

40 Years of Clinical Social Work Excellence: A Brief History of GWSCSW

by Chana Lockerman

There was once a time when clinical social workers could not practice independently, serve on insurance panels, or educate other social workers. That time was 40 years ago, when GWSCSW was formed in 1975.

Back in 1975, a small group of clinical social workers gathered in one member's living room to establish the Greater Washington Society for Clinical Social Work. They came together to fight for licensure for clinical social workers, something that was not yet in existence in the three jurisdictions they hoped to change.

Eloise Agger served as the first Society president, from 1975 to 1977. During that time, GWSCSW's small membership met in members' homes, as they brought the issue of licensure to Virginia, Maryland, and DC. By the time Vesta Downer was president, from 1978 to 1979, membership had grown to five people! Those who remember those early days recalled the "competency of fellow members" and the "spirit of suffragettes." They worked to recruit new members and raise funds. Many social workers joined, ready to be free from the restriction that their work be performed under the oversight of a psychiatrist. A Maryland lobbyist named Peter Masetti was hired. Maryland licensure passed in 1977, with Virginia passing licensure in 1978. In DC, the Society faced a setback when clinical social workers were excluded from the 1983 Health Occupations Bill. DC licensure passed in 1987.

By the time the Society celebrated its 10th anniversary in 1985, there were 298 members and licensure in Maryland and Virginia. GWSCSW continued to push for DC licensure, and in the 1980s took on a new goal: the issue of vendorship, or the right to serve on insurance panels. GWSCSW used the lessons learned from the fight for licensure to lobby for vendorship. Together with NASW, GWSCSW lobbied hard for this issue and was successful in all three jurisdictions in the late-1980s.

Marcie Solomon described, "It was an amazing, exciting time. I had never been involved in anything political before, and I found myself in the leadership of the successful efforts to get vendorship in Maryland, licensure and vendorship in Virginia and licensure and vendorship in D.C., all within this little period of time. The teamwork, creativity and generosity all around was simply wonderful. What an opportunity and honor it was for me."

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Email articles to newsletter@gwscsw.org

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President's Message

Nancy Harrington



40 Years: Celebrating our Connection

I am very happy and proud to be stepping in as the new president of GWSCSW. I consider this to be my professional home; I was introduced to it in 1990, joined in 1996, and became increasingly active. Throughout this time, I have gone from needing from the Society to wanting to give back. Kate Rossier, our immediate past president, as well as the other past presidents, have given immensely of themselves, and have left huge shoes to fill; and I

will do my best to fill them. At every therapist-self life stage, the rewards of this Society have been many.

Now, as the Society celebrates its 40th Anniversary, we have a new multi-generational community, a coming together of the new and the old. We need to acknowledge our connection to the past, while also recognizing the generativity and thriving energy that our current and future members bring to us.

All of the Society efforts are so interrelated that it's hard to separate them. Committees continue to flourish, and our numbers continue to grow, furthering the Society's mission of Advocacy, Community and Education. Many of our committees and departments are now shared by co-chairs. For the first time, a Past Presidents Advisory Committee is being formed to help the president and board.

There was a question posed recently to the membership on the listserv, about a "healthy caseload to avoid burnout." I love the question because it really speaks to what I hope to bring out during this presidency—balance. Balance is key, and the only way to have balance is for everyone to have a role. With the exception of our very helpful administrative coordinator, Jan Sklennik, our bookkeeper, and the lobbyist who represents us on relevant legislative matters, the rest of the Society's workers are all our wonderful volunteers. Everyone has something to contribute!

The Membership Committee, with all the rest of the Society, worked long and hard to recruit graduate students who joined GWSCSW. Juleen Hoyer and Sara Yzaguirre then originated the Early Career and Graduate Committee. I am very encouraged and excited about this recently formed committee, now under the leadership of Juleen Hoyer and Amanda Slatius. I am very encouraged and excited about this recently formed committee, now under the leadership of Juleen Hoyer and Amanda Slatius. Another recently formed committee, Social Media, co-chaired by Sara Feldman and Juleen Hoyer, has spurred improvements to our website, given us a Facebook page, and is educating and familiarizing the older (and less tech-savvy) members in the techniques and uses of new social media. You are our future, and you have stepped up in a new and exciting way.

To complete the therapist life cycle, I would love to institute a Retirement Recognition program in which retirees are recognized with a metaphoric

"hug" of thanks and goodbyes, so they don't just disappear into the lonely sunset, after so many years of dedication to our field and to our Society. This profession doesn't ordinarily lend itself to retirement parties, particularly in private practice, so I am hopeful that the Society can provide some necessary closure for our older and retiring members at this most important time in life.

Balance is key for me, for social workers, for volunteers and for the Society. It's better for everyone involved if the load is shared. The collegiality and friendships that are to be found here in the Society are so very rewarding. I hope that, when it is right for you, and you are ready, that you can give yourself the gift of involvement here, with us.

Happy 40th Anniversary GWSCSW! ❖

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	VETERANS PROJECT Susan Horne-Quatannens							

For contact information for these GWSCSW volunteers, go to www.gwscsw.org/board.php

History, from page 1

At the same time, in the 1980s, the Society was blazing a trail for social workers to educate themselves without oversight from other professions. Until that time, social workers earned CEUs from classes taught by psychiatrists and psychologists. Many early members were involved—too many to name here. The motto was “Education for Clinical Social Workers and by Clinical Social Workers.” Anne Stephansky developed a supervision course, which was a big morale booster in this effort. During this time of challenge and change, Society membership topped 600.

By the early-1990s the Society’s early goals had been met. Membership reached 700, and there continued to be a focus on clinical social work’s legislative agenda.

But there were more challenges ahead. In the mid-to late-1990s, the profession was challenged again, this time by the rise of managed care. Clinical social workers across the country struggled in the managed care climate. The Clinical Social Work Federation (the precursor to the CSWA), a national organization of which GWSCSW was a member, advanced a controversial plan to deal with the managed care threat. The Federation proposed that social workers form a guild, akin to a union. Members of the GWSCSW were split on how to proceed. Some wanted to work with the Federation and join the Guild. Others opposed the Guild and questioned whether it was the best way to protect the GWSCSW’s best interests.

These were tense times for the Society. Not only was local opinion divided on the issue of the Guild, national opinion was divided too. The clinical social work societies in New York and California seceded from the Federation over this issue. GWSCSW decided to put the question of whether or not to affiliate with the Guild to a vote. It was decided by a vote not to affiliate with the Guild. (Clinical Social Work Guild 49 still exists, within the Office & Professional Employees International Union.)

At the same time, GWSCSW was going through some growing pains. Professional staff was hired to work on day-to-day operations. The expense of working with professional staff became too much for members, who left the society due to rising dues. Membership plunged to 200.

These were dark times for the Society. Membership was low, funds were running out, and the leadership struggled against many challenges. The professional staff was let go, membership continued to fall, and the

Society owed dues to the Federation that it could not pay. The Board felt exhausted and dispirited, unsure whether or not the Society would continue.

In June 2001, Marilyn Austin volunteered to serve as president, with the vision that the Society was “the phoenix rising from the ashes.” The new board decided to reduce dues, in a successful effort to bring membership numbers back up. They committed to a vision of the Society that brought together a legislative agenda and focused on education. Monthly meetings took place, along with dinners in local restaurants, featuring interesting speakers. All the time, the focus was on the identity of clinical social work as a profession.

Following Marilyn, Margot Aronson served as president from 2002 to 2005. During her term, the Society paid off its debts to the Federation, and continued to focus on education. She remembered, “At the beginning of my presidency we were still pulling things back together and sorting out what the millennial Society would look like—and flying by the seat of our pants. In our collegial GWSCSW, it was easy learning on the job, trying out ideas, doing over after mistakes, working with and sharing the pleasure with others as the Society got back on its feet and began to flourish.”


Diana Seasonwein followed Margot as president, and brought together clinical social work and her legal interests. She started the prepaid legal plan and the 501(c)(3). The newsletter was renamed *News & Views*, and was an important source of community and information. Jan Sklennik was hired as administrative coordinator, and the structure of the Society grew.

Susan Post helped build momentum for the Society and structured the budget process.

Sydney Frymire helped to successfully welcome the Maryland clinical society members when their organization disbanded. Use of technology grew. Sydney tasked Irene Walton and Marie Choppin with overseeing the creation and development of the new website. The Society, now robust, began to look toward the future.

Kate Rossier did a great part of the research for this article and was reluctant to sing her own praises. During her presidency, the Society’s social media presence grew, the Early Career/Graduate committee flourished, and efforts began to archive documents related to the GWSCSW’s history. The Society is more than 900 members strong, and growing stronger every day. ❖

Chana Lockerman, LICSW, LCSW-C is in private practice at Rock Creek Counseling.



Greater Washington Society for Clinical Social Work

Celebrating Our Connection...40 Years and Beyond

by Roni Lapan

Turning 40 is one of the key psychological milestones in people's lives: when they evaluate who they are and where they want to be going. It used to be called a "midlife crisis." Today, it can be described as the beginning of contentment, independence and emotional maturity. Well, get ready ladies and gentlemen because in 2015 the Greater Washington Society for Clinical Social Work turns 40, and we've come a long way!

MARK YOUR 2015 CALENDAR!

March 6
*Celebrating Our Connection:
40 Years and Beyond*

May 29
40th Anniversary Gala

October 18
Sharing Our Talents & Looking Beyond

As we look to 2015, plans are underway to honor our Society and its nearly 900 members' dedication and allegiance to the profession. GWSCSW is launching a year of celebrations, educational events, and festivities that will underscore each member's efforts to enhance human wellbeing in mental health clinics, family service agencies, psychiatric hospitals, medical facilities, government agencies, and private practice.

Our theme is "Celebrating our Connection... 40 Years and Beyond." An anniversary logo has been created to symbolize our efforts to promote the highest standards of clinical social work practice in the DC area.

In 1975, we began as a struggling organization with literally a handful of members. As we approach 2015, we are nearly 900 members strong and counting. During these 40 years, the Society has been providing Metro DC clinical social workers with a fascinating array of educational programs, clinical updates, political strategizing, social connections, pride and support for the important work that we do.

Nancy Harrington, GWSCSW's new president, recently acknowledged the 40th Anniversary Committee formed last year to plan a year of celebration. Working with the Board, Nancy announced the emerging plans for 2015 including a kick-off social and networking event in March, an annual dinner celebration in May, and a fall event showcasing members' talents.

The Anniversary Committee consists of Gloria Mog, Coordinator, Marie Choppin, Sara Feldman, Roni Lapan and Julie Lopez. We hope there will be many hands to help organize the various events but, for now, it's time to just start thinking about "Celebrating Our Connection." Watch for information about how to get involved! ❖

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

Jan Beauregard, PhD & Tally Tripp, MSW, ATR-BC

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9:30 AM – 4:30 PM**

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Women's Sense of Agency: Recognizing the Contribution of Familial, Class and Cultural Forces to Women's Struggles

Golnar Simpson

Despite an evolution in the way we think about femininity in this culture, we continue to see female patients who struggle with issues related to sexual desire, work value, maternal role, and/or body image.

At this year's Alice Kassabian Memorial Lecture on November 1, Cathy Siebold, DSW will use case examples to explore the way that familial, class status and cultural patterns of undervaluing femininity continue to be part of the developing girl's internalized image of self. The therapist's recognition of these forces, as they are enacted in the intersubjective field and in the larger environment, are ways that we can continue to strive to mitigate and change the way that females experience their sense of agency.

Dr. Siebold is a past-president of American Association for Psychoanalysis in Clinical Social Work, board

member and Director of Supervision for China America Psychoanalytic Alliance, supervisor and faculty at Psychoanalysis Psychotherapy Study Center and New Jersey Training Institute. She is author of numerous articles on attachment theory, intersubjectivity, gender and erotic transference. She is in private practice in New York.

The GWSCSW honors the memory of Dr. Alice Kassabian, a former president of our Society, clinician, advocate for social justice and excellence in clinical practice.

Please attend this year's Alice Kassabian Memorial Lecture, and anticipate a challenging, interesting and inspiring morning where we, as a clinical social work community, have an opportunity to explore, question and celebrate our profession. ❖

THE FOURTH ANNUAL ALICE KASSABIAN MEMORIAL LECTURE

Women's Sense of Agency: Recognizing the Contribution of Familial, Class and Cultural Forces to Women's Struggles

Speaker: Cathy Siebold, DSW

Saturday, November 1, 2014

9:00 AM – 12:30 Noon

Registration and continental breakfast at 8:30 AM

Program begins promptly at 9:00 AM

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

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Dresses, suits, or clothing of comparable formality are required for women. Jeans and tennis shoes are prohibited.

Getting Involved

Susan Horne-Quatannens

As I conclude eight years on the Virginia Board of Social Work, I'd like to take you on a historic journey. I have an ulterior motive.

Thirty years ago three colleagues took me out to dinner. Little did I know what they had in mind.

The Greater Washington Society was young and enthusiastic. Recruitment was vigorous. Dinner over, I had signed up for membership and a seat on the Board. With two young children, full time employment in a mental health clinic and a husband who worked long hours—what had I done?

It turned out to be one of the most gratifying experiences of my professional life. The Society has been a source of friends, collegial relationships and learning. It's also been a self-actualizing experience. We learned that together we could move mountains or, in one case, corporations.

My Favorite Example

My first posts on the Board led to subsequent legislative involvement. Politics had always interested me. Now it was using clinical and political skills on behalf of the profession as well as on behalf of those we serve.

Licensing was fairly new and just being enacted across the U.S. Virginia's law was one of the earliest and still reflects the compromises made in order to get it through the Legislature. Although there are revisions that should be made today, there is always a risk in opening the law to unanticipated amendment in the Legislature. Revisions have to be approached with thought and planning. The Regulations written to implement the law can at times accomplish the desired amendments.

Once we had licensing we thought ourselves credentialed on par with psychiatry and psychology. We were wrong. The insurance companies could still exclude us and/or require that we practice under supervision. It was the 1980s and even the esteemed *New York Times* had announced that social workers were providing the bulk of mental health services across the country. The Greater Washington Society had helped Virginia State birth the Virginia Society for Clinical Society Work. I and others before me spent many hours commuting to Williamsburg and Richmond. As our plight in regard to reimbursement became critical, we met with insur-

ance company executives to present our credentials and plead our case. When that went nowhere, we joined with NASW and hired a good lobbyist.

With help from Attorney John Barr and Delegate Ken Plum, we developed a strategy. Every senator and delegate was visited by a clinical social work constituent. Every senator and delegate voted for a bill that mandated reimbursement to Clinical Social Workers. The insurance companies' opposition came too little and too late. Our bill passed unanimously. We had a taste of what we could do together and perhaps can do now.

Serving on the Virginia State Board of Social Work

Serving on the State Board has been another eye opener.

The law that creates the structure for licensing is passed by the Legislature. The Regulations that implement the law are devised by the Board of Social Work, presented for public comment, reviewed again by the Board, passed and sent to the Governor for signature. These Regulations are often revised, reflecting new challenges in practice, new clinical understandings, increased professionalism and—of late—the proliferation of electronic means of communicating with patients and delivering services. (In regard to the latter, the Virginia Board has published a Guidance Document. Unlike a Regulation, which carries the force of law, a Guidance Document provides licensees with the Board's current expectations for professional behavior in a particular context, generally in a case where there is controversy or rapid change.) Supervision and experience requirements have become more sophisticated as well.

The Board strives for clarity—though it is not always possible to achieve it. A Regulatory Board is charged with “protection of the public,” not protection of the profession. I've learned to make the distinction. While a Board must always be sure its actions reflect the values and ethics of the profession, it is up to the professional organizations to forward the profession and its views. Attending and monitoring Board meetings as “participant observers” is a way to do that.

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Involved, from page 7

While GWSCSW relies on the Virginia State Society to attend most of the Board meetings, it's important that we either attend as well or at least confer with them. More than half of the social workers licensed in Virginia are in the North. Two of Governor McAuliffe's new appointees are from this area. Dolores Paulson, a GWSCSW member, is one of them

Back to My Ulterior Motive...

So to my motive and message: We're all pulled in many directions in our private and practice lives. Again or still, we are in the midst of a complicated and competitive era. It's difficult to know how practice, private and public, will be configured in the future.

It's also difficult to commit time to monitoring and influencing the process when so much energy has to be spent on starting and maintaining a practice. Yet those of us who are more senior have understood that we had to stay involved in the political and regulatory process in order to have some control of our professional lives and to best serve our patients.

I hope you in the next generation will volunteer to get involved as well. It can be a wonderful experience. ❖

Susan Horne-Quatannens, MSW, LCSW, has just completed serving two four-year terms on the Virginia Board of Social Work, with the past several years as its chair. A mainstay of the Society from the early years and GWSCSW president from 1991 to 1993, she looks forward to getting re-involved now that her Board term has ended. Susan maintains a private practice in Alexandria, Virginia.

GWSCSW Members Serve on VBSW

Kate Rossier

It is my privilege to let you all know that Dolores Paulson, our beloved chair of Conferences who, along with Judy Ratliff, has been representing the interests of clinical social workers in Richmond and keeping us all informed about Virginia mental health issues and legislation, has just been appointed to a four-year term on the Virginia Board of Social Work starting July 1. Many congratulations, Dolores!

At the same time, I want to congratulate Susan Horne-Quatannens, past president of our Society (1991-93), on the completion of her second four-year term on this very same board, which has included (over the past few years) service as the board's chairperson. Susan will be stepping down as of June 30.

Dolores and Susan: On behalf of our whole membership and of all clinical social workers in Virginia, I'd like to express both our pride and gratitude to you for your service on the Virginia Board. Many many thanks! ❖

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VISIT THE GWSCSW WEBSITE: www.gwscsw.org



Annual Dinner Meeting Welcomes Members and Families at Candy Cane Park

Jen Kogan

On June 8, more than 80 GWSCSW members met up for our Annual Meeting & Dinner at Meadowbrook Park (aka Candy Cane City when the playground equipment was painted with red and white stripes). The gathering's guest list included members and their families who enjoyed a festive picnic-style gathering. Guests mingled outside and indoors enjoying catered main dishes and other delicious potluck fare.

A brief annual meeting was held towards the end of the evening. Outgoing Society president, Kate Rossier

was toasted along with other outgoing officers. Nancy Harrington, our new president and other incoming officers were introduced and welcomed.

Our thanks to Susan Post, Catherine Lowry, Janice Sanchez, and Mary Moore and others for organizing and carrying out a spectacular event. This upcoming year is our 40th anniversary, where there will be multiple special events (*see page 5*). We'll return to the "regular" dinner meeting gathering in two years. ❖



Above: GWSCSW attendees at the Annual Dinner Meeting meeting this past June in Chevy Chase, Md.

Far left: GWSCSW President Nancy Harrington and Vice-President Steve Szopa.

Left: Members and their families were invited to this year's event.

Eileen Selz served as GWSCSW president from 1997 to 1999. Fellow past presidents Marilyn Stickle and Nancy Nollen offer their remembrance.

In Memory of Eileen Selz

Eileen Selz (1936–2014) was the 13th president of the the Greater Washington Society for Clinical Social Work serving from 1997 to 1999. She entered office at a critical time when managed care was changing the landscape of practice and the Society faced the additional challenge of depleted volunteer support.

The mother of five, she had followed her military husband's career while raising her family. She graduated from Catholic University in 1974 and worked in Child and Family Service Agency, psychiatric hospitals in Danville and Portsmouth, and private practice here in Northern Virginia. She retired briefly and then returned to work at Graydon Manor in Leesburg where she remained until shortly before her death.

Before being elected president, Eileen served as Membership chair. Her husband George, who was retired at the time, worked along with Eileen in supporting the work of the Society. Members' incomes were declining, while more time had to be spent battling with insurance companies. Two important



events occurred during her tenure in response to the rising challenges. First, an executive director was hired to support the Society and do the work that volunteers were no longer doing. Second, state societies belonging to the Clinical Social Work Federation, of which our Society was a member, determined that joining a guild (trade union) would be the most effective way to organize our response to the threats posed by managed care. Each society in the Federation had to independently approve guild membership. Under Eileen's leadership, our Society spent a great deal of time and resources in researching and putting guild membership to a vote. In the end, our members voted "no," a decision that reflected the understanding that we could not stem the tide of managed care.

Eileen served on the boards of several organizations including the Clinical Social Work Institute. She was committed to social work bringing her energy, intelligence, foresight and humor to all of the challenges she faced. In solid Society tradition, she was collegial and cooperative, focusing on the important matters at hand. Her selfless service will always be remembered by those of us who worked with her on the issues of the day. ❖



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This two day workshop will provide participants with an overview of diagnosis and treatment of complex PTSD and dissociative disordered (DD) clients. New DSMV criteria will be reviewed. Learn through lecture, practicums, videos and demonstrations some highly integrative methods to address dissociative states including: **EMDR Modifications, as well as IFS, Ego State, and Hypnotic Techniques.** Challenges such as working with suicidal or perpetrator parts and IFS interventions for countertransference reactions will be addressed. This workshop is appropriate for clinicians with and without EMDR training.



Joanne H. Twombly, MSW, LICSW is in private practice in Waltham, MA where she works extensively with people with complex PTSD and Dissociative Disorders. She also provides trainings and consultation in EMDR and IFS. She has had several book chapters published on EMDR, EMDR and IFS, IFS and Perpetrator Introjects. Her commitment to providing the optimal space for healing has resulted in her becoming an EMDR HAP Facilitator, an Approved Consultant in EMDR, Internal Family Systems Certified, and an American Society for

Clinical Hypnosis Consultant. She is the past president of the New England Society for the Treatment of Trauma and Dissociation and served on various committees and the Board of the International Society for the Treatment of Trauma and Dissociation.

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Questions?

Contact Nancy Newport, LPC, LMFT
by phone (703-352-9005) or email nancy@nancynewport.com

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Dear Fellow Clinician,

Many therapists who see the term "Dissociative Disorders" think that it refers to DID or Multiple Personality Disorder. In actuality, dissociation exists on a vast continuum. Some examples: the client who lives in his/her head and says, "I don't have any feelings about that", the client who becomes emotionally flooded by any emotion, the client who is numb or checked out, the client who has parts that have significant negative influence over their thinking and behavior.

The truth is we all work with dissociation to some extent in our practices whether we know it or not. Many times these are the clients that just don't make progress no matter what you do clinically. These can be our most challenging clients.

Recently, the literature on trauma has emphasized that trauma and dissociation are inseparable; if there is any level of trauma, dissociation is the protective defense that goes along with it.

EMDR trained clinicians will learn important modifications to enhance trauma resolution with the goal of preventing EMDR from breaking thru dissociative barriers and derailing the reprocessing. This can be a tricky business and Joanne will address this issue and provide powerful approaches to protect the client and keep the work on track.

In this workshop, Joanne will cover the spectrum from how to identify dissociation, for folks newer to the concept, to how to work with the most difficult introjects and our countertransference reactions for those experienced in dissociation. **We will all benefit from the focus on complex trauma with the use of Internal Family Systems, Ego States and hypnotic techniques.**

We hope you will come join us!

Nancy Newport and Tracy Ryan Kidd

LEGISLATION & ADVOCACY

■ FEDERAL

Laura Groshog

Over the past six months, I've heard more and more insurance complaints from members, particularly about denials for treatments that previously were covered. Sometimes the complaints end with the question, can't the Clinical Social Work Association (CSWA) do something about this?

It would be unrealistic for CSWA to take on a nationwide effort to address the numerous problems that have arisen with each insurance company. The best use of our resources is our current advocacy plan focused on raising the Medicare Relative Value Units (RVUs) used as the starting point by insurance carriers when they are developing their various rates. For more information about this project, see "Position Paper on Medicare Changes" on the CSWA website under the "Legislation and Advocacy" tab.

Effecting Change at the State/Jurisdictional Level

The most successful campaigns to address specific insurance coverage issues are conducted on a state/jurisdictional level. The Washington State Society recently ran a campaign that resulted in back payment to LICSWs of all 90837 claims, which had been systematically denied since January.

Here are some ways to get positive responses when coverage is denied:

- Begin with a survey of Society members in order to identify the most prevalent complaints. (Survey Monkey can be a useful—and anonymous—tool.) Select two or three issues to address.
- Meet or conference call with the relevant insurance managers to discuss concerns.
- If the insurer is unwilling to address any of the concerns raised, approach the Insurance Commissioner to discuss the process. Learn about jurisdictional parity laws, insurance rules for covering CPT codes, and other jurisdictional laws that would support your concerns.
- Let some key legislators know about the problems. Be prepared to develop legislation to address the problems, if needed.

Insurance Appeals: The LICSW's New Best Friend

For a more detailed article on how to file an appeal, go to the CSWA website at www.clinicalsocialworkassociation.org and click on the "Legislation and Advocacy" tab. Then click on "The Aware Advocate" tab and go to "Appeals Process for Insurance Denial of Mental Health Treatment" dated August 2012.

We LICSWs need to educate ourselves and our patients on how to promote better coverage by insurers. It's easy to feel helpless in the face of insurers who are unquestionably more powerful than we are, but LICSWs can take responsibility for gathering the information to push back. ❖

Laura Groshog, LICSW, is the Clinical Social Work Association (CSWA) Director of Government Relations. Laura writes The Aware Advocate, informative reports on legislation, Medicare, and insurance issues that appear frequently on our GWSCSW listserv. Information about CSWA (including how to become a direct member) can be found at www.clinicalsocialworkassociation.org.

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■ VIRGINIA

Judy Ratliff & Theresa Beeton

For the past four years, Dolores Paulson, PhD, LCSW, and Judy Ratliff, LCSW, have carried the ball for GWSCSW legislative efforts in Virginia. They've followed the issues, met with state legislators, and every few months trekked to Richmond (or Charlottesville, or Culpepper) to meet with the legislative committee of the Virginia Society for Clinical Social Work.

Now Dolores, who served on the Virginia Board of Social Work from 2006 to 2010, has been appointed by Governor McAuliffe to serve again. We wish her all the best, and are confident that the profession will benefit from her contribution to the Board.

Theresa Beeton Joins Judy Ratliff as Co-Chair

Judy Ratliff will continue her role as co-chair of the Legislative Committee for Virginia. In addition to

her GWSCSW service, Judy has served on the Fairfax County Long Term Care Coordinating Council and in Leadership Fairfax. She began her professional life as a medical social worker, has taught medical and social work students for the University of Maryland, and is currently in private practice in Fairfax.

Theresa Beeton, Ph.D., LCSW, will join Judy as co-chair. Theresa has worked in public sector in community agencies and nonprofits, as well as in private practice and teaching social work students at Virginia Commonwealth University and George Mason University. Theresa sees volunteering for the legislation committee as a natural evolution of her professional journey, and, as a lifelong Virginian, she has a special interest in legislation affecting all citizens in the Commonwealth.

Judy and Theresa deserve the strong support of Virginia members and licensees. For information on the committee's activities or to become involved, call Judy at 703-758-1660 or email jratliff48@hotmail.com. ❖



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■ MARYLAND

Judy Gallant

As I write this, Maryland legislators are likely hard at work on their campaign strategies for the November elections. Meanwhile, your legislative committee is preparing correspondence for each candidate, with information about clinical social work and our on-going legislative priorities centering on the protection of our patients and our profession. Those candidates who respond are potentially opening the door for future mutual support of goals, whether they are in legislature or, should they lose, in the community. We are so much more effective when we work together.

Outpatient Services Programs Stakeholder Workgroup

Perhaps the most important focus of our committee's summer has been the Department of Health and Mental Hygiene (DHMH) Outpatient Services Programs Stakeholder Workgroup. Senate Bill 882 of 2014 required DHMH to establish a Stakeholder Workgroup which would not only consider how best to serve individuals "at high risk for disruptions in their

mental health continuity of care," but also would propose draft legislation.

We have all witnessed families who have tried to access hospitalization for a parent or child in psychiatric crisis, only to be told that their loved one doesn't meet the standard for involuntary hospitalization, or can't be hospitalized due to some bureaucratic impediment. The Workgroup is evaluating the dangerousness standard for involuntary admissions, in the context of protection of civil liberties of individuals served, potential for racial bias and health disparities in program implementation, and promotion of parity between public and private insurers. Our committee members have attended these Workgroup meetings, asked questions, and given feedback. Although the issue is complex and highly controversial in the mental health community, we have been impressed with the wealth of information presented and the comprehensive questions being asked as programs currently in place are evaluated and ideas for change put forward.

Workgroup recommendations and draft legislation are to be presented to House and Senate committees by November 1, 2014, in preparation for enactment in the 2015 Legislative Session.

The Privacy Privilege, Fail-First Protocols, and Scholarships

In the June issue, I summarized the legislation that was at the top of our GWSCSW legislative agenda during the 2014 Legislation Session. Here are three additional bills that should be of particular interest to clinical social workers. All three passed and have been signed into law.

Senate Bill 803 modifies the patient privacy privilege, adding an exception to protect clinical social workers providers and other mental health providers. Disclosure of protected information may be used 1) to prove the charge if a client or former client has harassed, threatened, or committed a criminal act against a health professional or 2) to obtain relief in a peace order proceeding against a client or former client. Our testimony supported this legislation, noting that those of us who assist people in their times of need should not be caught in a "catch-22" conflict of interest pitting our own personal and professional safety against our clients' rights to confidentiality.

Senate Bill 622/House Bill 1233 is focused on "Step Therapy" and "Fail-First" protocols imposed by insurance carriers providing coverage for prescription drugs. Such protocols typically require that an effective but

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more affordable medication be tried *without success* before a more costly medication can be authorized.

The bill provides authority for the Maryland Health Care Commission (MHCC) to work with insurance carriers and providers to establish a process by which providers would be able to override Step Therapy and Fail-First protocols when that would be in the client's best interest. Carriers are to have such a process in place by July 1, 2015.

Additionally, the bill stipulates that an individual with mental illness will be exempt from having to fail on one or more medications before the insurer will cover the treatment that was originally prescribed by the physician, and it limits the time period a patient can be subjected to Step Therapy to no longer than 30 days or to what is deemed necessary by a prescribing practitioner to determine the treatment's clinical effectiveness. These improvements may be of particular help to those of us who collaborate with psychiatrists on medication-related behavioral assessments and recommendations.

House Bill 1222 establishes the Ruth M. Kirk Public Social Work Scholarship within the Workforce Shortage Assistance Grants program administered by the Maryland Higher Education Commission (MHEC). These

scholarships will provide financial aid to students who agree to work in Maryland in designated critical shortage fields upon completion of their studies. The program requires grant recipients to work for one year for each grant year. If you know of any young (or not so young) people beginning their social work education, they may thank you for informing them of the source of aid for our profession.

Committee Plans for a Survey

We are hoping to survey our members about the problems you are having in clinical practice and about whether/how well current systems to resolve issues are working. This will help us focus our advocacy work on what is important to you, our membership. Are you interested in coming up with the questions that will be most effective to glean that information? Are you interested in working on what the results may tell us? If so, please let us know—we'd love to have you!

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 detailed end-of-session report of our lobbyist, Alice Neily Mutch who represents us in Annapolis and guides our advocacy strategy. For more information about Maryland legislative issues, see her website, www.CapitalConsultantsofMd.com.



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■ DISTRICT OF COLUMBIA

Margot Aronson

The GWSCSW DC legislative committee routinely monitors and expresses views on a variety of topics: DC's Health Benefits Exchange (HBX); Privacy issues; DC Child & Family Services; the Mayor's Community Forum on Mental Health; Board of Social Work initiatives. Sometimes, though, an unexpected chance for clinical social work advocacy just jumps out at us.

This summer, my DC Legislative Committee Co-chair Mary Lee Stein and I took advantage of such an opportunity at a daylong hearing before DC Insurance Commissioner Chester McPherson.

The issue was insurance carrier CareFirst's "excess surplus" of almost a billion dollars, and what should be done with it. This surplus is not the reserves needed to pay claims or the extra cushion to cover unexpected contingencies; it is surplus well beyond that, invested and growing by hundreds of millions of dollars annually.

Background: the Charitable and Benevolent "Blues"

CareFirst, the largest health insurance company in the National Capital region, is the holding company for our regional Blue Cross/Blue Shield. Beginning in the 1920's, Congress chartered the so-called "Blues" as charitable and benevolent entities, to provide affordable health care coverage on a non-profit basis, with a community focus. As the Blues grew and evolved over the years, they benefited greatly from their federal connection, playing a major role, for example, in the development and management of Medicare and Medicaid. They were exempt from taxes and from much of the regulation governing for-profit insurers.

In 1994, the Blue Cross Blue Shield Association voted to allow its regional members to convert from non-profit to for-profit. Such moves have stirred controversy in every region where they have been proposed; some conversions have gone forward, while others have been blocked from doing so.

A Seventeen Million Dollar Parachute Begets the CareFirst Watch Coalition

In 2002, CareFirst announced plans to merge with Wellpoint, a for-profit insurance carrier.

The merger was to include \$119 million dollars in bonus awards to top managers, with CareFirst's CEO alone

looking forward to a golden parachute of \$17 million. You may recall that the public was up in arms.

Our GWSCSW legislative committee was invited to join a coalition of community organizations determined to monitor the progress of the proposed conversion; this became the CareFirst Watch Coalition. Thanks to some extraordinary pro bono efforts, a comprehensive report was prepared, determining what the true value of CareFirst would be if it were sold, and how the proposed transaction would likely impact D.C. residents and their ability to access quality affordable health care.

We testified before the then-DC Insurance Commissioner, Larry Mirel, who had been our GWSCSW lawyer in the early days of the Society. From our testimony at that time:

“At present, CareFirst is well known among providers both for the extraordinary remuneration packages it offers its executives and board members, and, at the same time, for the nickel-and-diming approach it takes to provider reimbursements. Increasingly, experienced providers are leaving the CareFirst panels with the complaint that they cannot afford to practice at the contractual rates.”

The sale to Wellpoint did not go through. Both the Maryland and the DC Insurance Commissioners reemphasized the CareFirst charitable and benevolent status, and in 2003 ruled against the for-profit conversion.

Fast Forward to 2014...

The coalition of community-based health and health advocacy organizations originally established as CareFirst Watch has continued to work cooperatively on issues of health care reform and the creation of the DC Health Benefits Exchange (HBX). Mary Lee Stein has been the coalition’s GWSCSW liaison from the beginning, and it was she who, this past June, passed along the request for us to testify. We were unsure until CareFirst reported its plans for 2015 premiums to the Department of Insurance, Securities, & Banking (DISB), and we learned that, *alone* among the HBX carriers, *this carrier with close to a billion dollars in excess surplus was planning significant premium increases* for 2015. We had to speak out.

The hearing began at 9 AM on June 25. CareFirst’s representatives and actuarial consultants presented a strong case, arguing that despite their “charitable and benevolent” status, their surplus funds should

be protected in case of overwhelming catastrophe. They also pointed out that they make contributions to District charities.

By the time Commissioner McPherson and Associate Commissioner Barlow had finished their questioning, it was close to 2 PM. We reconvened after an hour’s lunch break, and Walter Smith, representing the DC Applesseed Center for Law & Justice and its pro bono lawyers, actuarial experts, and economic consultants, made the case for holding CareFirst accountable to its statutory obligations. He argued persuasively that CareFirst’s nearly \$1 billion surplus is at least twice as high as it should be, and urged the Commissioner to require the company to submit a plan to spend down at least \$500 million to benefit the community with reduced premiums for subscribers, public health education campaigns, investment in local hospitals and clinics, and the like.

As with the morning session, there were many, many questions from the Commissioner and the Associate Commissioner.

The Public Testifies

By the time the public was called to testify (it was after 4:00 PM), there were just four witnesses, including GWSCSW. Our testimony supported the spend-down, with a focus on the need to improve services and provider relations. The Commissioners were attentive during the testimony, their questions were thoughtful. Associate Commissioner Barlow made a special point of saying that the Commission staff would look into the kinds of insurance concerns we raised, if given specifics by our members.

Presenting testimony let us see the Commissioners in action, educate them and other attendees about clinical social work, and make our case for a more responsive and responsible CareFirst. DISB feedback inviting us to consult about our concerns was an unexpected and invaluable take-home bonus.

After giving CareFirst and Applesseed each an opportunity to make closing remarks, Commissioner McPherson acknowledged the complexities of the day’s discussion, and ended the hearing a few minutes before 5 PM. As of this writing, the Commission’s determination as to whether CareFirst is already meeting its basic legal obligations or should be applying excess surplus to pressing healthcare needs in the District has not been announced.

GWSCSW testimony follows on the next page.

GWSCSW TESTIMONY FOR THE COMMISSIONER OF THE DEPARTMENT OF INSURANCE, SECURITIES, AND BANKING, JUNE 25, 2014

The Greater Washington Society for Clinical Social Work, with 900 active members, represents the interests of the District of Columbia's more than 4,300 licensed independent clinical social workers who practice in a wide variety of settings—mental health clinics, family service agencies, psychiatric hospitals, medical facilities, non-profit centers, schools, and private practice—in the Metropolitan Washington area. One of the core goals of our organization is to advocate for the provision of adequate health insurance coverage for the treatment of mental and emotional disorders and substance abuse.

We clinical social workers see at first hand the impact of lack of access to affordable, quality health and mental health care on such troublesome District concerns as HIV/AIDS, domestic violence, gangs, teen pregnancy, child abuse and neglect. We also see the beneficial impact on treatment success and recovery when clients have that critical access.

Implementation of the Affordable Care Act and creation of the Health Benefits Exchange (HBX) have significantly reduced the numbers of uninsured in the District, and the mental health/substance abuse provisions of the HBX health benefits package assure adequate treatment coverage. We commend the HBX Authority, the Commissioner, and, indeed, participating insurance companies, including CareFirst/GHMSI, for these major positive changes.

Yet concerns remain. This Hearing centers on close to a billion dollars of "excess Surplus" held by GHMSI, said to be far over and above that considered prudent for GHMSI's reserves. GHMSI has a responsibility to its subscribers and to the community at large for the proper use of its excess.

Community responsibility. We applaud CareFirst for the efforts it has made since the 2009 Hearing to address unmet needs in the District. Given the size of the Surplus, it would seem that this contribution could continue and perhaps expand.

Premiums. Given the size of the excess Surplus, it is disturbing to learn that CareFirst, alone among the HBX carriers, has proposed rate increases for all of its plans, with individual plans and all small business plans reflecting increases greater than 10 percent. [*Ed note: Several days after this hearing, CareFirst revised its rate proposal to be more in line with the other carriers.*]

Network adequacy. We hear regularly of providers unable to maintain a practice at the CareFirst contractual rate of reimbursement. (This is particularly true for the Blue Choice panel, which reimburses at a rate less than half the already-discounted Medicare rate and significantly less than market rate.) Experienced providers are leaving the network, and new professionals are discouraged from signing on by the financial disincentive.

With a dwindling network of CareFirst providers, a number of whom are unavailable to see new clients, we have heard from many subscribers who find themselves unable to obtain timely treatment. Inevitably it is the most vulnerable population that gives up the search, even when they are most in need of care.

Denial of benefits. When benefits are denied, a number of subscribers do not challenge or resubmit valid claims, feeling that CareFirst won't listen to them, or that the process of contacting a helpful staff member will be too frustrating. We hear numerous complaints about the interminable phone menus to be navigated in order to reach a live human being, and about how frustrating the web portal is—far from user-friendly. We hear of subscribers given incorrect or incomplete information about a pre-authorization requirement for mental health treatment, and about how a process that should be clear and simple instead is complex, in some cases resulting in unexpected expense for the subscriber and/or a significant loss of income for the provider. And we regularly hear stories about CareFirst errors that have finally been corrected only after months and sometimes years of calls and correspondence.

It is surely *not* the case that denials of benefits and the daunting communication system are a deliberate effort on the part of CareFirst to discourage use of benefits. Unfortunately, however, that assuredly-false assumption is, in fact, one we often hear.

In conclusion, we note that traditionally, the Blues have been recognized as among the most venerable and respected insurance carriers in our country, providers of thoughtful and caring health care. Clinical social workers have been proud to participate as providers, and many lament having to leave CareFirst in order to maintain a viable practice. We ask that the Commissioner hold CareFirst/GHMSI to its obligations to the community and to its subscribers, and we thank you for this opportunity to comment. ❖

Online MSW Education: Maintaining Standards in a Challenging Profession

by Joel Kanter

Technical knowledge is like the recipes in a cookbook. It is formulas telling you roughly what is to be done. It is reducible to rules and directions. It's the sort of knowledge that can be captured in lectures and bullet points and memorized by rote. Right now, online and hybrid offerings seem to be as good as standard lectures at transmitting this kind of knowledge... Practical knowledge is not about what you do, but how you do it... Practical knowledge is not the sort of knowledge that can be taught and memorized; it can only be imparted and absorbed. It is not reducible to rules; it only exists in practice."
(David Brooks, *New York Times*, "The Practical University", 4/4/13)

Over the past five years, over 20 Schools of Social Work have started "online" MSW programs which enable students to earn a graduate degree while doing all academic course work from the comfort of their home—without ever meeting in-person with a faculty member or fellow student. In a few of these programs, there are video (a la Skype) components, but most involve no audio or visual communication with faculty or students.

Concerned about the limitations of such programs in teaching critical relationship skills in professional degree programs that enable graduates to enter psychotherapy practice, the Clinical Social Work Association established a Distance Learning Committee, chaired by Laura Groshong, to examine current practices in online social work education. Committee members included Frederic Reamer and GWSCSW members Jan Freeman and myself. In September 2013, the CSWA published the committee's final report (available on the CSWA website) which highlighted both the educational and ethical limitations of such programs. We found that such programs did not meet the existing social work accreditation standards which requires the immersion of students in an "implicit curriculum" which fosters a "culture of human interchange; the spirit of inquiry; (and) the support for difference and diversity." Further, graduate social work education should promote a social work identity and teach oral as well as written communication skills; neither objective can be met without direct personal engagement with faculty and fellow students.

Further, as online programs were recruiting students who lived far from their campus, establishing field placements in unfamiliar communities was an overwhelming challenge for many of these programs. For example, University of Southern California, the largest of the online programs with over 2,000 students, contracted with a for-profit corporation to locate internships across the U.S. and even internationally. As they often had difficulty finding agencies with adequate supervision, the corporation hired clinical supervisors to provide supervision via videoconferencing (a la Skype) who had never set foot in the agencies or communities. However, because establishing such a large number of internships was difficult, USC now enrolls all incoming online students in a first semester "Virtual Field Placement" where they practice intervention skills online with actors and fellow students. And subsequently, some students can continue an internship in a "telehealth clinic" where all interventions are conducted online. Thus, USC students are now able to complete an MSW program without ever leaving their home.

Concerned about these developments, the GWSCSW joined an Excellence in Social Work Education (ESWE) coalition with the New York, New Jersey and Illinois Clinical Societies and the American Association for Psychoanalysis in Clinical Social Work to address these issues with the social work community, the Council on Social Work Education (CSWE), and licensing boards. Besides maintaining minimal requirements that prepare graduates for professional challenges and independent practices, we are also concerned that flooding our workplaces with poorly prepared social workers will erode the professional respect we have developed with related disciplines and the community at large.

As an initial act, ESWE submitted formal comments and recommendations to the CSWE's Accreditation Committee (see www.eswecoalition.org), which is currently involved in rewriting standards for MSW education. ESWE is recommending that all required practice courses be taught in-person and that online academic content in MSW programs be limited to 25% of the total coursework. We also recommend that

continued on page 28



Concerned Social Workers Address NCSSS Disaffiliation with NASW

by Michael Giordano, Gina Sangster, and Laura Place

As many members of GWSCSW know, there has been controversy regarding Catholic University of America's (CUA) National Catholic School of Social Services' (NCSSS) relationship with the National Association of Social Workers (NASW). In the fall of 2013, we learned that the Dean of NCSSS, Dr. Will Rainford, had decided that the school would disaffiliate from NASW, no longer supporting the organization financially, due to NASW's support for women's right to choose abortion. Many of us in the larger social work community became concerned about this decision.

What would it mean for current and future students? Would it affect the school's reputation, and thereby, anyone with a degree from NCSSS? What would it mean for a school of social work to oppose access to abortion? Would the school still teach students to follow NASW's code of ethics? These and other questions persisted. Additionally we heard that many students and professors were alarmed by the decision. As a result, a group of social workers, independent from GWSCSW, banded together to compose a letter to the president and dean of CUA to express the strong support our community has for NCSSS as well as our concern for what many viewed as a step in the wrong

direction. Carol Kutzer, Gina Sangster, Julia Strange, Laura Place, Lisa Snipper, Lissa Mantell, Michael Giordano, and Tamara Pincus worked together to craft a letter to the dean as well as distribute it for co-signers from the community.

We discussed a strategy and wrote a letter solely through email. Some of us still have not met each other in person! But through a collegial process, we created a strong document which was then posted on list-serves to let friends and colleagues know about our effort. As a result, 170 social workers from around the country co-signed the letter. Many have ties to NCSSS, and are members of GWSCSW. But many are neither. We all shared a concern for our profession, a concern for a well-regarded school of social work, and a desire to voice the concerns of our community.

After the letter was sent, our next step was to request a meeting with the president and the dean and on April 28, 2014, Tamara Pincus, Laura Place, Lisa Snipper, and Mike Giordano met with Dean Rainford and Dr. Marie Raber, Associate Dean and Chair of the MSW Program. During that meeting, Dean Rainford estimated that he had already spoken with at least 200 students, professional social workers, instructors and professors—both as groups and individuals—who have raised concerns related to the disaffiliation. The Dean and Dr. Raber explained that most people seemed to have a better understanding of the institutional context, and are

Above: Mike Giordano, Tamara Pincus, Lisa Snipper and Laura Place visit the Catholic University campus to meet with Dean Rainford and Dr. Marie Raber.

less alarmed, although our own conversations with students and others suggest that most people ended those conversations resigned to the institution's refusal to unbend.

Dean Rainford explained that it would be unacceptable to the pontifical and conservative Catholic authorities at CUA, if any funds were given to an organization that devotes even a small fraction of its advocacy activities to supporting access to abortion. (It is worth noting that President Garvey, of The Catholic University of America, is currently suing the federal government due to the requirements in the Affordable Care Act that access to all aspects of reproductive health services be provided as part of health insurance coverage.)

While we acknowledge obvious concerns related to Catholic doctrine, our focus has been on educational and professional implications of altering NCSSS policy. For instance, how will this impact the school's student composition; the enthusiasm or willingness of area social workers to act as field supervisors; students' understanding of the right to self-determination within a pluralistic society; students' engagement in and perspective on NASW; and perhaps of most direct concern to DC/MD/VA alumni from NCSSS: how will this impact the reputation of NCSSS, and its graduates?

Dean Rainford and Dr. Raber pointed out that NCSSS students are seen as excellent and often superior by area employers, and for many reasons, we hope that excellence will persist. In fact, two members of GWSCSW who are also NCSSS faculty recently messaged their fellow society members to ensure us that nothing has changed regarding instruction, nor have there been any directives to alter how they prepare students.

Our goal in meeting with the dean was to represent the spirit of the letter, not to argue religious doctrine. There are clearly many people in our community who have strong feelings about and connections to NCSSS and who care about our profession and how future social workers are prepared for the work ahead. We hope that our efforts reflected this—both to the leadership at NCSSS and to our fellow social workers.

This collaboration of concerned social workers, born out of conversations on professional list-serves and in person, speaks to the value of open discussion. We are grateful for the opportunity to connect with others and to share this process. We encourage anyone with concerns about the decision to disaffiliate to contact the Dean directly (rainford@cua.edu). ❖



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Situated just beyond the Blue Ridge Mountains in central Maryland, ClearView Communities provides recovery based services for adults with serious mental illness. Our community offers a continuum of care, ranging from 24/7 supported living to independent living services with wrap around support.

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- Health and Wellness Services
- Community Engagement



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What is DBT Skills Training and Why Is It So Important

By Britt Rathbone, LCSW-C and Pat Harvey, LCSW-C

Dialectical Behavior Therapy (DBT) receives favorable mainstream press and is now widely accepted as an evidence based treatment for a variety of disorders related to underlying emotion dysregulation. Several randomized control trials support its effectiveness in decreasing suicidality, decreasing self-injury, decreasing inpatient hospital admissions, improving quality of life, and increasing attendance and commitment to treatment. One significant element of the treatment is systematic training of a set of skills taught, most often, in a group setting. Some preliminary research suggests that this element of the treatment may be the most important component of DBT.

It can be challenging when working with clients who have intense emotions. The ongoing crises that they experience, and that require immediate intervention, often make it difficult for the therapist to teach skills that might prevent these crises or help the client handle them more effectively. This dilemma is resolved in DBT by providing a separate skills training group that teaches clients specific sets of techniques and skills to help them develop awareness of themselves and others in this moment, regulate emotions, manage relationships, and cope with distress. This allows the individual therapist to focus on applying the separately taught skills to the client's life, thus enhancing the client's ability to use and generalize the skills. In many ways it is analogous to an athlete attending a clinic to work on development of skills, and then working with a separate trainer or coach who helps the athlete integrate these newly acquired skills into their overall performance. The group format is also useful for creating accountability with homework assignments, providing practice exercises that are a critical component of the treatment and a social context in which to practice the skills.

This is a very different approach to therapy than many clients are used to. Skills groups are didactic, not process oriented, with the participants asked to focus all discussion on the skills being learned. In addition, participants are asked to (1) make a commitment to attend the group until they have been taught all of the skills, (2) make a repair to the group if they disrupt it in some way, (3) participate in experiential exercises in group, (4) do homework every week to practice the

skill, and (5) call their individual therapist between sessions to assist them in applying the skills to their lives. Skills group leaders are prepared each week with a specific lesson, exercises and examples to assist with teaching, and a willingness to model the use of skills in their own lives and with their clients.

The skills learned in DBT are culled from research, are practical, easy to learn and easy to teach. Clients often express how invaluable the skills are, and DBT clinicians feel the skills give as much to them as they do to the client. The value of DBT is verified by research as well as the passion of the therapists who witness significant growth and change in their clients and in themselves. ❖

Britt Rathbone, LCSW-C and Pat Harvey, LCSW-C are each in private practice working with adolescents and their families in Rockville, Maryland.

GWSCSW CONTINUING EDUCATION WORKSHOP

DBT Skills Group: An Experiential Workshop

Friday, September 19, 9:00 AM – 12:15 PM
Sunrise at Foxhill, Bethesda, Maryland
3 CEUs • \$60 GWSCSW Members

More info on page 25

Register at www.gwscsw.org/Education

THANK YOU

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

Sunrise at Fox Hill

8300 Burdette Road, Bethesda, Maryland
[www.sunriseseniorliving.com/communities/
sunrise-at-fox-hill](http://www.sunriseseniorliving.com/communities/sunrise-at-fox-hill)

Ingleside at Rock Creek

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

Mind-Body Medicine: Why?

Michael F. Shea, LGSW, and Fran Zamore, LCSW-C, LICSW

Consider two vignettes.

The first: As a result of life's circumstances, two people are introduced to Mind-Body Medicine (MBM) in 1971. They become credentialed, licensed, and certified in various techniques and modalities in social work principles related to MBM and become therapists. They meet in 2011 (only 40 years later!) as students who are seeking academic knowledge of MBM; they connect and begin to work together. Intention, synergy, compassion, and consistency keep their connection alive. Acting on their shared intention, they create a routine, almost ritual-like, to maintain their partnership. Weekly they meet, check in with one another, give each other feedback, share a meal, and attend to any business items necessary to maintain their union. All of this is done with the specific intention of applying MBM techniques and principles.

The second: A married 53-year-old mother of two with symptoms of hypertension, anxiety, and autoimmune issues is faced with the decision to go on multiple medications that will affect the quality of her life because of the various side effects. She seeks out a method to address her physical and emotional stress in lieu of going on medication. She enters a 12-week group with the intention of using the techniques learned in the group to help reduce symptoms that affect her physically. After the 12 weeks, her doctor informs her that her blood levels have reduced to the normative range and that medications are no longer necessary to treat her symptoms.

The first vignette summarizes our meeting, union, and working partnership using MBM as presented through the Center for Mind-Body Medicine affiliated with George Washington University. Each of us is often asked, "How did you get into practicing this way?" For Fran, initially it was the fear of childbirth and the terror of anesthetics in 1971 that led her and her husband to enroll in Lamaze childbirth classes. Through the classes pregnant couples are taught to breathe and visualize with each contraction, harnessing the power of the mind to help the body reduce the impact of pain. Also in 1971, Michael began using breathing and movement techniques to reduce dyslexia-induced anxiety about reading and writing. The guidance department at his school introduced breathing and movement classes for the students to help with concentration and focus.

These events sparked a journey to MBM for each of us, even though at that time neither of us was aware of this terminology. We each, in our own way, knew that somehow we were in charge of our own body's reactions, and we both, in our own way, felt empowered by the experience.

The second vignette is a description of a client from one of our Mind-Body Skills Groups. She benefited greatly from the techniques we taught her. In group, she learned about and practiced techniques such as meditation, movement, guided imagery, writing, drawing, genograms, and dialogue with a symptom. After practicing these techniques, she said that she was able to "fine-tune" self-awareness and employ the tools in her daily life with increased peace and healing. She learned that the primary tenet of an MBM group is the ownership of the self; in other words, the group process helped her increase self-awareness, which led her to take responsibility for self-care. She came to understand that thoughts, feelings, attitudes, and beliefs shape one's biology. Thus, through awareness and practice of the techniques, she took care of herself and had a positive impact on her health.

We have continued our association with the Center for Mind-Body Medicine (www.cmbm.org) and have found that people practicing MBM have experienced a reduction of symptoms of pain, chronic illness, stress, anxiety, and depression. As social workers, we find this model reinforces the strengths-based approach that leads to client empowerment. In our experience, the techniques are beneficial to us for our own self-care and are easily taught to clients who benefit from an increased ability to manage their stress, calm their nervous systems, and be more open to therapeutic interventions. ❖

For more information, mail info@franzamore.com or call Michael (202-966-0575) or Fran (240-688-9099).

GWSCSW CONTINUING EDUCATION WORKSHOP

Symptom Reduction through Mind-Body Medicine

Friday, October 31, 9:00 AM – 12:15 PM
Ingleside at Rock Creek, Washington DC
3 CEUs • \$60 GWSCSW Members

More info on page 25

Register at www.gwscsw.org/Education



**SENSORIMOTOR
PSYCHOTHERAPY INSTITUTE**

Professional Training in Somatic Psychology

**Training Program in Affect Regulation, Attachment, and Trauma
Level I: Affect Dysregulation, Survival Defenses, and Traumatic Memory**

**STARTING OCTOBER 10TH, 2014
WASHINGTON, DC
80 CONTINUING EDUCATION HOURS**

Traditional psychotherapy addresses the cognitive and emotional elements of trauma but lacks techniques that work directly with the physiological elements, despite the fact that trauma profoundly affects the body and that so many symptoms of traumatized individuals are somatically driven, including affect intolerance, autonomic reactivity, vegetative depressive symptoms, impulsivity, and anxiety. All of these clinical issues are inaccessible or difficult to treat in a talking therapy context without a way to include the bodily symptoms in treatment.

The Sensorimotor Psychotherapy® Level I Training presents simple, body-oriented interventions for tracking, naming, and safely exploring trauma-related, somatic activation, creating new competencies and restoring a somatic sense of self. Students will learn effective, accessible interventions for identifying and working with disruptive somatic patterns, disturbed cognitive and emotional processing, and the fragmented sense of self experienced by so many traumatized individuals. Techniques are taught within a phase-oriented treatment approach, focusing first on stabilization and symptom reduction. Sensorimotor Psychotherapy® can be easily and effectively integrated into psychodynamic, cognitive-behavioral, and EMDR-focused treatments.



Kekuni Minton, Ph.D., is a founding trainer of SPI, co-author of *Trauma and the Body: A Sensorimotor Approach to Psychotherapy* with Dr. Pat Ogden, EMDR practitioner, and was a faculty member at Naropa University for 11 years. His doctoral thesis in clinical psychology focused on somatic relational therapy and he has special interests in meditation and cultural trauma. Dr. Minton was the resident psychotherapist at the Boulder County AIDS Project

for 3 years, and trains internationally for SPI in the United States, France, Italy, London, Finland, and Spain.



Amy Gladstone, LCSW, Ph.D., is a clinician, supervisor, workshop leader and social work. She is also on the faculty of the Integrative Trauma Treatment Program of the National Institute for the Psychotherapies in New York City. Dr. Gladstone is certified in Somatic Experiencing and has treated trauma survivors in many different settings. In her private practice, she specializes in attachment trauma and combines psychodynamic and somatic

approaches to treatment.

<u>DATES</u>	<u>TIMES</u>	<u>LOCATION</u>
1.) October 10-12, 2014 (Fri.-Sun.)	Fridays: 9:00am-6:00pm	The Thurgood Marshall Center 1816 12th St. NW Washington, DC 20009
2.) December 5-7, 2014 (Fri.-Sun.)	Saturdays: 9:00am-6:00pm	
3.) January 23-25, 2015 (Fri.-Sun.)	Sundays: 9:00am-3:00pm	
4.) Feb 27-March 1, 2015 (Fri.-Sun.)		
(12 days spread over 4 modules)	(80 contact hours)	

Tuition (full): \$3000 USD

Online application and *minimum* deposit of \$500 due to provisionally secure a seat (deposit applied towards total tuition). Interest-free monthly pay plans available.

Pay plans must be secured no later than **September 12th, 2014** to officially secure seat.

80 CE hours available for full attendance via the Institute for Continuing Education (included in tuition).

Discounts: 5% for groups of 3-5; 10% for groups of 6 or more; 20% for groups of 10 or more employees from the same organization; 5% for current graduate (Master's level) students; 5% for attending a prior SPI workshop

Financial Aid: Limited scholarships and awards available for full time non-profit 501(c)3 or state/local government employees, prior learning experience, travel, and work study.

Contact: studentservices@sensorimotor.org (303) 447-3290 ext. 1

Local Contact: Sara Mindel, (202) 321-3077, sara.mindel@gmail.com

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Greater Washington Society for Clinical Social Work

Education ♦ Advocacy ♦ Community



GWSCSW CONTINUING EDUCATION COURSES 2014-15

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

■ 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
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 or 240-688-9099

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

CEUs: 3 hours

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

■ Relationship Enhancement Therapy with Couples and Families

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

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

■ 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

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

GWSCSW COURSES REGISTRATION FORM

Name _____			
Address _____			
City _____		State _____	Zip _____
Home Phone (_____) _____		Office Phone (_____) _____	
E-Mail _____			
Course Title:	Date:	Course Fee	Late Fee
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
TOTAL (make check payable to GWSCSW)		\$ _____	\$ _____
Mail to: GWSCSW, PO Box 3235, Oakton VA 22124			

Online Education, from page 19

all field internships transpire in an actual, in-person community agency and that agency supervision be conducted by an in-person supervisor. (These standards reflect current practices in clinical psychology education.) We are also beginning to educate social work licensing boards about this issue and will be presenting at the September meeting of the Maryland Board. To learn more about these issues and become involved, check out the ESWE website at www.eswe-coalition.org. ❖

Joel Kanter, MSW, LCSW-C is in private practice in Silver Spring, MD

Networking!

The three pillars of our organization are community, education and advocacy and these informal networking events are a great opportunity for community. They provide the chance to visit with colleagues in an relaxed setting.

Capitol Hill, DC
Saturday, September 13

Wine & Cheese
3:00 – 5:30 PM
Gina Sangster

Takoma Village, DC
Sunday, October 19

Coffee & Bagels
10:00 AM – 12 Noon
Alicia George

Vienna, Virginia
Friday, November 14

Wine & Cheese
4:00 – 7:00 PM
Ann Ross & Tracy Morra

NW DC
Thursday, December 4

Wine & Cheese
5:00 – 7:00 PM
Adele Natter

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



TECH TIPS

.....
Social Media Committee

1. Is there a way to organize my email inbox?

In Yahoo, simply “check” the boxes next to the emails you’d like to move, then click “Move” from the task bar and select the folder you’d like to move the emails into. To create a new folder, scroll to the bottom of the “Move” drop-down menu and select “New Folder.”

Google (gmail) calls “folders” Labels. To set them up, go to the “gear” and choose “Settings.”

At the top, click “Labels,” then choose which of the included labels you want shown. At the bottom, you can also create new labels and decide if you want them shown in the list on the left side of the screen. The same message can have more than one Label, which means you can find it by searching any one of them and not have to remember which specific one you put it in.

Happy organizing!

2. Why are my emails not appearing in the order I receive them, from separate senders? Is there a way to change this?

Many email servers (Yahoo, Gmail, etc) have started organizing emails by “conversations” (the entire email string appears grouped together, instead of each email of the same subject sent by different senders appearing separately). You can turn this off by clicking on the “gear” in the upper right corner of the mail screen and choosing “Settings.” Uncheck “Conversation View” or “Enable Conversation” to turn it off. You can find many other useful settings here as well.

3. Is there an easy way to search for content within different types of documents?

Simply use the keyboard combination Ctrl F on a PC or Command F on a Mac and then type in what you are searching for (whether it is a webpage, Word document, Excel spreadsheet, PDF Google Doc, etc.). Remember: “F” for “Find.” ❖

If you have a question for the Social Media Committee, email them at socialmedia@gwscsw.org.

Need Ethics or Cultural Competence Continuing Education Credits? Consider these excellent conferences from the

Washington Center for Psychoanalysis INC.

WCP Annual Ethics Conference

Sunday, October 19, 2014 , 1- 4:30 PM

**“Presenting Clinical Material, Verbally or in Writing:
Advise, Consent, and Fictionalize”**

Speakers:

Kevin Kelly, MD, Columbia University Center for Psychoanalytic Training and Research
David Cooper, PhD, President, Washington Center for Psychoanalysis

WCP Annual Cultural Competence Conference

Sunday, November 9, 2014, 1– 4 PM

“Culture and Aggression”

Speakers:

Margarita Cerejido, PhD: “Culture and Aggression”

Marshall Alcorn, PhD: “Discourses of Understanding as Weapons of Violence:
Traumatic Encounters with the Cultural Other”

John Kafka, MD: “Cultures in Psychoanalysis and Psychoanalytic Cultures”

James Griffith, MD: “How Culture Creates Guilt-Free Zones for Violence”

For Both Conferences:

Location: George Washington University Mount Vernon Campus, West Hall, Room 108

Continuing Education Credits: 3
(Physicians, Psychologists, Social Workers, LPCs)

Cost, each conference:

WCP Full, Life and Corresponding Members: \$70.

Friends, Basic and Non-Members: \$100

WCP Student Members: \$50.

Register at: www.wcpweb.org

POETRY MUSINGS

Nourishment

By Wendi R. Kaplan



Nourishment. Defined as providing food and other substances necessary for life and growth. Also defined as promoting development and sustaining life.

In the late summer and into autumn we are harvesting basil, peppers and cucumbers from our gardens, visiting farmers' markets brimming with ripe peaches and plums. We are surrounded by lush vibrant green leaves on our oak, maple and cherry trees. Everywhere you turn zucchinis and tomatoes are vining into our lawns and our meals. Living in this verdant mid-Atlantic region, we are especially rich in green!

Simply stopping and noticing the abundance of growth this time of year nourishes me and fills me

with gratitude. Enriched by gratitude, my heart and perspective are expanded and enhanced.

In the miraculous cycle of life plants are nourished by taking water from the earth and carbon dioxide from the air and then, using the energy from sunlight, they rearrange atoms into carbohydrates.

Humans are nourished by the same process—in reverse! We eat plants and break down their carbohydrates into carbon dioxide and water, releasing the sunlight energy within them to nurture ourselves.

There is truth to Stevie Wonder's song

*You are the sunshine of my life
That's why I'll always be around...*

As well as the Joni Mitchell's "Woodstock,"

*We are stardust, we are golden, we are billion year
old carbon*

Gottman Couples Therapy Training

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

Earn up to 51.25 CE (provided by CMI Education for an additional charge)
by completing all three levels of Gottman Couples Therapy Training in Maryland or Virginia.

Register online at couplestherapytrainingcenter.com

You will receive certificates of completion from the Gottman Institute for each level completed.
These trainings fulfill the Levels 1, 2 & 3 requirements of the Gottman Institute Certification process.

Level 1 Training in Gottman Couples Therapy: Bridging the Couples Chasm (11 CE)
Virginia: April 5 & 6, 2014 | Maryland: October 10 & 11, 2014

**Level 2 Training in Gottman Couples Therapy:
Assessment, Intervention and Co-Morbidities** (20.25 CE)
(Prerequisite: Level 1)
Virginia: May 2-4, 2014 | Maryland: November 7-9, 2014 in MD

Level 3 Practicum in Gottman Couples Therapy (20 CE)
(Prerequisites: Levels 1 & 2)
Maryland: May 30-June 1, 2014 | Maryland: Dec. 5-7, 2014



The Art
& SCIENCE
of Couples Therapy

All training runs 8:30 am to 5:00 pm

In Maryland at Sheraton Columbia Town Center Hotel, 10207 Wincopin Circle, Columbia MD 21044
Virginia at Fairfax Marriott, 11787 Lee Jackson Memorial Hwy., Fairfax VA 22033

Details and registration online at couplestherapytrainingcenter.com

which Crosby, Stills, Nash and Young gave us in such harmonic beauty that it is etched in our collective consciousness (as well as in our very cells).

Which brings us... to thinking about what else replenishes us. Things like music, art, theater, dance feed us in many ways! So do books, movement, connection, listening and being listened to, questions, observation, ideas, silence, meditation, creativity, and prayer, nature and breath. Yes, we need nourishment for our hearts, minds and spirits.

As therapists we bring a great deal of nourishment to others. In listening and bringing clear attention to our clients and colleagues, we create fertile fields that foster growth. We often know not what will grow, but we do know that seeds are planted and intentions are aimed for, dreams are encouraged, perspective is widened and then there is the watering, the weeding, the sitting with, the watching, the letting go and the harvest.

We also know that pain, suffering, addiction, and all manner of hardship can provide nourishment in their own ways. In our work, we use the stuff of challenge and suffering to help people deepen, to broaden, to compost in ways that enrich rather than erode. We understand that, with time and attention and compassion, the wells of understanding, wisdom and healing are deepened. Sometimes we can learn that simply breathing and being present nourishes us beyond measure. Growth is nurtured in both the dark and the light.

Sometimes I think of nourishment and I get pictures, like this one:

Nourishment sits in a large wicker chair nestled in peony flower pillows sipping jasmine pearl tea on a patio overlooking Oak Creek Canyon. She breathes in the scent of the old pines and is simply broken open by the palette of clear azure sky and the red and amber striations of the mountains, surely painted by some divine being in a fit of rapture. The violet cashmere shawl wrapped around her is as soft as a cloud and even lighter, though it keeps her feeling like Goldilocks having found the "just right" bed and porridge! She breathes deeply here and writes poems in her head and in the margins of books unbidden and overflowing.

Perhaps you get a picture (or two or three) of nourishment? Try drawing your picture with words!

Poetry is food from the muses. I invite you to take a juicy bite of this poem, savor it, and consider the questions that follow!

From Blossoms

*From blossoms comes
this brown paper bag of peaches
we bought from the boy
at the bend in the road where we turned toward
signs painted Peaches.
From laden boughs, from hands,
from sweet fellowship in the bins,
comes nectar at the roadside, succulent
peaches we devour, dusty skin and all,
comes the familiar dust of summer, dust we eat.
O, to take what we love inside,
to carry within us an orchard, to eat
not only the skin, but the shade,
not only the sugar, but the days, to hold
the fruit in our hands, adore it, then bite into
the round jubilation of peach.
There are days we live
as if death were nowhere
in the background; from joy
to joy to joy, from wing to wing,
from blossom to blossom to
impossible blossom, to sweet impossible blossom.*

~ Li-Young Lee

What nourished you as a child?

What nourishes you now?

Create a list (or several) of what feeds you physically, emotionally, intellectually and spiritually.

- What do we learn about nourishment from nourishing others?
- What do we know about nourishment from hearing about how others provide for or deprive themselves?
- If nourishment is a path, what does the path look like to you?

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

Wendi Kaplan, MSW, CPT-M/S, is a psychotherapist in Alexandria, VA. She is the founder of the Institute of Poetry 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.

Healing from Chronic Fatigue, Fibromyalgia, and Multiple Chemical Sensitivities

by Susan Newborn



In 2008, I became completely disabled by a condition known as Multiple Chemical Sensitivities (MCS). I became reactive to just about everything in my environment. As a result, I became thin and frail, extremely fatigued, and had difficulty concentrating. Eventually, I had to stop working. To say that this

period was discouraging would be an understatement. I was mostly alone, anxious and sad. I had lost everything—my work, my social and family life, my health. And there was no clear healing path. Thankfully there were a handful of people who believed I would recover. They gave me hope and encouragement so that I never gave up.

From 2008 to 2011, I tried a number of treatments. The treatments would work for a while and then stop, not work at all, or actually make me significantly worse. All this made for quite a roller coaster ride and felt very isolating.

I learned about the Gupta Amygdala Retraining Programme. It gradually brought me back to health and gave me freedom from what is considered by many to be a chronic, lifelong condition. Happily, I am now fully well and living an active life which includes resuming my psychotherapy private practice. In addition to my general practice, I also specialize in helping others who struggle with Chronic Fatigue (CFS), Fibromyalgia, and MCS.

The Gupta Programme - Amygdala Retraining

Ashok Gupta (www.guptaprogramme.com/causes-of-me) developed this treatment and cured himself from CFS which he developed while studying at Cambridge University in the UK. According to Gupta's research, CFS, Fibromyalgia and MCS are caused by abnormalities in the limbic system of the brain, especially the amygdala. Recent findings in neurology show that the brain is inherently wireable, an ability called neuroplasticity. Amygdala Retraining is a way of rewiring the brain's responses.

Gupta believes there are three main conditions that lead to illness. The first is a genetic predisposition. Second, are high levels of stress for an extended period of time. Third, there is a trigger which is usually a virus, bacteria, or toxin. Once these three conditions have been met, the limbic system is on high alert. Even after the trigger is gone, things do not return to normal.

The amygdala learns to be hyper-reactive to any symptoms detected in the body. This conditioning happens unconsciously, without a person realizing it is happening. From then on, the amygdala continually over-stimulates the sympathetic nervous system directly. Hyper-arousal of the body then causes symptoms and secondary illnesses, such as allergies and chemical sensitivities.

Gupta's Amygdala Retraining (AR) involves meditation and related techniques to calm the sympathetic nervous system. The techniques break old patterns and bring a return to normal levels of arousal and sensitivity. Physical symptoms disappear, energy and health return.

My AR Work with Clients

Some people do the Amygdala Retraining entirely on their own. Most, however, say that having a coach is a key factor in their healing. As I work with clients with these conditions, I first assess the client's view of the illness and their ability to heal. In the early stages, clients are usually focused on searching for answers and cures, trying to understand what has happened to them. They often hear things like, "Just snap out of it," "You must be depressed," "Be patient, with rest and time you will get well." Even when doctors understand the real situation, most don't know how to help. A client may conclude they are "going crazy" so my initial work is to reassure them as well as offer support and hope.

Those who come to see me after suffering for longer periods of time are often in a state of acceptance, but may feel completely discouraged. In this situation, we focus on the mindfulness view of acceptance to bring some serenity, while also seeing that acceptance does not mean giving up.

continued on page 34

Losing Luigi

What a dozen children and an aging golden retriever taught me about loss.

by Laurie J. Young



All good things must come to an end. And so, at the end of a long and energetic life, I needed to say goodbye to Luigi, my faithful and hard-working therapy dog—who had soothed and bonded with my young clients (and me) for over a decade of his life.

His decline was sudden; he was chasing deer in the woods one day, and had a stroke the next. He didn't die right away, and he wasn't in pain—but he couldn't walk. My husband and I quickly decided that it would be best to put him down. And so we did—and he died quietly in our arms, as we spoke words of love to him.

As I am no stranger to grief, personally or professionally, I cut myself a wide berth to experience the feelings I knew would be coming. No surprises there. It wasn't easy. I meditated, breathed, cried, and talked my heart out. I checked everything off my personal grieving list. Then I turned my focus to my child clients and their parents, hoping to maintain inner wisdom and composure. I resolved to be honest and direct, and to frame Luigi's passing according to clients' need to know, but not out of my need to tell. So here is how the first week went.

I deliberately scheduled a light client-load—knowing that this might not be easy.

With my first client, a 5 year-old girl, I started out saying that I had to put Luigi to sleep. "What do you mean, sleep?" she asked suspiciously. "So how long will he sleep? When does he come back?" she asked. I remembered my vow to be direct. I explained that the vet gave him a shot that put him to sleep—and made his brain stop and his heart stop beating—so the shot put him to sleep and helped him to die gently, with no pain. The tears start to flow. "So he's dead? The vet killed him?" I took responsibility. "No, it was me," I said. "I made the decision. It was only me. I looked at Luigi and decided that he wouldn't be able to live a good life without walking. No going outside to sniff smells, no playing with children at the office, no enjoying dog treats. Even though his heart was still beating, his life was over."

So we grieved, and we pondered, and tried to make sense of the mystery of living and dying. My young clients cried and drew pictures of Luigi. Parents asked me how I was doing. "It's up and down," I told them honestly, "and I don't get to predict when the down is going to hit." The parents sent cards and flowers—and some of them cancelled their children's' appointments.

The children I see, some as young as five, needed to make sense of it all, and overflowed with questions: So what does being dead mean? Can he feel anything? Or breathe? Where did he go? Will he come back? Is he alone? Is he in Heaven with my fish, hamsters and grandma? Why do dogs have to die? Will I die?

Every evening, that first week, I came home exhausted.

"What happens to the body?" asked one girl, who sees me because she has suffered a traumatic loss. She watched me carefully. I explained cremation. She was stumped. This was a new concept to her. "You mean you're going to burn him up?" I remembered my vow to be direct. "Yes, we'll go to a special place where they burn up animals, and then they will give me the ashes."

"Will it hurt?" she asked.

"No".

"Will he be alone?"

I hadn't thought this one through, but then instantly I knew: "No, he will not be alone. I will be with him."

"Can you take a picture to show me?"

I paused. "I will if it's appropriate," I said. "I'll have to see."

I consulted with the crematorium—Yes, I could be present. I consulted with the parent—Yes, I could share pictures if I thought it would help.

The next session, I shared the pictures. With her head resting on my shoulder, I got out my phone and showed her a picture of Luigi wrapped up in a cozy blanket, with flowers from our garden on top. I showed her the crematory machine. And I showed her a picture of the ashes. She sat there and absorbed it all, very quietly. She had no more questions. And with that, she asked if we could do something else. We turned our imaginations to play.

continued on page 34

Healing, from page 32

For those who decide to become Retrainers themselves with the Gupta Programme, I am able to coach them through the process of learning the techniques and feeling confident and calm. It doesn't matter whether clients are skeptical or how long they have suffered. Coaching also helps during dips, periods of discouragement, times of feeling stuck. We focus on recognizing progress, celebrating each success and holding onto hope. EFT (Emotional Freedom Technique), also known as Tapping, is often a useful adjunct to Amygdala Retraining as it can help reduce or eliminate pain from past or continuing trauma associated with the illness.

With these clients, psychotherapy helps reveal underlying issues and emotions, which then lead to setting clear goals for treatment. But when a client is severely disabled and ill, what is most needed is hope and techniques for healing. Fortunately with Amygdala Retraining we are able to change the frame of treatment from symptom management and living with the condition to becoming fully well and regaining a full and healthy life. ❖

Susan Newborn, LICSW works with adults in her Northwest Washington, DC private practice.



Luigi, from page 33

"I will miss telling him my secrets," said another girl, who used to lift Luigi's Golden Retriever ear flaps to whisper secrets too embarrassing and shameful to say out loud. I told her I agreed—Luigi was indeed the best secret-keeper. I will miss telling him my secrets, too.

"I will miss cuddling up with him," said a boy who regularly pondered life's ups and downs while lying down with Luigi on the floor. The parents bought him a large stuffed Luigi to cuddle with at home, and they brought a stuffed Luigi to comfort me, too.

Another boy asks, "So what do we play now that he's gone?" Good question. I wonder the same thing: How do I do therapy without my co-therapist? It's awkward. It's empty. So I respond: "Maybe we just don't know yet. I guess we'll have to wait and see what we feel like doing." It's the best answer I have at the moment. As we absorb this loss together, we journey to the unknown.

I go home in the evening, light a candle in my garden, and think about Luigi. I have listened to my clients' losses all day, and now I sit with my own. And I wonder: Have I been helpful to them? I hope so. I know that talking to them has been helpful to me. In a very unique way, this is a shared loss. I get out my shovel, start moving perennials around. I will plant a special place in my garden to remember Luigi. ❖

Laurie J. Young, LCSWC is in private practice in Silver Spring, MD where she works with children, adolescents, families and adults.

GWSCSW Brown Bag Seminars Free CEUs for GWSCSW Members!

Information and registration at www.gwscsw.org/brownbag.php

GWSCSW Brown Bag Seminar: **Listening As Art: Intuition As Process** 12–1:30 PM **Friday September 12** • Tysons Pimmit Regional Library: 7584 Leesburg Pike, Falls Church, VA

This presentation by **Marilyn Stickle** reflects 25 years of research on the integration of intuition in clinical practice. It addresses the nature of intuitive processes, the continuum of capacity, and the underlying principles and processes. Stories and clinical vignettes will demonstrate how to identify intuition, and how to describe the continuum of intuitive experiences. It is based on a paper that has been accepted for the annual conference of the American Association for Psychoanalysis in Clinical Social Work (AAPCSW) in March 2015. **1½ CEUs. Free for GWSCSW members.**

GWSCSW Brown Bag Seminar: **Introduction to Emotional Freedom Therapy (EFT)** 12–1:30 PM **Friday October 24** Sunrise at Foxhill, 8300 Burdette Road Bethesda MD

Presentation by **Susan Newborn**. Additional information will be posted on the website as it becomes available. **1½ CEUs. Free for GWSCSW members.**

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An Introduction to Child-Centered Play Therapy

Robert F. Scuka, Ph.D., M.S.W., LCSW-C

Play therapy was first developed by Virginia Axline and others in the 1940s out of the recognition that getting children to talk in therapy typically is not an easy proposition. Conversely, it was recognized that play is a child's natural medium of expression. So, the hypothesis went, why not harness that natural proclivity on the part of a child for therapeutic purposes by creating a framework within which the child can access the symbolic dimensions of play in order to work through their issues.

Over the past seventy years, play therapy has developed into a mature and effective therapeutic intervention, as confirmed by a meta-analytic study published in 2000 in the *International Journal of Play Therapy* (IJPT). There are, of course, a variety of play therapy interventions that have been developed and successfully used with children. However, Child-Centered Play Therapy (CCPT) has the distinct advantage of not only having been empirically demonstrated to be effective, but also being the most frequently used play therapy

intervention as evidenced by the preponderance of articles on CCPT in IJPT.

The underlying philosophy of CCPT, as developed by Axline in her 1947 classic *Play Therapy*, is embodied in the Rogerian-influenced dictum: "The child leads, the therapist follows." This is why CCPT also is referred to as Non-directive Play Therapy. The important point here is that while the therapist is responsible for structuring and maintaining overall control of the CCPT process, especially with regard to preserving safety for the child and the therapist, leadership of the play session is handed over to the child so as to promote the child's initiative, exploration, engagement and creativity. The therapist's job in this process is to be an empathic and accepting presence for the child's experience and emotion, while setting limits as necessary in order to preserve safety and promote improved behavioral self management on the part of the child.

Another Rogerian influenced premise of CCPT is that ultimately children hold within themselves the roots of their own healing. The therapist's job, in this context, is to facilitate the child's healing by following the child's lead and being an empathic witness to the child's process and/or a participant in the child's process when invited by the child into an interactive role-play.

The successful implementation of CCPT is dependent upon the therapist developing certain attitudes—such as patience, restraint and self-discipline—and learning specific skills that facilitate the child's exploratory and healing process. The additional benefit for the therapist is that he or she is privileged to participate in an often wondrous process whereby the child works through his or her issues and comes to a better place emotionally while also learning how to relate in more pro-social ways with family and peers. In short, CCPT is both rewarding—and fun! ❖

Robert Scuka is Executive Director of the National Institute of Relationship Enhancement in Bethesda, MD, a member of its faculty, and a Master Trainer in both CCPT and Relationship Enhancement Therapy. He is author of *Relationship Enhancement Therapy: Healing Through Deep Empathy and Intimate Dialogue* (Routledge, 2005) and several articles on CCPT.

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OUT & ABOUT

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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 newsletter@gwscsw.org.

Mary Branch Grove gave a training on Mastering AIT Practice, a second level course in Advanced Integrative Therapy, June 20–22, 2014. Mary Branch is a certified teacher of AIT Basics and MAP.

Pamela Brewer's radio program, MyNDTALK with Dr. Pamela Brewer is now a daily 60 minute radio program airing nationally on several stations including locally on WPFW 89.3. Pamela says they are always looking for guests. For information, please email her at myndtalkdaily@aol.com.

Jan Freeman was invited by the president of ISSTD (International Society for the Study of Trauma and Dissociation) to join the new e-journal task force of the organization. The task force's initiative is to gather information regarding the possible publication of an ISSTD e-journal and provide a Business Plan for initiating and maintaining an e-journal. The e-journal would be published in addition to the organization's flagship publication, the *Journal of Trauma and Dissociation*, and like the JTD, would be peer-reviewed.

Mike Giordano and **Tamara Pincus** presented at the Woodhull Alliance's Sexual Freedom Summit, August 14-17, in Silver Spring, MD, on navigating professional boundaries when involved in the sexual freedom movement. This is their second time facilitating this discussion.

Jen Kogan and **Mike Giordano** were interviewed for an online article on PsychCentral.com. They offered advice and opinions nourishing the different types of intimacy in relationships. The interviewer reported that it was, at the time, the most popular post on the site. The blog can be found at www.psychcentral.com/blog.

Helen Power exhibited her recent Abstract Expressionist paintings in a group Art Exhibition held at the Yellow Barn, Glen Echo, MD, on June 13–15, 2014. The paintings were primarily larger scale abstract works created over the long cold winter. A great outlet during a particularly frosty time.

Gina Sangster has an essay in the Summer 2013 Volume 1 issue and a poem in the Summer 2014 Volume 2 issue of *District Lines*, an anthology of DC, Maryland and Virginia writers and artists published by Politics and Prose bookstore. Videos of readings held to launch publication of the anthologies can be seen by going to the Politics & Prose archives on their website. In February 2014, Gina was also interviewed by Dr. Pamela Brewer for her WPFW radio program, MYND-TALK, on the topic of Older Child Adoption.

Lisa Snipper was interviewed for an online article at psychcentral.com. The article is about things that make a good partner. The blog can be found at www.psychcentral.com/blog.

Marilyn Stickle co-presented a workshop "The Expression of Compassion in Effective Social Work Practice" at the 9th North American Conference on Spirituality and Social Work in Fredericton, Canada in June. ❖

Welcome New Members!

Full

Yael Beck
Katie Blumenthal
Kate Dansie
Jennifer Eckel
Lauren Leonhardt
Kimberly Parrotte
Shanea Thomas
Lisa Zimmerman

Graduate

Sarah Halperin
Christina Kelso
Sarah Nix
Max Sewell

Retired

Eugenie Hershaft

Student

Andrea Agalloco
Yelena Boex
Megan Broderick
Kimberly Marshall
Allie Perez
Jennifer Rollin
Shauntia White

RECOMMENDED READS

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

.....

Working with Grief and Bereavement

Griefwork: Healing from Loss by Fran Zamore & Ester A. Leutenberg

GriefWork for Teens by Fran Zamore & Ester A. Leutenberg

The Grief Work Companion - Activities for Healing by Fran Zamore & Ester A. Leutenberg

GriefWork Healing from Loss and its sister book *GriefWork for Teens* are both designed as books for mental health professionals to use with their clients. They are both chock full of reproducible educational and activity handouts that can be used either individually during sessions, as homework or with groups. The third book in this series, *The GriefWork Companion*, is written for the consumer and is a workbook format."

~ Fran Zamore, ACSW, LCSW-C, LICSW

The Next Beginning by Deborah S. Levinson

Surviving the Death of Your Spouse: A Step-by-Step Workbook by Deborah S. Levinson

Stories of Renewal by Deborah S. Levinson

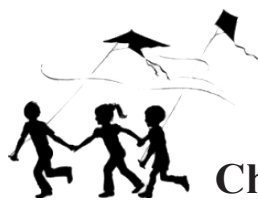
The Next Beginning and the workbook present a three stage model for crafting the next chapter in one's life after major loss: death, divorce or end of a long term relationship. The model gives readers a roadmap for the journey. *Stories of Renewal* supplements the first two books by giving readers comments from others as to how they negotiated the journey. ~ *Debbie Levinson, LCSW- C*

Death Benefits: How Losing a Parent Can Change an Adult's Life—for the Better by Jeanne Safer, Ph.D.

I have clients who express feeling guilt and shame if they do feel relief, hope, as sense of freedom and possibility after a death.....often independent from if it was a healthy, loving or a toxic, fraught relationship. There is a shift, and in that space, opportunity for growth and change. Not for everyone, but a nice resource for an often taboo topic that does come up from time to time. ~ *Franca S. Posner, MSW, LCSW-C, CT*

The Lovely Bones by Alice Sebold

The Lovely Bones opens with the murder of a young girl, who narrates the rest of the story from her own private heaven (according to the author, everyone has their own). It's a wrenching, yet ultimately heart-warming story about how her family recovers from her death. ~ *Steve Asher, LICSW*



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FEARLESS FINANCE: TIPS FOR THERAPISTS

Don't Forget Uncle Sam

How to plan for and put aside enough for your quarterly estimated taxes.

by Lori Atwood



One of the financial issues most of my psychotherapist clients complain about is that they do not save enough money for their quarterly estimated taxes and it always catches them by surprise. Some of my clients even have to charge payments on credit cards because they just did not

have enough set aside.

All self-employed people (therapist or cupcake baker) have to remember that no matter what, not all the money you generated from sales (selling therapy hours or cupcakes) is yours.

When your practice finances are separate, it is easy to see that, but when they are not, you can make a mistake.

The way I like to encourage my therapist clients to prepare for quarterly taxes is to set aside, in a separate savings account, 25% of all the revenue (money that comes into their practice from the sale of billable hours). If you receive \$100 from a client or insurance company, put \$25 away for your taxes.

Twenty-five percent may seem like a lot because, after all, you have expenses that are taken out of your revenue and deductions (especially if you consolidate

your practice taxes with your household return). Yes, that's all true, but therapists generally, do not have a separate set of accounting books that allow them to know precisely how much profit they make each quarter so that they can apply precisely the percentage they will owe the IRS.

What you want to do it is get close to the number so you're not knocked out of your seat when your accountant gives you your quarterly estimated tax number. Let's do an example.

Simple Estimate Method:

Billable Hours for Quarter 1 (3 mos)	210
Price per Billable Hour	\$170
Total revenue for Quarter 1	$\$170 \times 210 = \$35,700$
25% set aside for Taxes	$\$35,700 \times .25 = \$8,925$

Actual Calculation:

Total Revenue for Quarter 1 (calculated as above)	\$35,700
Total Expenses for Quarter 1 (estimate)	\$7,500
Gross Profit (profit before taxes)	$\$35,700 - \$7,500 = \$28,200$
Your effective taxes (estimate 30%)	$\$28,200 \times .30 = \$8,460$

You've saved a little more than you actually need, which is great for your peace of mind (estimate = \$8,925 and actual = \$8,460 difference = \$465), and you did not have to worry about calculating the taxes you actually needed at the end of the month after all your revenues and expenses were reconciled. You could just save 25% every time you deposited client payments and know that you're more than covered for your estimated quarterly taxes. No fuss. ❖

Lori Atwood, RFC, has been in finance for over 20 years and believes that people can and should be fearless about their finances. Lori started Lori Atwood - Fearless Finance, LLC, 7 years ago because she was looking for someone to help her with her family's financial planning, but who was not paid on commission. She did not find anyone and with her background as a Registered Investment Adviser years before for Piper Jaffray Private Client Banking (now part of UBS), she decided to do it herself. Friends and acquaintances began to ask her for help and Lori Atwood - Fearless Finances was born. You can see Lori's articles and services at www.loriatwood.com.

CONSULTATION GROUP FORMING THIS FALL

Consultation Group for Licensed Clinicians

This group is for clinicians who have received their license within the past five years who would like to continue to have a supportive environment to consult and discuss cases as well as learn from peers.

Mondays (once a month) 7:00–8:30 pm

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COMMITTEE REPORTS

Continuing Education

*Barbara Kane & Linda Hill
cecommittee@gwscsw.org*

Many thanks to Deborah Horan and her Continuing Education Committee (CEU) who have done an excellent job lining up the course offerings for the 2014–15 year. We are delighted to assume the position of co-chairs of the Continuing Education Committee. We are looking for committee members who would like to meet about two times a year to review proposals. Please contact Linda at 301-657-4329.

On Tuesday, September 16 at 5:00 PM, we will be hosting a CEU Brainstorm Gathering for members interested in submitting proposals for CEU presentations for the 2015-16 year. We invite you to stop by Aging Network Services, Topaz House, 440 East-West Highway, #907, Bethesda, with your ideas or just to brainstorm proposal options. We hope to see you there. It should be a fun and creative gathering!

Early Career & Graduate

*Juleen Hoyer & Amanda Slatas
earlycareergraduate@gwscsw.org*

The Early Career & Graduate Committee has kept busy over the summer- both planning events and having fun! Our summer meeting included networking over “Margaritas and Nachos” at Guapo’s Restaurant in DC.

The EC & Grad Committee has many exciting plans for the year ahead, including our next workshop, “The First 3,000 Hours” (date to be announced). Current

MSW students, recent grads, and LGSWs should consider attending. We also send our encouragement to all those in the throes of job-searching and job-survival. Join us at our next meeting if you could use some company and support, and/or if you’re looking for a way to get more involved in your professional organization (check the calendar on www.gwscsw.org)! For more info, email earlycareergraduate@gwscsw.org.

Leadership/Nominating

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

We are finding that an ever-increasing number of members are eager to volunteer their time and skills for the benefit of the clinical society. This is great news, as GWSCSW relies entirely on volunteerism for all its many functions. Creating the slate for our spring election of officers was gratifying, as we met numerous talented members willing to take on new leadership roles, some stepping into areas with which they were totally unfamiliar. This willingness to take on the unknown—to take a risk and trust that with the support of other volunteers we can discover within ourselves previously untapped skills and resources—is typical of our society’s leadership historically, and will continue to be an important characteristic of our Board and committee chairs. As social workers and therapists, we often ask clients to take a step into the unknown; as new leaders, we require that of ourselves.

The committee will continue to explore ways in which we can foster

leadership within our membership as well as in relation to our ever-changing environments and communities. An interesting new development within the society’s structure is the creation of a Past Presidents Committee, which will serve as an ad hoc advisory to the current president. In our 40th anniversary year, this committee represents a wealth of organizational culture and knowledge that can only add to the richness of our experiences as a group.

There will be many opportunities during the year to volunteer your services for tasks large and small. We look forward to meeting and working with those of you who may be new to the organization or newly able to volunteer time. Please contact either one of us if you’re curious about ways in which you might become involved.

Legislation & Advocacy

*VACANT
dirlegislation@gwscsw.org*

At present, the position of Director for Legislation & Advocacy is vacant. The Director monitors and coordinates the activities of the legislative committees in each of our three jurisdictions.

Since there is no Director to provide an overview for this summer, we urge you to turn to the Legislative Update pages for specific information about our Virginia, District of Columbia, and Maryland activities. We urge you, too, to consider getting involved (see Susan Horne-Quatannens’ excellent article on page 7).

Membership

Sue Stevens
membership@gwscsw.org

Many thanks to Sydney Frymire who gave out flowers to our new members at the Annual Dinner. New members are also welcomed by letter and are personally invited to attend a Society event. We are also working on ways to honor our members during the celebration of our forty years as a society. We welcome new ideas about how to make members feel comfortable and connected. Please think about joining our committee; we strive to make it easy and fun!

Newsletter

Jen Kogan & Adele Natter, Co-Editors
newsletter@gwscsw.org

This September issue of *News & Views* represents the first efforts of a new editorial team: co-editors Adele Natter and Jen Kogan (who has done the job previously), and guest co-editor, Chana Lockerman, ably assisted by Sara Feldman, Kate Rossier, and Juleen Hoyer, co-directors of communications. We owe a debt of gratitude to Lisa Wilson, editor for the past four years, who graciously paved the way for this incoming *News & View* staff.

Professional Development

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

On May 18 the Professional Development Committee sponsored "Meeting the Challenge: Surviving and Thriving in Social Work Practice"—an opportunity for attendees to hear and discuss a panel of practitioners' perspectives. Thanks to Linda Friskey, Mike Giordano, Laurie Young, and Teresa Mendez for your willingness to

speak to such complicated issues. A follow-up workshop to include managed care and the DSM 5, as well as several other offerings are in the planning stage, so watch the GWSCSW website and listserv for announcements.

For information about our Mentor Program, visit the GWSCSW website and click on Professional Resources, then Mentor Program on the left hand side of the home page. Prospective mentors and mentees can download applications from that page. Experienced GWSCSW members are still being sought to participate as mentors. 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. Many thanks to Nancy Harris, who has graciously agreed to oversee the Mentor Program. She can be reached at nlharris1214@gmail.com or 301-385-3375. Finally, much gratitude goes to Sheila Rowny for developing the Program and overseeing it for the last eight years!

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

Social Media Committee

Sara Feldman & Juleen Hoyer
socialmedia@gwscsw.org

The Social Media Committee is excited to contribute to our community by helping people connect through social media. We continue 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 are in the process of planning our next workshop and welcome any ideas as well as help with the planning.

We will continue to post helpful technology hints on the listserv, as various topics become relevant. Email us at socialmedia@gwscsw.org if there is a topic you would like us to post about on the listserv. We are also available to field any personal questions you may have about your own social media pages and accounts. Thank you to our photographer, Leslie Kilpatrick, who throughout the spring has been taking pictures of Society events and gatherings.

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



To "Like" the GWSCSW Facebook Page

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

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Are You Listed On Our Therapist Finder?

Full members can log on, update their profiles on the PROFILE tab, then go to the THERAPIST FINDER tab to check “Show Profile on Therapist Finder Pages.”

Check out our website at
www.gwscsw.org

If you have moved or your phone number, log into your account at www.gwscsw.org to update your profile so your directory 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

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

ADVERTISEMENTS

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

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

Classified Ads: 75¢ per word Minimum price \$15 (20 words)	Display Ads: Full page 7 x 9½\$300 Quarter page 3¾ x 4½\$100 Eighth page 3¾ x 2¼\$ 50	Half page\$175 Horizontal: 7 wide x 4½ high Vertical: 3¾ wide x 9¼ high
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Size of display ads indicated above is width by height. These are the only sizes that will be accepted. Electronic submission (PDF) preferred.

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

OFFICE SPACE AVAILABLE

BETHESDA – office sublet, hourly or daily, Thursdays, Fridays and weekends. Beautiful chaise lounge, comfy swivel chairs, plenty natural light. Adjoining office (same suite) available on Mondays. Great location: East West Hwy, two short blocks from Bethesda Metro station; ample free on-site parking. Please email myrnafrank@verizon.net or call 301-706-5567

CHEVY CHASE – Beautiful suite in best upscale, medical building across from Saks, 12x14 approx. Cozy, without window, sound-proofed, Red Line, parking, kitchen, cleaning service. Monthly: \$625, each if shared. Lower rent for one. Prefer adult practitioner. Photos at judithasner.org. 301-654-3211.

DC – Part-time sublet, 5028 Wisconsin Avenue NW. Lovely tranquil small office, wall-to-wall window with unobstructed view of Friendship Heights neighborhood 2¼ blocks south of Friendship Metro, Jennifer Street exit. Parking behind office, daily and monthly rates. Optional client 2 hr. free parking on side streets. Available Monday until 5:00 and Friday, Tuesday, Wednesday, Thursday mornings, as well as Saturday and Sunday. Contact Joyce Forman, 202-744-8946.

DUPONT CIRCLE – Spacious, beautiful office with large windows in shared psychotherapy suite, available part-time by half and whole days. 1 block from Metro. Waiting room, kitchenette, private staff bathroom. Rent \$14/hr, \$50/half day, \$100/day, lowered as hours increase. Contact: Za McDonnell, 202-331-1999, za@zamcdonnell.com.

ELLCOTT CITY – Full time (unfurnished) and part time (attractively furnished) offices in established, multi-disciplinary health suite. Ample parking and handicapped access. Expansive, welcoming waiting rooms with pleasant music throughout. Private staff bathrooms, full size staff kitchen with refrigerator, microwave, dishwasher, Keurig coffees and teas. Staff workroom with mailboxes, photocopier, fax machine, secondary refrigerator and microwave. Wireless internet access available. Plenty of networking and cross-referral opportunities with colleagues who enjoy creating a relaxed and congenial professional atmosphere. Convenient to Routes 40, 29, 70 and 695. Contact Dr. Mike Boyle, 410-465-2500.

FAIRFAX – Attractive office with established psychotherapy practice in Fairfax (near GMU, Court Complex, Fairfax Library). Very pleasant group of licensed professionals/psychiatrist. Nice waiting area, bright kitchen, abundant parking, handicap accessible, fax, copier. Full and part time space available. Call 703-385-7575 x1 or email Roberta.logwood@gmail.com.

RESTON – Attractive, full time office available in a suite with an established psychotherapy practice; included are use of a joint waiting room, a copier, fax machine and a small kitchen. There is convenient parking. The offices are adjacent to the new Silver Line station and the Dulles Toll Road. Please email bmaniha@gmail.com or call Barbara Maniha 703-435-7051.

ROSSLYN – Shared (part-time) beautifully furnished offices available in therapy suite in renovated building in the heart of highly desirable Rosslyn at 1600 Wilson Blvd. Short walk to Metro. On-street parking. Handicapped accessible. Contact Marcie Solomon at 703-522-9053, marcie.solomon@gmail.com.

SILVER SPRING – Attractive office, all amenities, near Silver Spring Metro. 9x12. Affordable. Available Tuesdays, Fridays, Saturdays, Sundays. Call Jim at 301-575-4533.

TAKOMA PARK, MD – Part-time rental available in comfortably furnished, light-filled office in Old Town Takoma Park. Second-floor walk-up; shared waiting room. 3-block walk to Metro. Free parking available for therapist and clients. Call Don Zuckerman, 202-483-2660 x6.

WEST FALLS CHURCH – Inside the Beltway near public transportation. Handsome office to share with established LCSW in lovely corporate building: carpet, new paint, wait area, microwave, fridge, fax/Wi-Fi/phone. Landscaped open courtyard, sandwich shop, use of meeting room for group/teaching, plentiful parking. \$699. (703)772-6355.

SERVICES

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

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

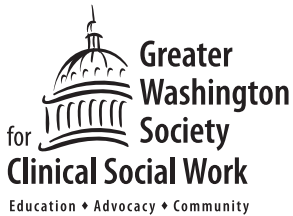
SPRINGBOARD DC, LLC – a new clinical supervision and consultation practice in downtown Washington, DC. Katie Blumenthal and Ellie Beck are licensed clinical social workers and experienced supervisors offering weekly supervision sessions for new social work (LGSW-level) and counseling professionals working towards obtaining their clinical license. Please contact springboardindc@gmail.com for more information.

COUPLES COUNSELING – Drawing on over thirty years of marital and family therapy practice, GWSCSW past-president Marcie Solomon is now offering two new models of intervention for couples. PREPARE/ENRICH is a comprehensive, highly-effective assessment tool for premarital and married couples, and DISCERNMENT COUNSELING is for mixed agenda couples considering divorce. Not marital therapy; not divorce therapy but a model for making a mutually well-informed, thoughtful decision. Marcie. Solomon@gmail.com, 703-522-9053. 1600 Wilson Blvd, Rosslyn.

EATING DISORDERS – Individual and Group Therapy offered. Bulimia, binge and compulsive eating. Approach multimodal: psycho-educational, interactive; CBT, DBT, Internal Family Systems principals. Thursday ongoing group w/ 2 openings. Time-limited group possible. See www.judithasner.org for contact information. Tel: 301-654-3211.

EVENTS

NOVEMBER 22, 2014 – *Bion's Discovery of Alpha Function: Thinking Under Fire on the Battlefield and in the Consulting Room.* Psychoanalytic Forum jointly sponsored by Baltimore Washington Center for Psychotherapy and Psychoanalysis, Washington Center for Psychoanalysis and Contemporary Freudian Society. Presenter: Lawrence Brown, MD 5:00–6:30 pm, at the Baltimore Washington Center for Psychotherapy and Psychoanalysis, ten minutes from the Capital Beltway at 14900 Sweitzer Lane, Suite 106 (note new suite number), Laurel, MD 20707. 1½ CEs. For more information visit www.bwanalysis.org or call 301-470-3635 or 410-792-8060.



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2015 Prepaid Legal Plan

The 2015 Prepaid Legal Plan will be serviced by the same attorneys as in the past. Members can subscribe at the same time they renew their GWSCSW membership.

The plan will be in effect from January 1 to December 31, 2015.

The opportunity to subscribe to the 2015 Prepaid Legal Plan ends December 31, 2014.

There are no mid-year subscriptions.

The cost to subscribe is \$125 which covers two hours of legal services.

Any additional consultation will be at the attorney's usual fee, and is negotiated between the subscriber and the attorney.

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