type) the webpage address in the “Edit link” or “Web address” box, then click “ok.” If the link was successful, your originally selected “display text” will become blue and underlined. When in doubt about the success of a link, you can test it by sending the email to yourself and clicking the link.

### Reply

When an email is sent to multiple people, you will have two options to reply. Clicking “reply” will reply to the sender only. Clicking “reply all” will reply to the sender and all of the people who received the email initially.

In the case of the GWSCSW listserv, clicking “reply all” will reply to the entire listserv, not just the person who sent the initial email. Different listservs (or email groups) have different settings (i.e., in some cases, simply clicking “reply” may reply to the whole listserv). It’s a good idea to always check the “To” box before clicking “send.” The email address for the GWSCSW listserv is [GWSCSWEB@yahoogroups.com](mailto:GWSCSWEB@yahoogroups.com), so if you see this email address in your “To” line, you are replying to the entire listserv.

When in doubt about whether you are replying to just one person or everyone, start a fresh email (instead of clicking reply), and just address it to your intended recipient.

## Privacy & Security

Remember, email is not a confidential medium; it's important to be thoughtful about emailing confidential information.

- Double check the email address of the recipient before sending.
- Consider discussing risks and/or covering all types of communication in your "notice of privacy practices" with clients.
- Send an address confirmation email to the recipient before sending an email containing confidential information.
- Limit the amount of information discussed via email to a minimum.
- Include a privacy/risk statement somewhere in the email (many people make this part of their automatic "email signature").
- Consider using encryption to increase email security.

## Encryption

Encryption is the process of encoding messages to prohibit access by unauthorized parties. Many programs are available for email encryption, including:

- Hushmail (Both parties must subscribe. There are both free and paid service plans available.)
- Sendinc (Both parties must subscribe. There is no charge.)
- SafeGmail (This is a free extension of Google Chrome, which works with any recipient email system.)
- Infoencrypt (This works with any email system and is free of charge.)
- Lockbin (This is intended for email as well as for files. There are both free and paid service plans available.)
- iSafeguard (This is intended for email as well as for files. There are both free and paid service plans available.)

If you have any questions about this information, or if you have questions about another technology-related topic, feel free to send us an email at [socialmedia@gwscsw.org](mailto:socialmedia@gwscsw.org). ❖

## The Washington Center for Psychoanalysis

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If you have interest in gaining a greater expertise in how to work deeply with couples and families, consider joining the **October class** of the Contemporary Psychoanalytic Couple and Family Therapy Training Program at the Washington Center for Psychoanalysis ([www.wcpweb.org](http://www.wcpweb.org)). With over 40 years teaching area clinicians, this is a program pioneered out of groundbreaking research at NIMH with couples and families, informed by integrated psychoanalytic, object relations, and small group theory. For further information, contact the program chair, Linda Grey at 703 533-1359. Feel free to additionally contact any of the program faculty.

# POETRY

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## Welcome!

By Wendi R. Kaplan

As we welcome spring (finally!) I wonder about how we come to this place of welcoming. There are some things that we welcome, like spring, daffodils and cherry blossoms. There are some things that we resist welcoming like pain, sorrow and loss. And yet they all come to us. We will meet the whole range of emotion, experience and growing in our lives. We know this.

As I think of welcoming, I first think of love and the beings I have welcomed into my life. Children, animals and friends. How wonderful it is to greet them. Who knew when we rescued a four-week old kitten nearly frozen in the snow that he would survive and bring us immense joy and laughter with his dare-devilish manner and sweet blue eyes? Who knew when a friend asked us to open our home to an exchange student from Spain and we said yes, that we would all fall in love with him and he would become family? These

are a couple of things that came to our door that we welcomed in, perhaps in naivety, certainly aware that there was risk, but welcomed all the same.

I think, too, of the things I did not invite, but that knocked determinedly at my door and insisted on entrance. When my best friend received a dire cancer diagnosis I railed against everything. But I learned from her determination to “dance” with what had come uninvited that I, too, would need to learn to dance. And so we danced with this “guest” and traveled a mindful path and, over time, it left. I learned to breathe more during that time, to listen more, to bend more and certainly to dance more. I am reminded of the haiku written by Mizuta Masahide:

*Barn's burnt down —  
now  
I can see the moon.*

We all have things in our lives that we welcome and things we do not and yet they come and we are given the opportunity to dance with them. As Rumi shows us in his poem “The Guest House,” we humans are vessels for many experiences and emotions. All valuable!

How do we “welcome them all” as Rumi suggests? Now that is a question to ponder. I use meditation and reflection to help me welcome what comes. When I can quiet my mind, focus on my breath, and stay present, I am able to hear myself and to simply observe my responses to what has come knocking at my door. I also use poetry and writing to hear the different voices that arise during those difficult times. For instance I can hear the voice of fear, the voice of resistance, the voice of trust, the voice of possibility. By allowing them to be heard through meditation or writing I become aware of an acceptance opening within me. One of Jung’s lessons is that we must know our shadow, the parts of us, often less desirable, outside of our consciousness. When we can own and recognize ever more aspects of ourselves, we are better able to realize our wholeness and be more fully present.

It is this way with our clients as well. Every day we welcome people and invite them in to sit and be present with us. We open our doors to all manner of



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people with all manner of issues, emotions, experiences, conundrums, fears, longings, and hopes. They come bearing their satchels of stories and problems. Some are heavy beyond measure. Some bear the weight of ordinary living. They all bring a longing. And we meet them as openly as we can. We greet them with our carefully honed skills, learnings, and listenings. We let them know that we SEE them. Really see them. In doing so, we help them see themselves. A crucial part of therapy is being seen, becoming aware of our many voices and allowing them to be heard.

It is said that the Bushmen and several other indigenous tribes welcome one another by saying I see you and the response is I am here. This honoring greeting is a deep validation of presence and connection. As therapists, we validate the presence of our clients in many ways. When I reflect on the poem "The Guest House", I think it is an honoring of one's full range of experience and life. To be open as a human on this earth is such a gift. To be a therapist is to have the amazing honor of learning about others' experiences, both inner and outer, and helping them to open to whatever comes and say, "Welcome."

### The Guest House

*This being human is a guest house.  
Every morning a new arrival.*

*A joy, a depression, a meanness,  
some momentary awareness comes  
as an unexpected visitor.*

*Welcome and entertain them all!  
Even if they're a crowd of sorrows,  
who violently sweep your house  
empty of its furniture,  
still, treat each guest honorably.  
He may be clearing you out  
for some new delight.*

*The dark thought, the shame, the malice,  
meet them at the door laughing,  
and invite them in.*

*Be grateful for whoever comes,  
because each has been sent  
as a guide from beyond.*

~Rumi

Here are some questions you might reflect upon as you read this poem:

- How have you been welcomed in your life?
- How do you welcome yourself?
- How do you welcome your "shadow"? Or not?
- What ways do you have that allow you to listen to clients? And to yourself?
- You might want to think of what is knocking at your door at this time in your life.
- What are you inviting in and what are you keeping out?
- Write a letter to something you have invited in to your house.
- Write a letter to something you have not invited in but that knocks anyway.

If you would like to share any of your writings or thoughts about this, feel free to email me at [wendi.kaplan@verizon.net](mailto: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.



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LICSW, LCSW-C, MEd.

**301-942-3237**

**GRiddell@aol.com**

# RECOMMENDED READS

Books recommended and briefly reviewed by GWSCSW members. Compiled by Molly Milgram

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## Working with Self-Injuring Clients

### **Helping Teens Who Cut: Understanding and Ending Self-Injury**, by Michael Hollander, Ph.D.

Recommended ~ *Wendi R. Kaplan, LCSW, CPT*

### **Stopping The Pain: A Workbook for Teens Who Cut and Self Injure**, by Lawrence E. Shapiro, PhD

The book offers a lot of written exercises that help teens to understand why they self-harm in the first place and strategies for prevention. The nice thing about this book is that it isn't necessarily specific to one type of self-harm, but it applies across the board to a wide range of self-harm behaviors (this is helpful for teens who might feel that their particular self-harm behavior isn't the "right" type of self-harm or that it isn't common/can't be treated). I highly recommend it to teenagers as an adjunct to individual or group therapy. ~ *Rachel Beth Singer, LCSW-C*

### **Letting Go of Self-Destructive Behaviors: A Workbook of Hope and Healing**, by Lisa Ferentz

A companion to the the author's *Clinician Guide*, written expressly for clients to help them make sense out of eating disordered, addictive or self-harming behaviors. Along with easy to understand psycho-education, clients are led on a journey of self-compassion and healing through art prompts, journaling exercises, guided imagery, visualizations, cognitive re-framing, soothing movement, and the opportunity to practice new behaviors for affect regulation and self-care. ~ *Lisa Ferentz, LCSW-C, DAPA*

### **Living on the Razor's Edge: Solution Oriented Brief Family Therapy with Self Harming Adolescents**, by Matthew D. Selekman

Recommended ~ *Wendi R. Kaplan, LCSW, CPT*

### **Treating Self-Destructive Behaviors in Trauma Survivors: A Clinician's Guide**, by Lisa Ferentz

Every clinical social worker should have this on his or her bookshelf. It is well written and speaks to a wide audience of clinicians from new graduates to very seasoned clinicians. The author provides a user-friendly book that can be used as a resource to understand the self-destructive cycle. It works with a paradigm relating to attachment and trauma that so many clients have experienced. The author provides hands-on examples and interventions, speaks to a variety of ways to work with clients and also devotes an entire chapter to self care of the clinician. I highly recommend her book. ~ *Lisa M. Snipper, LCSW*

### **The Scarred Soul: Understanding and Ending Self-Inflicted Violence**, by Tracey Alderman, PhD

The author demystifies and takes the shame out of self-destructive behaviors, providing insight to clients, therapists, and family members about the deeper psychological underpinnings of self-mutilation and addictions. The book offers excellent concrete tools for processing self-harm, and provides the reader with much needed hope. ~ *Lisa Ferentz, LCSW-C, DAPA*

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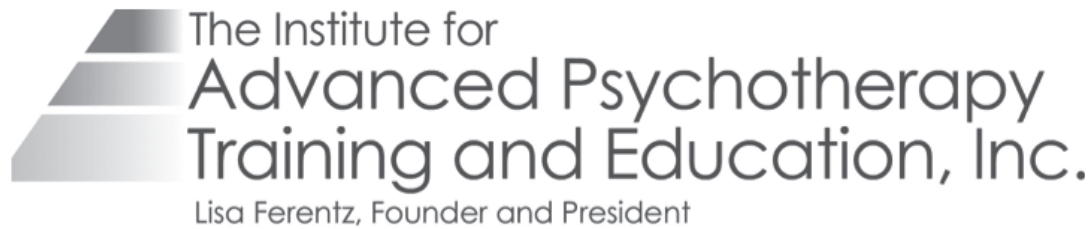
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# CLINICIANS AND THE LAW

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## Fees – ‘No Shows’

*Richard S. Leslie*

A reader raised some questions related to the amount charged to a client or patient who does not show for the scheduled appointment (or who cancels) and who fails to give the therapist or counselor the amount or kind of notice that the practitioner has asked for in his or her disclosure or office policy statement. The reader asked about the propriety of charging different amounts for such “no shows” (missed sessions) for those patients who have insurance coverage and those who do not. This latter question reminds me of the somewhat broader question often asked about whether it is “okay” to charge patients who have insurance a higher fee than is charged patients who do not have insurance and thus pay “out of pocket.”

With respect to charging for missed sessions, practitioners must decide, among other things, how much prior notice they will require in order to excuse payment for the missed session, and whether there are any exceptions to the office policy that will require payment for missed or canceled sessions. Additionally, the amount charged the patient or client for the missed session must be determined. The client must, of course, be informed of the policy and should be informed of the rationale for the policy. Since this policy concerns fees, and since it is likely to bother some who are affected by it, the information regarding the policy should be given to the client in writing (a writing may be required by state law). This information is typically conveyed in the disclosure or informed consent statement that the therapist or counselor gives to the patient at the outset of treatment.

In terms of the enforceability of such a policy, I am aware that there are some small claims court judges who will not allow recovery in a lawsuit concerning charges imposed for a missed session. The judges’ position has been that the consumer is paying for professional health care services, and when those services are not rendered, the practitioner should not be entitled to a fee. While such results do occur, it is also true that many judges will allow recovery, provided that the policy is fair and reasonable, and provided that the patient has been adequately informed of the policy prior to being charged for the missed session.

Billing an insurance company and seeking reimbursement for a missed session must be approached with

great care. It is generally considered fraudulent to bill an insurer and to therein represent that an hour of psychotherapy occurred on the date of the “no show.” Some patients have asked their therapists to do such billing, and some of those therapists, perhaps feeling a wee bit guilty for the effects of their policy on “no shows,” have agreed to cooperate with their patients. Such an agreement is a big mistake and will usually end poorly for the therapist, who will likely be charged with insurance fraud when the patient later complains against him or her. Some patients know that the billing constitutes fraud, and they know that they can use this information against the therapist if the need arises at a later time. Beware!

The practitioner referred to in the first paragraph revealed that with respect to clients who have insurance coverage, he bills the client for the amount of the client’s copayment for a first violation of the “no show” policy. Thereafter, he charges the client the amount that the insurance company would have paid him had a claim been submitted for the fifty minute session. For clients who pay out of pocket, they are charged his full hourly rate, which is greater than the rates paid by most if not all insurance companies. The rationale for the disparity, he explains, is that the fee structure is an attempt to be financially fair to the clients who rely on their insurance. My comment on this scenario is that I don’t like it – for a number of reasons.

First, I don’t understand why there would be the disparity in missed session fees between clients who have insurance coverage and those who do not. Why would there be a desire to be financially fair to clients who have coverage, but not to those who don’t have coverage? Why should the latter be expected to pay more for a missed session? I would want to be fair to both those who have insurance and those who do not. I also don’t understand the logic behind charging only the co-pay for the first “no show” and then a greater amount for the second and subsequent “no shows.” How would this be put into a written policy statement? Would there be separate and distinct written policy statements for those who have insurance and those who do not? Additionally, this practitioner will be getting paid varying amounts for a missed session by those who have insurance coverage, since the amount

of the copayment will vary from policy to policy, as will the amount that the insurer would pay for the session. This all seems to be rather awkward and unnecessary, at best.

I would think that generally, the fee for the missed session would be the same for each patient and that it would mirror the fee paid for a session that is held. The lesson that this fee policy is usually intended to teach is that the practitioner's time is valuable, and that the value is established as, for example, \$100 per hour. Why should a patient who has insurance coverage pay only the amount of a co-payment, and the client without coverage pay perhaps two or three times more? Could it not be argued that the practitioner is exploiting the client who is without insurance coverage? Again, this method of billing seems awkward at best. Perhaps there are arguments why this manner of billing is appropriate, fair, and non-problematic, but I am not convinced!

My general advice is that mental health practitioners, as with physicians and other professionals, should decide upon their usual and customary fee, and should not have different fees for those who pay "out of pocket" vs. those who have insurance coverage.

This does not preclude a therapist or counselor from reducing the fee or providing pro bono services as an exception to the general rule—usually for patients who have demonstrated a financial need for a reduced fee. However, when the fee is lowered, the insurance company should also get the benefit of the reduced fee. For example, if the practitioner lowers her fee from \$100 to \$50 because a patient is financially needy, the amount billed to the insurance company should be \$50. It might be considered fraudulent for a practitioner, upon finding out that there is insurance coverage, to raise his/her fee. I have found this action to be all too prevalent. For those who may offer a sliding fee scale, and as I have previously written (the *Avoiding Liability Bulletin*, August 2006), make sure you slide down—not up! ❖

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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# COMMITTEE REPORTS

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## Continuing Education

*Kathleen Landers*  
*cechairperson@gwscsw.org*

The Continuing Education Committee has reviewed a number of wonderful presentation proposals for next year and has been hard at work organizing the details involved in providing the selected programs to our members. Presentations will be offered throughout the 2014–15 academic year. Our committee wishes to thank all of the GWSCSW members who create such enriching programs for our social work community.

Next year's co-chairpersons will be Barbara Kane and Linda Hill who work together at Aging Network Services. The committee welcomes additional members. Meetings will be held in Bethesda two or three times per year on Monday mornings.

## Early Career & Graduate

*Juleen Hoyer & Amanda Slatos*  
*graduatecommittee@gwscsw.org*

The Early Career & Graduate Committee has had a busy few months! Erin McCarthy and Erica Scarpulla led the way to make our second annual social/networking event a great success. Over 25 members and prospective members came out for Happy Hour at the Science Club in DC. The event was such a hit that we are considering adding a summer networking event; so keep an eye out for more details!

We are also in the process of planning our next workshop, which will include practical information

about common challenges social workers encounter during "The First 3,000 Hours." The date is yet to be announced.

The Early Career & Graduate Committee extends special congratulations to the freshly graduated class of 2014 MSWs. We encourage you—and every early career social worker (loosely defined as somewhere in the first 10 years of practice) to join us. For more information, please check our calendar at [www.gwscsw.org](http://www.gwscsw.org), or email us at [graduatecommittee@gwscsw.org](mailto:graduatecommittee@gwscsw.org).

## Leadership/Nominating

*Sydney Frymire & Susan Post*  
*leadership@gwscsw.org*

Our small leadership committee of two continues to work behind the scenes figuring out how we can best support our members to develop their leadership skills. Beginning last fall, we've worked closely with the board to encourage members like you to assume a more active leadership in our Society.

We had two informal gatherings early in the year for members to meet our board members and committee chairs. As a result, several reluctant leaders from our membership have stepped up to take positions. Several of our board members have agreed to continue on the board because they enjoy the camaraderie, and opportunities to network and develop leadership and professional skills.

If you have ideas for us, please email us. We'd love to hear from you.

## Legislation & Advocacy

*Margot Aronson*  
*dirlegislation@gwscsw.org*

Summer is, traditionally, a time for the legislative committees of our three jurisdictions to take a deep breath, reflect and strategize for the fall. We're definitely ready for that break.

Throughout the three intense months of the 2014 Maryland General Assembly, Maryland's committee worked tirelessly with our lobbyist Alice Neily Mutch, reviewing bills and preparing testimony for issues important to our profession, participating in weekly conference calls of the Behavioral Health Coalition of which we are an active member, and organizing the annual Legislative Dinner in Annapolis. Judy Gallant took on the lion's share of the work, with the able assistance of committee members Gwen Pla, Linda Friskey, and Chantay White. Jennifer Loken, who braved a snowstorm to attend to the Dinner, is now a very welcome addition to the committee.

On another front, many months of effort came to fruition in May with Training in Cultural Competency: a Colloquium for Social Work Educators, our Maryland committee's response to legislation addressing cultural competency and minority health disparities.

Janice Berry Edwards, Eileen Dombo and I held leadership roles in organizing the event.

(See *Training in Cultural Competency* in this newsletter.)

In the District of Columbia, committee members Mary Lee

Stein and Christine Jackson continue to represent us in the coalition of community health advocacy organizations monitoring the progress of the DC Health Benefits Exchange; Susan Lesser has followed up on the District's project on mental health for youth; Chantay White is keeping tabs on activities and initiatives in Child & Family Services, and Danille Drake, our specialist on privacy and confidentiality, is serving on the Clinical Subcommittee of the DC Ombudsman's Advisory Council.

The Virginia Update section of this issue's legislative pages features committee co-chair Judy Ratliff's lively exchange of emails with her Delegate. Judy and her co-chair Dolores Paulson do their utmost to represent our interests, but they need support. GWSCSW has more than 200 Virginia members whose involvement could be truly productive.

## Membership

*Sue Stevens & Nancy Harrington*  
*membership@gwscsw.org*

The membership committee has been busy greeting new members at our Bagel Brunches. Sue Stevens and Nancy Harris hosted the first one, and Nancy Harrington, Sue Stevens and Beverly Magida hosted one for our newest Virginia members. They were small and intimate gatherings so we could really get to know our new members and introduce them to the benefits of belonging to the Society.

Our University Outreach is on-going and will culminate in the letter we send to all 2014 graduates, inviting them to join us and offering a discount on their first year's dues. Thanks to all the volunteers who go to the universities. They report that they really enjoy

returning to their alma maters and letting the students know about the Society.

We are always looking for more friends and colleagues to help us welcome new members, whether it be at a brunch or a visit to a university, so let us know if you can help!

## Newsletter

*Lisa Wilson, Editor*  
*newsletter@gwscsw.org*

This is my last issue as editor of *News & Views*. I have learned a lot from those of you who submitted items to the newsletter during my tenure, and from working through the process of newsletter production with our skilled and tremendously patient administrator, Jan Sklennik. I am extremely grateful for all of her insight and support.

Serving as editor has been a privilege and a great growing experience. Thank you!

I am pleased to report that Adele Natter and Jen Kogan have agreed to step up as new co-editors. Adele brings wisdom and experience gained through her practices in Northwest DC and Kensington, Maryland, where she enjoys the challenge of helping adults who have anger issues, character disorders, emotional dysregulation, and autism spectrum disorders. Jen has a private practice in DC where she works primarily with couples. Jen brings her experience as a psychotherapist as well as a writer and previous editor of *News & Views*.

Chana Lockerman, Sara Feldman, Karen Brandt, and Diana Seasonwein will be assisting with the editing function. Emily Hershensen, Ann Wroth, Wendi Kaplan, Molly Milgram, and Juleen Hoyer will continue to contribute content for standing columns. If you would

like to join this growing team, either to write or edit, please send an email indicating your interest to the editor's inbox, noted above.

I look forward to continue being inspired and educated by our newsletter, and hope to cross paths in person with those of you I know by name from your bylines.

## Professional Development

*Sydney Frymire & Karen S. Goldberg*  
*professionaldevelopment@gwscsw.org*

The Professional Development Committee co-sponsored a workshop with the National Catholic School of Social Work titled "Social Work Licensing: DC, MD, VA" on February 21, 2014. Participants received up-to-date information from representatives of the three jurisdictions' licensing boards. Many, many thanks to Cathie Gray (DC), Robin Jenkins (DC), Anne Walker (MD), Susan Horne-Quatanens (VA) and Melissa Grady (panel moderator) for lending their expertise and donating their time to this event.

Plans are currently underway for "Meeting the Challenge: Surviving and Thriving in Social Work Practice." This workshop will provide an opportunity for attendees to hear a panel of practitioners representing both agencies and private practice. Panelists will share their perspectives and experience, focusing on issues related to social work regulation, clinical practice, and changes in social media. A discussion will follow to support members' efforts and generate practical strategies. Keep an eye on the GWSCSW website and listserv for registration information.

Experienced members are still being sought to participate as mentors for the mentor program.

*continued on page 30*

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**Committee Reports, from page 29**

Mentors provide guidance to newer social workers to address concerns including licensure, establishing a private practice, employment, securing supervision, and consolidating professional identity. Mentors and mentees are matched according to location, interests and types of experience. Additional information about the mentor program, as well as applications for mentors and mentees can be found on the GWSCSW website. Select the Professional Resources tab on the left hand side of the home and click on the Mentor Program listing. You can also contact Sheila Rowny at [srowny@aol.com](mailto:srowny@aol.com).

New committee members are always welcome, so please contact the above co-chairs!

## **Social Media Committee**

*Sara Feldman & Juleen Hoyer*  
[socialmedia@gwscsw.org](mailto:socialmedia@gwscsw.org)

The Social Media Committee is excited to continue improving our community by helping people connect through social media. We would like to welcome the newest addition to our committee, Leslie Kilpatrick, who will be spearheading the effort to post photos of Society events to our Facebook page. We are continuing to update the GWSCSW Facebook page with articles, events, and photos. Please visit the page, like/comment on the posts, and remember to email us photos of GWSCSW events to add to the page! We are exploring ways to increase member use of the

GWSCSW Facebook page, so let us know if you have an idea.

We would also like to send out a thank you to everyone who showed up for our GWSCSW group picture at the Psychotherapy Networker Conference!

We will continue to post helpful technology hints on the listserv, as various topics become relevant. Email us at [socialmedia@gwscsw.org](mailto:socialmedia@gwscsw.org) with topics you'd like us to cover. We are also available to field any personal questions you may have about your own social media pages and accounts.

We'd love more help, so contact us at [socialmedia@gwscsw.org](mailto:socialmedia@gwscsw.org) if you're interested in joining the Social Media Committee! ❖

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



## **Chesapeake Beach Professional Seminars**

### **PLAY THERAPY SUMMER BOOT CAMP**

July 28 – August 2, 2014 | Barstow Acres Children's Center | 590 Main Street, Prince Frederick, MD 20678

"Be all that you can be" as a child therapist! This 6-day intensive, skill-building training will take you beyond the nuts and bolts of Play Therapy. After completing this Boot Camp, you will be "Play Therapy Strong!" Attend all 6 days or the segments that you need. This one-of-a-kind play therapy experience will take place not only in the classroom, but with children at a Therapeutic Summer Day Camp. Get your "boots on the ground" and plan to join us. Obtain hands-on experience with children ages 5 through 12 along with clinical supervision toward RPT credentials. Participants will be given a play therapy uniform (feelings t-shirt). We will have mandatory fun! HOOAH!

Topics include:

Child-Centered Play Therapy, Sandtray Play Therapy,  
Use of Art in Play Therapy, Play Therapy Techniques for Children and Adolescents

Cost: \$975 (before July 18)

includes CEUs/clinical supervision hours toward RPT credentials, t-shirt, and snacks!  
CEUs: 25 Clinical Supervision: 2 individual & 13 group

*Payment plan is available. Register now, space is limited!*

**(410) 535-4942 | [www.cbpseminars.org](http://www.cbpseminars.org)**

Training location: Barstow Acres Children Center, 590 Main Street, Prince Frederick, MD (45 minutes from DC)

## ADVERTISEMENTS

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

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

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

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

### OFFICE SPACE AVAILABLE

**ALEXANDRIA** – Lovely, furnished, private office available to rent days, nights, weekends, part-time or full-time. Free parking. Just off 395 at Seminary Road. Contact Joyce Robbins at 301-983-8368 or kangre@comcast.net.

**FAIRFAX** – Offices in Old Town Fairfax City (Main Street) in attractively furnished, quiet, three office suite to share with collegial LCSWs and Life Coach. One large windowed office is available Wednesday, Friday, Saturday and Sunday for \$100/day per month with two day minimum. Smaller, interior office, available full-time for \$375/month. Internet/fax, waiting room, kitchen, bathroom, cleaning service included. Contact Loretta Fredericks (703) 509-1593 or lorettafredericks@gmail.com.

**DC / FARRAGUT SQUARE** – Ideal location for downtown DC practice. Beautifully appointed, well-managed building steps from the Red, Blue and Orange lines. Small office and waiting room suitable for seeing individuals and couples; adjacent conference room available for groups. My newest lease (after a satisfying 9-year tenancy) begins on 10/1/14. Flexible lease length. Although I am hoping for a co-lessee, I will be fine with having a sub-tenant. Office is available for 2, 2½ or 3 days. Please contact Susan Lesser at lasooz@verizon.net or 202-429-9119.

**DUPONT CIRCLE** – Spacious, beautiful office with large windows in shared psychotherapy suite, available part-time by half and whole days. One block from Metro. Waiting room, kitchenette, private staff bathroom. Rent \$14/hr, \$50/half day, \$100/day, lowered as hours increase. Contact Za McDonnell at za@zamcdonnell.com or 202-331-1999.

**FARRAGUT** – Great office sublet in available Fridays, Saturdays, Sundays, and Mondays. Contact Nikita Pion-Klockner at nikita@holisticpsychotherapyassociates.com or 202-495-0876.

**TENLEYS TOWN** – One block from Metro. Spacious, beautiful office in desirable Tenleytown. Shared psychotherapy suite has waiting room, kitchenette, private staff bathroom, copier, fax, access to wi-fi, and congenial colleagues. Contact Adele Natter at Anatter@verizon.net or 301-509-4848.

**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.

### GROUPS

**TWO SEPARATE EATING DISORDERS GROUPS** – have openings for patients who are also in individual therapy. The groups help understanding and control of symptoms for people with binge eating and bulimia. Approach psychoeducational and interpersonal. Collaboration with you is important for a team approach. Call Judith Asner or email Judith.asner@verizon.net

### SERVICES

**EFFECTIVE ADOLESCENT TREATMENT** – Experienced clinicians get results with adolescents. Evidence based interventions, excellent outcomes. Rathbone & Associates, www.rathbone.info. 301-229-9490.

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

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

## 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

**Send all submissions to [newsletter@gwscsw.org](mailto:newsletter@gwscsw.org)**

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



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Non-Profit Organization

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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)

