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A Primer on the GWSCSW Legislative Program

by Margot Aronson and Judy Gallant

First, please think of GWSCSW legislation and advocacy as a program, not a committee. In point of fact, our legislative program has three active committees: the Maryland Legislative Committee, the DC Legislative Committee, and the Virginia Legislative Committee. Each is responsive to issues in its particular jurisdiction; committee members learn about issues, meet with legislators, attend meetings and hearings, offer testimony, write letters, organize grassroots email campaigns, keep members informed with legislative alerts, and provide the Society with a voice in the decision-making process.

The legislative program has a director to coordinate and support the efforts of the three committees and to keep the GWSCSW officers informed. (This position is currently vacant though Margot continues to fill in where she can.)

The focus of the legislative program is deliberately narrow. We are not in competition with NASW, which has a broad political and social agenda. NASW has a political PAC; they endorse candidates; they take stands on issues like war, gun control, and so on. Members of GWSCSW may personally support those important positions, but our Society advocacy centers on issues of importance to clinical social workers as professionals: mental health issues and clinical social work licensing/practice issues.

Mental Health Issues. We have long been active in health care reform; guaranteeing access to quality mental health treatment and services to all is a core value. We actively participated in the planning for the DC and Maryland Health Benefits Exchanges, and are credited for our insistence that “network adequacy” be a requirement for participating insurers. We have corresponded with the Secretary of Maryland DHHS in support of parity, submitted testimony in opposition to legislation criminalizing failure to report child abuse, participated actively on legislative work groups on cultural competency, end-of-life treatment issues, assisted outpatient treatment and standards for involuntary hospitalization, and developed collaborative relationships with legislators in all three jurisdictions. During legislative sessions,

continued on page 15



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President's Message

Nancy Harrington



As our multigenerational membership comes together to form a strong coalition of clinical social workers, we are fortunate to have the largest numbers of growing memberships around. We were 900 strong last spring, and represented one of the largest clinical societies in the United States. Our 40 years as a Society are best seen through this lens, and highlight our biggest strength—connections with new members, longer termed members, and members who are retirees. I am constantly amazed at the level of talent in this organization and am proud to be a part of it.

This new Board had its first meeting in September, generously hosted by Ingleside at Rock Creek in Chevy Chase, DC. It was a wonderfully inspiring retreat lead by facilitator, Justin Pollock, of Orgforward who helped us with suggestions and processes designed to align us with our mission. We are in the process of recreating a new manual, which will streamline our roles/positions, and put into place protocols for making easier operations of committees, directorships, executive committee and the presidency. This way we can all be on the same page, heading the same direction, illustrated metaphorically with *The Big Arrow*. We have had an ad hoc group working diligently on this project during the past quarter, and we all are excited about the outcome and the ease with which our Society's functioning and communication will be improved. All of this towards the ultimate goal of enhancing, improving and encouraging current and future volunteer activity!

CSWA Summit

The Clinical Social Work Association had its fourth annual Summit in DC, where presidents of our sister societies within the CSWA, our national Society, came together on October 10 and 11 to meet and exchange ideas about how to advance the field and position of clinical social workers. Our Society, with the help of Steve Szopa, Margot Aronson, and Joel Kanter, hosted a Wine and Cheese Mixer on the eve of the Summit to meet and greet other Summit participants. There were several topics of discussion of relevance to all of the 16 societies present. Currently, four other societies are still outstanding, and not yet part of the Association. Recruitment efforts are underway towards a goal of 100% participation, as there are only 20 state societies/entities within the United States.

The Summit was a forum for each society to come together to contribute and help each other offer the best there is to offer to their respective memberships. It was a wonderful opportunity to meet with other presidents, the board members of CSWA, and to learn more of what Laura Groshong is doing, and to see firsthand the hard work this group and she are doing on behalf of clinical social workers. A major thrust of the summit was a discussion about social work education, (see page 6), and the accompanying challenges the *Excellence* inherent, in our new millennial. Another

topic was the CSWA Position Paper on Medicare and Licensed Clinical Social Workers. CSWA is working on a multilevel initiative to address both the Medicare pay inequity (social workers are paid only 75% of what psychologists are paid for the same codes) and the restriction on Medicare Part A billing for independent social workers. Watch for more information on the GWSCSW list-serv, in our next newsletter, and on the CSWA website. You can find the CSWA position paper at <http://www.clinicalsocialworkassociation.org/legislation-and-advocacy/position-paper-medicare-changes-2014>.

40th Anniversary Celebrations

When this newsletter arrives, it will be December, and the New Year will be just around the corner, marking our Society's 40th Anniversary Year. Our wonderful 40th Anniversary Committee, Gloria Mog, Marie Choppin, Julie Lopez, Sara Feldman, and Rhonda Lieberman-Lapan has been working diligently to make sure the festivities are enjoyable and memorable.

We have had the very good fortune of being sponsored by four very generous organizations: the American Addiction Centers, Dominion Hospital, the Caron Foundation and the Psychiatric Institute of Washington. These sponsorships speak to our welcomed presence in the community at large and provide us with very tangible votes of confidence. We truly appreciate it on many levels.

Their donations also mean that we can give back to you, the members, and celebrate you on this, our 40th Anniversary year, with a huge Thank You! You won't want to miss any of the yearlong celebrations!

This marks the second of eight messages that will be coming from me to you, over the next two years. I want to be connected, stay connected, and encourage and bridge more connections with and between you. Any and all feedback is most welcome. This is your Society. And again, I'm so proud to be part of it.

Have a peaceful and safe holiday season and all the best in 2015. ❖



Board members listen as facilitator Justin Pollock of Orgforward presents.

GWSCSW 2014 Fall Board Retreat

by Adele Natter

On September 14, 2014, the GWSCSW Board participated in a retreat devoted to how to best focus the work, structure and vision of our organization. Justin Pollock of Orgforward facilitated the meeting, hosted by Ingleside at Rock Creek.

Members began the work of the day by exploring the role and purpose of our Society. Some of the ideas put forth included clarifying our mission, raising our visibility as an organization and as clinical social workers, and our interest and involvement in the community. There was a sense that we want more connection and engagement with members, including students and retirees, and we want to ensure that people feel they belong.

We then spent time focusing on our decision-making process and how to improve and streamline it throughout the organization. Conversation focused on where (at what level of committee structure) to go for what decisions, as well as on coordination, consistency, autonomy and accountability.

One of the key outcomes from the retreat was the creation of a vision statement which reads:

"GWSCSW envisions healthier communities where the role of clinical social work advances everyone's freedom and ability to reach their highest potential throughout life."

Society President Nancy Harrington appointed a task force to recommend next steps to be taken to implement the directions that came out of the Board retreat.

Stay tuned for more information to come as the group makes their recommendations. ❖

How Society Leadership Helps You and Us Connect and Grow

by Susan Post



Working in tandem with our Board, Sydney Frymire and I are two past GWSCSW presidents who focus on promoting volunteerism and leadership within our Society. Our committee is a mere two years old. We created it because, historically,

we always had to scramble come nomination time to find members willing to take on the roles of officers. This difficulty is common to many nonprofits, especially professional, all-volunteer organizations, and is at the root of why the Maryland Society eventually collapsed as an independent group and blended into ours. The Maryland Society was much smaller; ours is now close to 900 strong, yet we still sometimes struggle to find volunteers.

We felt there must be a better way of recruiting and involving members in our leadership, whether as officers or as committee members or one-time volunteers. The Wine & Cheese networking events were created as an informal way for members to get to know each other and at the same time demystify the workings of the organization. We also solicited feedback from members about what stood in the way of their participating more actively. And with change, we have made enormous progress: our Board of Directors, responsible for governance of the Society, is now 30 strong. With a broader leadership base, we are each able to keep our individual loads more manageable and, of course, to enjoy the companionship of many more terrific volunteers. Most of all, we are able to provide more services for our members, who deserve the very best.

NCSSS Professional Education and Training Program

The National Catholic School of Social Service (NCSSS), offers a full list of Professional Development Courses.

For information about courses to meet Ethics and HIV requirements for license renewal, go to <http://ncsss.cua.edu/ce/default.cfm>

For more information, contact
Ellen Thursby | thursby@cua.edu
Allyson Shaffer | 202-319-4388 | shaffera@cua.edu

At the same time we started working hard to create a steady pipeline of volunteers, we began a campaign to strengthen our programs for early career social workers. The reasons were two: 1) we realized that of all the professional organizations in our geographical area focused on psychotherapy, ours is the only one that could truly meet the particular range of needs of newer social workers; and 2) our members, and especially our leadership, were aging, and we needed younger folks to revitalize our programs.

Currently we have 68 student members and 101 graduate members. These mostly younger members have totally reenergized us. They created two new, highly active committees (Early Career and Social Media) and have been instrumental in efforts to bring all our communications modalities into the twenty-first century. They keep us current with what is going on in social work outside the narrow world of private practice. Several of them serve on the Board and bring invaluable perspectives and imaginative ideas without which we would be much poorer as a society.

Many of us—those who have taken on some kind of leadership role in the past and present—have done so as what we commonly term “reluctant leaders.” That is, not unwilling to help out, but less than confident about taking on a position of some authority. We don’t trust that we have enough experience, or that we won’t make blunders, or that we have the time for more responsibility. We fear we’ll get in over our heads. We have kids and ill parents and jobs and other volunteer activities.

Yet each of us has found that we gain more than we give, and that the benefits have enriched other parts of our lives. When I was asked about a decade ago to be a vice president, I reluctantly agreed, but only with the disclaimer that I would *never* step into the presidency. Then I became president, and my nightmare of “making mistakes” became a reality. But I discovered that mistakes typically are not fatal—we just have to overcome our fear of them. It’s in the nature of trying new ways of functioning and meeting challenges to learn by trial and error. Somehow mistakes lead to greater understanding and eventually to more positive results. Personally, I learned to be thoughtful without being overly cautious, and to think in new, organizationally oriented ways. This new knowledge has positively altered my approach to many other areas of my life.

My co-chair, Sydney Frymire, has become increasingly interested in legislative and advocacy issues and has begun to engage in county and state political activities that satisfy the social activist in her. And, as many of you know, she leads voluntourism trips to Nepal, a complex undertaking that has been enhanced by skills she honed in her clinical society roles. We both had so much fun and made such good friends that we became reluctant not to lead but to leave!

As we move into our 40th anniversary year, we have two more “new” committees. One is the Anniversary Planning Committee tasked with organizing our three celebratory events. The other, initiated by our current and immediate past presidents Nancy Harrington and Kate Rossier, is a Presidents Advisory Committee. It brings together all the living past presidents of GWSCSW. This group has had several informal gatherings, and the combined knowledge that has come out of sharing our 40-year history has been astounding. Learning about the challenges faced and accomplishments achieved in earlier decades has provided a more informed sense of who we are and where we need to go. Hearing the tales of previous leaders, many of whom were presidents when they still had children at home, has been awe-inspiring. It makes so much sense, as we continue to search for our next generation of leaders, to mine the wealth of experience of our prior generations.

So come to a Wine & Cheese or a Coffee & Bagel gathering and get to know your fellow members and let us get to know you! ❖

Susan Post is Co-chair of the Leadership/Nominating Committee, Advisor to the GWSCSW President, former Vice President and President of the Society. She is in private practice in Chevy Chase, MD and Friendship Heights, DC.

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Update: Promoting Excellence in Social Work Education (ESWE)

by Joel Kanter, ESWE Coalition & Carolyn Gruber, GWSCSW Liaison to ESWE

Begun in April 2014, ESWE is comprised of social work organizations committed to promoting excellence in social work education; these include the New York, New Jersey, Illinois and Greater Washington Clinical Societies, and the American Association for Psychoanalysis in Clinical Social Work (AAPCSW).

The core principles involved in social work include the social work relationship and “person-in-environment”; facilitating the learning of professional social work on these core principles requires in-person, face-to-face interaction with faculty, internship supervisors, fellow students and clients in campus and agency settings. ESWE believes that such learning processes are grossly impaired in an online learning environment with haphazardly developed field internships. Without such formative, in-person and relationally-based learning experiences, MSW students are less prepared for professional practice and can endanger the clients they serve.

Also, as our colleagues in psychiatry and clinical psychology are required to have the large majority of their learning experiences in-person, lower educational standards in social work will diminish the professional and public stature that social work has achieved over the past fifty years. Finally, as many of the online programs have corporate partners that employ aggressive marketing practices that have received scrutiny from the U.S. Department of Education, ESWE believes many students in these programs are being financially exploited and are assuming large loans that they are unable to repay.

ESWE Objectives

- Advocating for Council on Social Work Education (CSWE) accreditation standards that require in-person academic coursework and in-person communications between the MSW programs and field internships.
- Advocating that state licensing boards tighten licensure criteria to require that MSW education be conducted substantially in-person.
- Informing the social work community about the practices of online programs so agencies and institutions can make informed decisions in hiring graduates

- Discouraging social work schools and departments from creating or expanding online offerings.
- Informing potential MSW students about the importance of in-person, face-to-face learning experiences.

ESWE Activities

- In May 2014, the presidents of the participating organizations submitted a letter and recommendations to the CSWE Accreditation Committee which is in the process of revising accreditation standards.
- In September 2014, ESWE and a representative of the GWSCSW testified on these issues at the monthly meeting of the Maryland Board of Social Work. The presentation was received well and the issue is now on the Board’s agenda. We plan to follow this up with presentations at the DC and Virginia Boards.
- Recently, GWSCSW was contacted by MSWGuide.org, an informational website that offers potential MSW students information on MSW education. They wanted GWSCSW to link with this website, but when GWS reviewed the site it was apparent that the presentation of online programs had no critical components. ESWE communicated with MSW Guide and shared the CSWA Distance Learning Report and MSW Guide revised their materials with information about this controversy and links to CSWA and its report.

Going Forward

ESWE plans to continue to respond to the CSWE accreditation revision process. The most recent draft of these revisions unfortunately does not include wording that will change the current practices of online programs, including academic programs where students never see or hear faculty or other students, video clinical supervision with supervisors who live far from the agency, a “virtual field placement” where students only role play with actors and other students, and an “agency” where students never leave their home and only interview clients via video conferencing.

Besides providing formal input into the CSWE revision process, ESWE intends to continue to update the social work community of these problematic initiatives in social work education. In doing so, ESWE will use social media, petitions, presentations to state social work boards, and private meetings with leaders in the social work profession.

While it may be too late to impact the 2015 CSWE accreditation standards, this process provides an opportunity to raise awareness in the social work community about the inadequacies of CSWE in protecting the public and establishing standards for licensing.

Furthermore, these efforts will raise awareness of the controversy in the field around online MSW education and may encourage potential social workers to enroll in campus-based MSW programs. ❖

Carolyn Gruber is currently retired from private practice. She is on the adjunct faculty at Smith College School for Social Work. She was president and Dean of the Clinical Social Work Institute. She was also on the faculty of VCU School of Social Work. She has published in clinical social work journals. She is a past president of GWSCSW.

Joel Kanter maintains a private practice in Silver Spring, where he works with children, teens and adults. He is also moderator of the GWSCSW listserv and former GWSCSW Vice-president, Advisor and VP of Education.

Thinking Retirement? Consider a Society Senior Seminar

by Grace Lebow


It took me at least five years to begin planning for retirement. I lowered my caseload, shortened my workweek, and began taking drawing and painting classes. Eleven years later I am now a professional artist. I thought that I was retiring; instead I retired from active practice and am now rolling along in a whole new phase of life.

But along with my art, it has been very satisfying to maintain involvement as a social worker and to keep up with my clinical interests. In 2006, I formed a study group (now called the Clinical Society Senior Seminar (CSSS) with other retired and semi-retired social workers. The Seminar offers continuing education credits, an outlet for clinical interests and experience, a place to share and keep updated about social work issues, peer support and guidance for those in process of retiring and for those developing new directions.

Our group seminar (formerly known as The Grownups) has been meeting monthly since 2006 in the leader's home, which is convenient to everyone. Estelle Berley, LICSW is now the group leader, coordinator and facilitator. Subject matter often focuses on readings about retirement and aging, but can vary according to the interests and concerns of each member. An example of a discussion coming up is based on "Love Is Strange," a movie about the strains in family relationships when an aging parent needs care. In this family the caregiving is for a gay dad and his partner. At another meeting we discussed the book, "Blessings" by Anna Quindlan, a novel that portrays a woman who late in life overcomes certain severe character limitations.


Our group of ten members has been meeting since 2006. Over the years we have had inquiries from others interested in joining, but as the maximum number is ten regretfully have had to turn them away. For this reason and because of our enthusiasm I am offering assistance to any GWSCSW members, retired or considering retirement, who wish to organize a second such group.

Please contact me at GraceLebow@comcast.net or 301-652-4026 with your interest. ❖



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Birth Trauma and Postpartum PTSD: A Primer

by Sheryl Aaron



Ellen¹, a mom of three children, called to say that as her oldest son's birthday approached, her body was telling her something. She was on edge all the time, irritable, having panic attacks, and experiencing intrusive images of the emergency C-section she'd had nine years prior.

Anna, a new mom, showed up in my office crying. She reported being in a constant state of worry about her premature daughter, who was by then 6 months old and quite healthy. Her baby had spent two weeks in the NICU after she was born, where Anna was not allowed to breastfeed or even hold her at first. Anna could not get the sounds and smells of the operating room out of her system. And she just couldn't shake the feeling that if she'd done something differently—eaten better, exercised more, worked less during pregnancy—her daughter wouldn't have had such a rough start.

Neither mom fit the criteria for postpartum depression. Ellen and Anna were sad and self-critical, mostly because they felt the unexpected turns their birth experiences took were somehow their fault. But their symptoms were far more consistent with Posttraumatic Stress Disorder.

Postpartum PTSD is estimated to affect up to 6 percent of mothers. Many more women experience traumatic stress responses after childbirth and don't fit all the criteria for PTSD as defined by the DSM. As more babies are born prematurely and the rate of emergency C-sections continues to rise, it's no surprise that "birth trauma," a term coined by University of Connecticut Professor Cheryl Beck² is becoming a more common experience.

So what is birth trauma and how does it turn into postpartum PTSD? Beck defines birth trauma as, "an event occurring during the labor and delivery process that involves actual or threatened serious injury or death to the mother or her infant. The birthing woman experiences intense fear, helplessness, loss of control and horror." Not all women go on to develop PTSD secondary to childbirth, but those who do report detachment from and even avoidance of time with their children, flashbacks of the experience, irritability

and anger, hypervigilance about their babies' health and wellbeing, intrusive images of the birth experience, and avoidance of birthdays (which trigger anniversary reactions), the hospital and doctor's offices. Many of these women also experience co-occurring depression and panic disorders.

Why do some mothers develop postpartum PTSD while others seem to be unscathed? Research shows risk factors include prenatal anxiety and depression, a past history of trauma (particularly sexual abuse and reproductive trauma), preterm birth and subsequent NICU stays, unsupportive providers and partners, unplanned C-sections, and severe unmedicated labor pains.

Postpartum PTSD is devastating for new moms. It diminishes their already limited sleep; fills their waking hours with anxiety, anger and sadness; and increases their sense of isolation. They also can have difficulty connecting with their partners and often find their sexual relationships complicated by physical triggers of the trauma they experienced.

One of the most damaging effects of postpartum PTSD is its impact on attachment, setting both mother and child on a course that can affect their mental health for years to come.

What can clinicians do to help women who've experienced traumatic births?

Assess for previous trauma. Anticipate and plan for a possible traumatic stress response if your client is pregnant and has a history of trauma.

Manage expectations. Work with pregnant clients to develop a birth plan and participate in childbirth preparation classes that are in line with their values. But also encourage clients to be flexible with their expectations of how childbirth will proceed. The current emphasis on natural childbirth and pressure to "stay strong" in order to avoid medical interventions at all costs puts considerable and unnecessary pressure on women. This pressure leaves women who get a C-section or have other unexpected interventions with considerable shame and a sense that they've somehow failed—a narrative that can contribute to PTSD symptoms later on.

Screen using a trauma lens. Screen clients who are new moms for postpartum traumatic stress symptoms. Some OBGYNs and pediatricians routinely screen for postpartum depression but not for postpartum PTSD. A misdiagnosis or lack of understanding of the distinc-

1 Clients' stories were shared with permission, but names and details have been changed to protect their privacy.

2 <http://nursing.uconn.edu/about/faculty-staff/beck>

tion between a mood and anxiety disorder can make it difficult for women to feel understood and get the proper treatment.

Stabilize and expand the circle of care. As with all trauma treatment, the first step in helping women with postpartum PTSD is stabilization. This includes developing a network of support for the client and her baby. This network can include family, friends, doctors, psychiatrists, postpartum doulas, lactation consultants, and providers who specialize in postpartum bodywork like massage and acupuncture.

Reduce somatic symptoms. Use mind-body approaches to help your client's body begin to understand the trauma is over. While the research is limited on specific approaches for treating postpartum PTSD, two studies³ show evidence that Eye Movement Desensitization and Reprocessing (EMDR) therapy has effectively reduced both the physical and emotional distress associated with traumatic childbirth. In my own practice, I find EMDR therapy to be the most effective—and efficient—way to help women process the considerable somatic elements of birth trauma and find real physical relief from their hypervigilance, panic, irritability, sleeplessness, and the associated flashbacks that trigger these responses.

Create a new narrative. Help your client create a new story about her birth experience so she can make peace with what happened, eliminate negative self-talk about what transpired, and connect with her baby. Approaches drawn from grief work, cognitive-behavioral therapy, mindfulness, and again, mind-body approaches like EMDR, somatic experiencing and sensorimotor psychotherapy, can all be very healing.

While childbirth can be traumatic, it doesn't have to forever define a mother's relationship with her child. With the right therapeutic interventions, clients can heal from and move beyond these experiences. Ellen and Anna are now free of the debilitating symptoms that once plagued them. What both will tell you is that they came into therapy hoping to get rid of something bad—intrusive images, negative thoughts, physical discomfort—and they left with something unex-

pected: the ability to experience great joy in recalling the arrival of their children. ❖

Sheryl Aaron, LICSW, is a trauma specialist with a private practice in Northwest Washington, DC.

Reamer on Ethics



Frederic Reamer, our social work profession's unofficial "ethics guru," will be presenting a 6-hour ethics workshop for GWSCSW on Sunday, March 8, 2015. Dr. Reamer has returned to us a number of times, always drawing an enthusiastic audience and earning glowing feedback on the conference

evaluations. Engaging the audience in thought-provoking discussions based on his own extensive experience and on situations provided by participants, he makes what could be a dry subject interesting and lively.

Dr. Reamer, a professor at the Rhode Island College School of Social Work since the 1980s, has authored a number of books and articles on social work malpractice and liability, boundary issues and dual relationships, teens in crisis, criminal justice issues, and more. He chaired the working group that wrote the NASW Code of Ethics and currently he is series editor on the Columbia University Press Social Work Knowledge Series and serves on the Rhode Island Parole Board.

He recently participated on the Clinical Social Work Association's Distance Learning Committee in their study of online social work education. (*For more on this issue, see article page 6.*)

The March 8 workshop will meet ethics requirements for license renewal in all three jurisdictions: Virginia renewal will be June 30, 2015, renewal in the District is July 30, 2015, and in Maryland, renewal will be October 30, 2015 and October 30, 2016. ❖

3 Sandstrom, M., Wiberg, B., Wikman, M., Willman, A. K., & Hogberg, U. (2008, March). A pilot study of eye movement desensitization and reprocessing treatment (EMDR) for post-traumatic stress after childbirth. *Midwifery*, 24(1), 62-73.

Stramrood, C. A., van der Velde, J., Doornbos, B., Marieke Paarlberg, K., Weijmar Schultz, W. C., & van Pampus, M. G. (2012, March). The patient observer: Eye-movement desensitization and reprocessing for the treatment of posttraumatic stress following childbirth. *Birth*, 39(1), 70-76.

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Play: An Essential Part of Self-Care

by Sheri Mitschelen



What single activity relieves stress, improves brain function, stimulates the brain, boosts creativity, improves relationships and keeps you feeling young and energetic? Play!

As a clinical social worker and a registered play therapist, I believe that play is an important part of life and self-care. “You can discover more about a person in an hour of play than in a year of conversation.” – Plato (Greek philosopher, 427–347 BC)

Play is ordinarily thought of as something a child does, not something one does as an adult. Play is like oxygen, says psychiatrist, play researcher and author Stuart Brown, MD. “It’s all around us, yet goes mostly unnoticed or unappreciated until it is missing.” Dr Bruce Perry states that, “Play takes many forms but the heart of all play is pleasure. If it isn’t fun, it isn’t play. While the exact nature of play evolves, becoming more complex as we grow, play at all ages brings pleasure.”

As social workers, we are experienced at taking care of our clients and even helping them to take care of themselves, but sometimes have a hard time engaging in our own self-care. Play is an essential part of self-care. The book, *Self-Care in Social Work: A Guide for Practitioners, Supervisors, and Administrators* and the accompanying website (www.selfcareinsocialwork.com) provides a variety of assessment tools and resources for promoting self-care.

Two social work professors from the School of Social Work at California State University, Chico, noticed a lack of understanding about self-care among their students, which launched them on their own research path. The students “were unclear what was meant by the term ‘self-care’ and many felt frustrated when encouraged to practice it, saying ‘We have so much work and responsibility, we don’t have time for self-care,’ Dr. Cox explains, in her book, “Self-care comes in many different forms. Sometimes we are doing it and do not even know we are doing it. There is meditation, spending time with family and loved ones, hobbies (crafts, gardening, video games, music, etc.)...” In other words, adult forms of play.

Dr. Stuart Brown studied adults and their play personalities and came up with eight categories.

The Joker. A joker’s play revolves around some kind of nonsense. They love to tell jokes or play innocent pranks on others.

The Kinesthete. These are people who like to move. This category includes athletes who like to run, do yoga, dance, and play tennis. Competition may be involved, but it is not the main focus.

The Explorer. Exploration becomes their preferred avenue into the alternate universe of play. Exploring can be physical—going to new places or emotional or mental discovering new experiences while remaining in a comfy chair.

The Competitor. This person enjoys a competitive game with specific rules, and enjoys playing to win. The games can be solitary or social.

The Director. They enjoy planning and executing scenes and events. They are born organizers. They are the party givers and the instigators of excursions to the beach.

The Collector. The thrill of play is finding the most interesting collection of objects or experiences.

The Artist/Creator. Joy is found in making things. Painting, scrapbooking, knitting, and gardening. They may sell their items or never reveal them to the world.

The Storyteller. Imagination is the key to the kingdom of play. This includes novelists, cartoonists but also those whose greatest joy is reading novels, watching movies and performing through dance, acting and magic tricks.

Finding the time to play is critical to our personal growth, and our growth as a profession. Plus, it makes life more fun!

In an article she wrote for *Oprah* magazine entitled, “Why Goofing Off Is Really Good For You,” Brene Brown suggests writing down three activities you could do for hours on end. The three things on my play list are reading a good book, playing with my dog, and doing jigsaw puzzles. I’d love to hear from you about three things that are on your play list. Let me know at shmitsch@verizon.net. ❖

Sheri Mitschelen, LCSW, RPT/S is owner, director of Crossroads Family Counseling Center, and co-owner and executive director of Family and Play Institute of VA, LLC. She is also an adjunct professor at Catholic University of America and George Mason University and provides supervision towards licensure and the Registered Play Therapy credential.

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Do You Have an Internet Presence?

by Jen Kogan

A while back I wrote a story for *News & Views* called, 'Growing Your Practice in 2010: Is the Internet the Answer?' (www.gwscsw.org/PDFs/2010_03NV). As we approach the new year, I decided to check in with Society member and private practice business coach Lynn Grodzki about the current state of online private practice building. Grodzki's book, *Building Your Ideal Private Practice*, 2nd Edition will be published in March 2015.

Here are some key factors Grodzki suggests clinicians consider:

1. This year alone, 100 million adults will use the Internet to find health-related information, and mental health sites are among the five most popular visited. If you don't have at least a website or a directory listing and are not part of this give-and-take about mental health, you are missing out on an easy and natural way to reach people who actively seek your services.
2. Therapists report that, on average, half of all new clients find them directly without referral, online, via

their website or Google adwords, or directory listings. For younger clients, Generation X and Y, a lack of online presence signals a loss of trust; if you can't be found online, you lack credibility.

3. Even if you don't need to use the Internet to generate referrals, you may still need online visibility; clients of all types regularly search for a professional's bio and credentials as part of the process of due diligence prior to hiring someone.

Many resources are available to learn more about how to get your message across online. Below is list to start exploring, beginning with our own Therapist Finder (which is a free benefit of full membership in GWSCSW):

www.gwscsw.org/rpgeneral.php

www.privatepracticesuccess.com

www.juliehanks.com/category/practice-toolbox

www.beawealthytherapist.net

uncommonpractices.com/index.html

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LEGISLATION & ADVOCACY

■ FEDERAL

Laura Groshong

In Medicare Limbo? How to Opt In or Opt Out

For the past five years, the Clinical Social Work Association (CSWA) has been providing CSWA members and Affiliated Societies such as GWSCSW with information on how to opt-in or opt-out of Medicare.

Since 1975, Licensed Clinical Social Workers - unlike many of our colleagues (eg, Licensed Professional Counselors, Marriage and Family Counselors)—have been eligible to be providers of Medicare. However, as counterintuitive as it sounds, just being an LICSW is not enough to make a licensed clinical social worker reimbursable as a Medicare provider. Indeed—and this also surprising—it is *required by Federal law* for LICSWs to make a choice about whether to become a Medicare provider (to “opt in” by filling out a lengthy form) or to “opt-out” by sending a letter to your regional Medicare administrator, along with a copy of the private contract you intend to use with any Medicare covered beneficiary.

This article is a quick summary of where to find information on the CSWA website to 1) help you decide whether to opt-in or opt-out, 2) a link to the PECOS site to opt-in as a Medicare provider; or 3) the templates for the documents needed to opt-out.

Avoiding Medicare Limbo

In spite of the efforts of the Centers for Medicare and Medicaid Services (CMS)—and our own CSWA efforts!—it is not widely known that all eligible Medicare providers, including LICSWs, need to either opt-in or opt-out of Medicare. The various pros and cons for LICSWs are spelled out in an article available to all at the CSWA website, <http://www.clinicalsocialworkassociation.org/clinical-practice/medicare-opting-or-out>. Note that opting out is not the same as being an out-of-network provider. Neither you nor your client can bill Medicare for your services; your client will be private pay or use a private health insurance plan.

If you decide to opt in, you simply go to the electronic enrollment site called the Medicare Provider Enrollment, Chain, and Ownership System (PECOS) which can be reached through http://www.cms.hhs.gov/MedicareProviderSupEnroll/04_InternetbasedPECOS.asp. It takes a significant amount of time to complete the application (average of two-three hours) and get your transcript sent. You will need to “re-certify” every two years and will be notified to do so by CMS.

Templates for Opting Out

If you decide to opt-out of Medicare, there is information on line, or you can use the forms that CSWA has developed for this purpose in the CSWA website Members Only section. Here is another issue of which many GWSCSW members are unaware: although CSWA provides Affiliate Society members with a wealth of information on clinical practice and legislation/advocacy issues, you must join CSWA *separately* from your GWSCSW membership to take advantage of the CSWA webinars, the CSWA helpline, and the templates prepared by CSWA for use by direct members. There is a link on the CSWA website for anyone who wishes to join.

The templates for the Opt-Out Letter and the Contract that you will need to have any private Medicare patient sign to assure that no claims are sent to CMS for treatment that you provide are found on the CSWA website at www.clinicalsocialworkassociation.org. Once you log on as a member, you can access the templates in the Members Only section under “Templates”. (This site also contains templates for the HIPAA Notice of Privacy Practices (NPP) and the Business Associate Agreement (BAA).

Make your decision today and opt-in or opt-out of Medicare! It is the responsible and legal way to approach this issue. ❖

Laura Groshong, LICSW, is Director of Practice and Policy for the Clinical Social Work Association, the national organization with which our Greater Washington Society is affiliated.

■ VIRGINIA

Judy Ratliff

This October, the Fairfax Board of Education voted to change the school bell schedule. Starting with the 2015 school year, high school students will start their school day at 8:00 AM rather than 7:20 AM, and middle school students will start at 7:30 AM. Current bell schedules for the elementary schools (8:00 AM to 9:20 AM) will remain the same, and the new schedule will continue dismissing older siblings in time to provide after-school care for younger siblings, as is now the case.

Most actions of our GWSCSW Legislative Committee for Virginia are responses to bills initiated in Richmond, regulations proposed to or by the Virginia Board of Social Work, or statewide concerns about mental health issues. In this case, we endorsed a proposal for change at the county level—a very worthy cause, relevant to our work with troubled teens, and an excellent opportunity for visibility for our profession and our Society.

Adolescents, Sleep and Mental Health

There is considerable research demonstrating that adequate sleep improves teen learning, memory, mood, and performance in school, athletics and other extracurricular activities. In fact, economists at the Brookings Institution report that improved performance is equivalent to two extra months in school and that lifetime earnings increase for students with later start times.

Students are less likely to fall asleep in class or while doing homework when the school day better coincides with a time of day when they are awake and alert and prepared to learn. Later high school start times are associated with fewer behavior problems and disciplinary referrals interrupting instruction, as well as decreased drop-out rates and improved attendance. Teens in districts with later high school start times have fewer teen car crashes (“driving drowsy” is like driving drunk), and districts with later high school start times report less depression and a decreased need for medications to treat depression.

The Fairfax decision brings the Virginia total to 73 of the 95 counties with start times after 8:00 AM for adolescents.

Study of Mental Health Services in the Commonwealth

A General Assembly Joint Subcommittee has been created, in response to 2014 legislation, to review the laws governing the provision of mental health services and the system of emergency, short-term, forensic, and long-term mental health services. Workgroups have been established for three areas of concern: continuum of care, crisis intervention, and special populations.

We urge Virginia members to get involved with and/or send comments to the Workgroups as they develop their agendas. For more information, go to <http://studies.viriniageneralassembly.gov/studies/341>.

An interim report is due to the Governor and the General Assembly by December 1, 2015, and a final report by December 1, 2017.

Guidance Document for Registering Supervision

The Virginia Society for Clinical Social Work (VSCSW) has prepared a helpful Guidance Document for registering supervision as required by the Virginia Board of Social Work. You will find it on the VSCSW website at <http://www.vscsw.org/faq/>.

Welcome and Thanks

Finally, a huge thank you to Sheri Mitschelen, who provided the impetus and the research for our endorsement of the Fairfax school bell change, and who has now joined the Committee. Welcome, Sheri! And thanks as well to Theresa Beeton for her very helpful contributions to the committee this fall. Theresa will be moving to a new role as chair of the GWSCSW Volunteer Committee. Congratulations, Theresa! ❖

Judy Ratliff is chair of the Society's Legislative Committee for Virginia. In addition to her years of 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.

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■ DISTRICT OF COLUMBIA

Margot Aronson

In response to the Affordable Care Act, the District of Columbia Health Benefits Exchange (HBX) Authority created DC Health Link, the “health insurance marketplace” for finding, comparing, and selecting the insurance policy that meets one’s needs and budget. As of October 2014, more than 60,000 people had enrolled in health coverage through DC Health Link. Open enrollment for 2015 coverage begins on November 15.

One of the hallmarks of the District’s health care reform has been transparency and concern for stakeholder input. This fall DC Health Link began what will be a series of meetings to discuss the future of the Qualified Health Plan (QHP) plan certification process. (Plans have to meet certain regulatory standards before being qualified to be sold on the marketplace.) DC Health Link is asking for input in deciding what consumer-friendly certification standards to prioritize for the 2016 plan year.

Also this fall, the District Department of Health Care Finance (DHCF) held a Stakeholder Summit to discuss DC’s efforts with health information and data sharing, Health Information Exchange (HIE) governance and best practices, and to begin the development of a 3–5 year roadmap for HIE in the District.

Our GWSCSW legislative committee for DC participates actively with a coalition of health and mental health advocacy organizations at these and other meetings, to ensure that clinical social workers have a voice in the setting of procedures and standards. We also try to keep you informed about what’s relevant to mental health treatment and/or our profession at the DC Board of Social Work and the DC Council. If you have concerns, or ideas to share—or better still, are interested in joining our committee, please contact me at malevin@erols.com or (202) 966-7749.

Margot Aronson, LICSW, has served as GWSCSW president, vice president for legislation and advocacy, and newsletter editor; at present, she and Mary Lee Stein co-chair the Legislative Committee for DC. Margot is also active with the Clinical Social Work Association, and maintains a small private practice in the District.



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

GWSCSW Legislative Program, from page 1

hundreds of bills are presented and we do our best to keep up with those within our purview: telemedicine, autism treatment, gun controls where proposed legislation intersects with mental health diagnoses, and much, much more.

Licensing/Practice Issues. Licensing, of course, is the issue around which our organization formed. At one time, social workers were not licensed in any of our jurisdictions. We were successful in our lobbying campaigns to have each of the legislatures create licensing boards for clinical social workers, which subsequently allowed us to diagnose and treat mental illness, no longer needing to be under the supervision of psychiatrists.

There continue to be challenges to our practice and to the social work licensing laws—one state board tightens regulations on supervision, another makes clarifications with regard to case management, a third establishes clinical education coursework needed before clinical licensure. Our committees try to make sure members have a heads-up on potential changes and challenges, and by being active we have given our Society a voice in the decision-making process.

Are we effective? We prevented lowering of District social work licensure standards that would have allowed non-clinicians the privilege of diagnosis and psychotherapy. We helped block creation of a vague new license category called “Professional Social Worker” in Virginia. We spearheaded the overturn of an anomaly in Maryland law that prohibited social workers from diagnosing or treating persons with mental retardation. Our grassroots campaign stopped the Maryland Board of Social Work Examiners from dangerously lowering standards for CEUs. Our pressure on the DC Council and Mayor resulted in the filling of long-vacant DC Board of Social Work positions.

Our three legislative committees are always looking for new members—we welcome interest and participation. Each committee is different, based on who is active, what kinds of coalitions are available in the jurisdiction, and how accessible the legislators are. Check out the legislation updates on these pages.

The bottom line is that the more legislators see that clinical social workers care about and are knowledgeable about policies affecting the mental health arena, the more they include our viewpoint as they make decisions that affect our profession, our practices and the lives of our clients. ❖

■ MARYLAND

Judy Gallant

By the time you read this, the elections will have come and gone, and the country has its new representatives, for better or for worse. Now starts our legislative's committee's busiest season, at least in Maryland.

In January, a new legislative session will begin in Annapolis and will be in high gear until the beginning of April. Our lobbyist, Alice Mutch, lets us know about proposed legislation we need to pay attention to. Our committee, known to the legislature as the Maryland Clinical Social Work Coalition (MdCSWC), then decides what our position will be and why, and Alice lets us know when she learns of hearings taking place where we can present either written or verbal testimony. Sometimes this occurs with very little notice and we really have to scramble if we want to present our point of view.

As always, we encourage GWSC SW members to volunteer to read over proposed bills on issues they have particular expertise in, write a brief summary of the issues involved, and what they think we should address in any response we might make. If you think this might be of interest to you, please contact me, let me know your expertise/interest, and the best way to reach you. We may call on you for help on a particular bill, or we may not need your particular expertise this session. But know that it really helps our whole Society just to know that you are willing to be a resource. Even if you have let me know of your availability to help in past years, please let me know again so I can keep our list current.

To give you some idea of how we reach out to legislators, we sent a letter to each Senator- and Delegate-elect after the most recent election. We opened with our congratulations, and then introduced ourselves:

...The Maryland Clinical Social Work Coalition represents the interests of the 8,600 licensed clinical social workers who are the major providers of psychotherapy, substance abuse treatment, and related mental health services in the State. Our Coalition is an active advocate for access to quality mental health care for all, particularly for the most vulnerable among us. We were among the stakeholders speaking out for fairness in the implementation of the Affordable Care Act and helping formulate the Health Benefit Exchange

requirements for insurance carrier network adequacy, transparency, and parity policies.

Most recently, we participated with the Maryland Health Quality and Cost Council's Working Group on Cultural Competency, and with the Department of Health and Mental Hygiene Outpatient Services Programs Workgroup, and we brought together the Schools of Social Work of the University of Maryland, Howard University, Gallaudet University, and the National Catholic University, along with the DHMH Office of Minority Health and Health Disparities, and invited all the Maryland Schools of Social Work to participate in a Colloquium addressing disparity issues in health-care professional training....

The letter went on to discuss our legislative goals for 2015:

PROVIDE GREATER ACCESS TO BEHAVIORAL HEALTH CARE. The level of payment for mental health providers by both public and private insurance is inadequate and has not been increased for many years; an increase in reimbursement rates will improve access to patient care and stem the tide of professionals forced by economic realities to opt out of Medicare, Medicaid, and insurance networks. This will be particularly important for LCSW-Cs, who will provide the most economical and effective service to fill gaps in service delivery.

ACHIEVE EQUAL PAY FOR EQUAL WORK. Clinical Social Workers provide the lion's share of mental health services in the State of Maryland, yet LCSW-Cs receive only 75% of the reimbursement rate that psychologists receive for the exact same procedures. We need the legislature to push for non-discriminatory reimbursement levels for LCSW-Cs in private insurance as well as Medicaid and Medicare in order to obtain greater access to behavioral health services for the public.

PROTECT SAFETY OF THE PUBLIC AND RIGHTS OF PATIENTS, FAMILIES. Since access to mental health care at the onset of acute crisis has been shown to dramatically reduce the need for hospitalization, we look to legislators to increase funding for Maryland's mobile crisis treatment teams. At the same time, as Maryland legislators consider the definition of dangerousness for involuntary hospitalization, they must take into

account the equally important goals of protecting the health and civil rights of the patient while also protecting the public and family members.

INCREASE COMPLIANCE WITH PARITY REGULATIONS. In defiance of parity regulations, certain insurance carriers have continued to limit the scope of services provided for mental health issues, and have failed to maintain current and easily accessible provider networks, with enough network providers to cover their patients' mental health needs. Maryland policy makers must ensure that patients are protected from having their mental health services limited and strengthen the protections and enforcement of the parity laws already in place.

INCREASE APPROPRIATE REPORTING OF CHILD ABUSE. The legislature has attempted to address issues around reporting of child abuse, and we fully support efforts emphasizing education for the public, as well as for teachers and other mandated reporters who may have questions about the obligation to report. Many of us are concerned, however, that proposed punitive measures (such as steep fines and jail time for failure to report—even unknowingly) will have the unintended consequence of legislatively imposing disincentives for providers to work with families where abuse occurs, thus decreasing access to much-needed treatment for these at-risk children. Increased public awareness and education will have the strongest impact on the safety of our youngest citizens.

ACHIEVE ACCESS TO APPROPRIATE PALLIATIVE AND END OF LIFE CARE. We advocate for a payment stream for LCSW-C services to coordinate available resources and decision-making. While physicians acknowledge the value of these services but lack both time and numbers to provide this service, clinical social workers work with physicians and have the greatest depth of skills in considering resources and family needs during this vulnerable time. As you consider legislation to positively impact Maryland's increasingly aging population, we urge you to acknowledge clinical social workers as pivotal providers of end-of-life counseling and palliative care decision-making.

We ended our letter with an offer our resources and support, and our hope that they will advocate for the

needs of our patients and their families and address the concerns of mental health professionals this year.

Take the Survey: What Are Your Hot-Button Issues?

We have created a Survey Monkey to tap into the problems you may be having in clinical practice and about whether/how well current systems to resolve issues are working. While we let the legislators know issues that our Committee is concerned about, this survey will help us focus our advocacy work on what is most important to you, our membership. The survey is designed to glean information from all our members, from Virginia and DC as well as Maryland, so that we can know what is most important to the members of each jurisdiction. The link to the survey will be on our homepage, www.gwscsw.org.

Maryland Legislative Dinner & Workshop

Tuesday, January 27, 2015
Annapolis, Maryland
Free for GWSCSW Members

That's right! You can meet two Maryland legislators informally during a cocktail hour and then listen to their always stimulating remarks and the interesting discussion that ensues at dinner. For the first time in several years, the Board of Directors has decided that this event will be free of charge in order to make everyone more familiar with the legislative process that affects all of us. Alice Mutch will be presenting a 2-hour workshop prior to the dinner, to help us focus on legislation that might be discussed at dinner and how we can influence our legislators. There will be a charge for CEUs, but attendance is free for those members who preregister at www.gwscsw.org. Please register early, as there are a limited number of seats. I look forward to meeting you there. ❖

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.

Alice Neily Mutch represents us in Annapolis and guides our advocacy strategy. She has been a lobbyist for health and human service causes for close to twenty years. For more information about Maryland legislative issues, visit www.CapitalConsultantsofMd.com.

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Unique Clinical Opportunities When Working with Adult Adoptees

by Julie Lopez



Although many members of the adoption triad (birthparents, adoptive parents and adoptee) may experience adoption as the “win-win-win” solution to a complex and difficult situation, there has been documented research that the adoptee may be at greater risk

than the general population for a myriad of mental health issues.

As social workers we are trained to “meet our clients where they are.” We all know this to be a solid posture to provide clinical treatment. If we know from our adoption inclusive intake process that the person sitting across from us is an adult adoptee, then wonderful clinical opportunities open up. By looking at our client’s treatment goals through an adoption-informed-lens, the possibility to offer psycho-education, normalization and validation of certain types of experience can allow treatment possibilities to flourish.

According to U.S. Census data approximately 2% of the U.S. population is adopted, yet an alarming 25–35% of those in residential mental health treatment are adoptees. That is a 12–18 times the norm based on the overall census.

The American Academy of Child and Adolescent Psychiatry states that adoptees are more likely to be diagnosed with Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder and Conduct Disorder.

As an adoptee myself, I can happily share that being adopted in and of itself does not mean a life of suffering and mental illness. It also does not mean that every personal struggle and clinical symptom has its origins in the adoption experience. But rather that for many adoptees who are facing a myriad of distressing symptoms that are their focus of treatment, being with a therapist who is well versed in adoption relevant clinical training, statistics, research, adoption terms, politics and adoption resources, can allow for more custom-tailored treatment approaches and successful outcomes.

Extrapolating from U.S. Census data, approximately 1 in 20 of our clients over the age of 40 is adopted. That actual number may be higher because of the over representation of adoptees in clinical treatment.

According to research from the Evan B. Donaldson Institute, almost 60% of the population (more than half of us reading this article) are connected to the adoption triad. This means the opportunities to explore our transference and countertransference in clinical work abound!

All of us have the opportunity to grow in our knowledge of the adoption experience, no matter the perspective (birth parent, adoptive parent or adoptee). Empowering ourselves and our clients with adoption specific training and resources is one powerful way to make a difference. ❖

Dr. Julie Lopez is the Owner and Executive Director of The Viva Center, a 20+ practitioner wellness center for mind, body and spirit. In March she will be offering a day long GWSCSW CEU opportunity on Working with Adult Adoptees (register at <http://www.gwscsw.org/education.php>) She was recently selected to speak at the American Adoption Congress national conference in Massachusetts the following week on Effective Clinical Treatment for Adult Adoptees: Beyond Traditional Talk Therapy.

GWSCSW CONTINUING EDUCATION WORKSHOP

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

Friday, March 13, 2015

9:00 AM – 4:30 PM

Viva Center

1555 Connecticut Avenue NW, 3rd Floor
Washington DC 20036

6 CEUs

Members: Full \$120 | Graduates/Students \$60

Non-Members: \$180

More info on page 16

Preregistration Required

www.gwscsw.org/Education

Call for Proposals Continuing Education 2015–2016

We would like to invite you to submit a proposal to teach a continuing education course for the 2015–2016 year. This is a great opportunity to share your expertise and promote your practice.

The proposal template and frequently asked questions can be found on the GWSCSW website. Click on Education, then "Instructor Information." You can download FAQ and the Proposal form there.

Proposals should be emailed to Linda Hill and Barbara Kane, co-chairs of the CE Committee at ans@agingnetworkservices.com.

The deadline for submission is January 15, 2015.

Proposals must be submitted by licensed clinical social workers who are full members of the GWSCSW. Non-members or non-social workers may present with you.

The presentation must be at least three hours. There is compensation for presenters of \$100 per credit hour, assuming a minimum of 7 attendees. You may do a presentation in your office or we can help secure a location in your vicinity.

We encourage you to think about talks on theory and best practices in your area of interest. We are also looking for presenters on HIV and ethics.

We are happy to mentor you through this process. If you have any questions, please contact us.

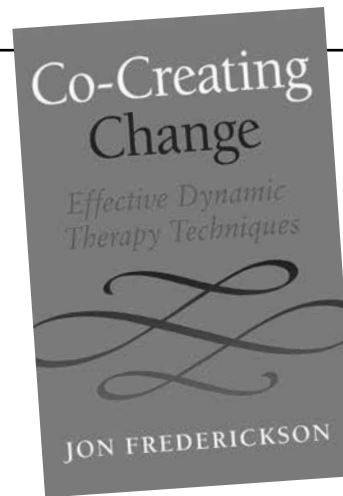
Linda Hill, LCSW-C & Barbara Kane, LCSW-C
Co-Chairs, Continuing Education Committee
CECommittee@gwscsw.org
(301) 657-4329

REMINDER...

Enrollment closes for the
GWSCSW 2015 Prepaid Legal Plan
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early!

GWSCSW CONTINUING EDUCATION COURSES 2015

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.

■ 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 online at gwscsw.org

- If you complete your registration online, you will be guaranteed a seat in the workshop.
- If you pay online with a credit card, you will receive a confirmation of payment via email.

Register by mail

- Mail check (include late fee, if applicable) to: GWSCSW, PO Box 3235, Oakton VA 22124.
- Include a note with the name/date of the workshop you wish to register for.
- If you are too late and there is no space available, you will be notified via email.

THANK YOU

These assisted living facilities 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

Ingleside at Rock Creek

3050 Military Road NW, Washington DC
www.ircdc.org

Are you interested in presenting a continuing education workshop?

Please join us to learn more about how to submit a proposal for our 2015–2016 continuing education program!

Tuesday, January 27 | 12 – 2:00 p.m.

Aging Network Services: Topaz House, 4400 East-West Hwy Suite 907, Bethesda, Maryland 20814

RSVP: 301-657-4329 / CECommittee@gwscsw.org

POETRY MUSINGS

Poetry By Heart

By Wendi R. Kaplan



Rumination.
Obsessive thinking.
Intrusive thoughts.
Anxious patterns that ensnare and cascade into worsening levels of fear, tension and a sense of entrapment.

Does this sound familiar? We all can get stuck in this neuronal loop of unending and unhelpful thinking. This is the mind when besieged by cyclical thinking.

We know that rumination and obsessive thinking create anxiety and suffering for people. Like many of you, I have employed a repertoire of tools to deal with the challenges of rumination. I particularly favor mindfulness, as it allows one to establish a pattern of noticing and recognizing the endless thought process without judgment. Mindfulness can help to ignite curiosity, which can begin to steer the mind in a different direction. Paying attention to the body when the mind is caught up in a worry cycle moves the mind to a different focus. Mindfulness allows one to track the many varying ways that the *body* responds, be it rapid heart beat, shallow breathing, tense gut, tight chest...or whatever else manifests. By locating another area to focus on, there is an opportunity to respond to the body such as slowing and deepening the breath. The focus and response enables a transition out of the intrusive thought cycle and therefore out of anxiety.

Another way I have addressed rumination and obsessive thinking is to introduce poetry as a point of focus. I ask people if they have favorite poems, prayers, or hymns that they find comfort in or with which they connect in some positive manner. Older clients often have many poems that they have committed to memory as that was *de rigueur* until the late 1950's. They will often launch into a recitation of poems like John Greenleaf Whittier's "Barbara Frietchie" or Alfred Lord Tennyson's "The Charge of the Light Brigade" immediately, and it nearly always elicits laughter, another tool for moving the thought process out of its destructive loop.

For most people I suggest a poem that they might want to try to memorize. I introduce poems that inspire hope, are fairly short and simple, have recognizable words and phrasing, are easily understandable and contain a universal theme.

For example, a poem like Wendell Berry's "The Peace of Wild Things" begins at a place of discontent, fear or worry many of us can connect to in our anxious moments,

*When despair for the world grows in me
and I wake in the night at the least sound...*

Then the poem takes the reader to a place in nature:

*I go and lay down where the wood drake
rests in his beauty on the water, and the great
heron feeds.
I come into the peace of wild things...*

This can help the reader to be transported to another way of thinking and seeing that may relieve a state of panic or excessive rumination.

Mary Oliver's, "Wild Geese," is another poem that many people connect to and enjoy. It begins with a declaration that both resonates with our shame and fear as well as shocks us with a novel perspective that awakens us,

You do not have to be good.

And it offers us a place to notice our authentic being and respond to it:

*You only have to let the soft animal of your body
love what it loves.*

And it connects us to others and to possibility,

*Whoever you are, no matter how lonely,
The world offers itself to your imagination...*

Poems can provide a place to focus that opens the mind, emotions and spirit. The act of memorizing helps us embody the poem and, I believe, nudge our neurons toward a new pattern of firing that can pull us out of negative preoccupation and into a space of sensing more possibility. Catherine Robson, a professor at New York University, says of memorization, "if we do not learn by heart, the heart does not feel the rhythms

of poetry as echoes or variations of its own insistent beats." So when we memorize poetry, learn it by heart, we are embodying and remembering a paradigm of possibility, openness and thoughtfulness, all of which counter the prolonged, unproductive, ruminative or obsessive thought loop.

So, I invite you to try an experiment with me! Try to memorize the Rumi poem below. Make notes for yourself about what it is like to memorize it. Try reciting it to yourself or even aloud during times of stress (while in a traffic jam, after a challenging interaction, or simply at a low point of your day). I invite you to make some notes about what you notice before and after reciting the poem, being mindful of your thoughts, your feelings, your body, your spirit. And, if you would like, I'd be so happy if you want to share some of your observations with me.

*Today, like every other day, we wake up empty
and frightened. Don't open the door to the study
and begin reading.*

*Take down a musical instrument. Let the beauty we
love be what we do.*

*There are hundreds of ways to kneel and kiss the
ground.*

by Jelaluddin Rumi, translated by Coleman Barks

If you would like to share any of your writing 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.



Greater Washington Society for
Clinical Social Work

Celebrating Our Connection...40 Years and Beyond

40th Anniversary Kick-Off Celebration!

Join us for our 40th Anniversary kick-off celebration set for
Friday, March 6, 2015, from 6:30 to 9:00 pm at Ingleside at Rock Creek in Chevy Chase, DC.

The evening will sparkle as you mingle and connect with friends and colleagues both old and new.
Lots of fun, entertainment, prizes and giveaways will also be on the scene.

Mark your calendars for March 6 and get set to celebrate!

Wine & Cheese 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.

**Northwest DC
Thursday, December 4**

5:00 – 7:00 PM
Adele Natter

**Woodley Park, DC
Friday, January 16**

5:00 – 7:00 PM
Theresa Minni

**College Park, Maryland
Friday, February 6**

5:00 – 7:00 PM
Nancy Harris

**Old Town Alexandria, Virginia
Friday, March 27**

5:00 – 7:00 PM
Susan Horne Quatannens

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



TECH TIPS

Social Media Committee

Our website, www.gwscsw.org, includes a wealth of features for our members! Below are just SOME of them. We encourage you to explore the website, and feel free to email any questions you may have along the way.

To access the following features available to members only, you must first login. Click "Login" on the bottom of the left sidebar on the gwscsw.org homepage, then enter the email address you used to create your account and your password. Once you have logged in, you will see the **Member Area** page. You will not have to re-login to access each feature. **If using a shared computer, best practice is always to logout before you close the webpage and/or leave the computer.** (GWSCSW's "Logout" tab is located on the top right of the Member Area page).

Update your Membership Directory contact info:

Because GWSCSW members are responsible for keeping their own contact/practice information current, checking your profile occasionally to make sure it is up to date is important! Click the "Contact Info" tab on top of the Member Area page. After updating your information, click the "save changes" tab at the bottom. If you'd like to continue updating the rest of your information, click the "save and continue" button, which will open your next section of information: "Offices."

Update your Membership Directory/Therapist Finder professional profile info:

Click the "Profile" tab on top of the Member Area page. Then, type and select the information that best describes you. Click "save changes," or if you'd like to continue to publish your profile on Therapist Finder, click "save and continue." Note: the information entered on this page will create your Member Directory profile (accessible only to current GWSCSW members), as well as your Therapist Finder profile (if applicable, see below).

Publish your Therapist Finder profile (if you are a Full Member):

Click the "Therapist Finder" tab on top of the Member Area page. Make your selections, then click "save and continue." To view your profile as it appears to others, click the "view member profile." Remember to send an email to the GWSCSW administrator requesting the addition of your profile on Therapist Finder. Note: Therapist Finder is GWSCSW's online, publically searchable database of members. This information is available to everyone.

Advertise your workshops/special events on the Members' Events Calendar:

To add your own event(s) to the calendar, click the "Member's Events" tab on the top of the screen, click "add new member event," and complete the form! To view this calendar, click the "Website Home" tab, then click the "GWSCSW Calendar" tab on the left sidebar, then click "Members' Events Calendar."

Access your history of GWSCSW CEU attendance:

Click the "GWS Event Registration" on the top of the screen. Next, click the "view GWSCSW event history" button. Click any of the arrows next to the column headings to sort the chart (i.e. by date, title, cost, etc). Note: If you did not preregister for an event, it will not show up on your record.

Set your account to automatic login:

If you'd like to remain logged in (not recommended for shared computers), click the "Account Info" tab, check the "Remember Me" box, then click "save changes." When you return to the homepage, on the bottom of the left sidebar you will now see "Member Area" instead of "Login." Now you can simply click "Member Area" to access the members' only features! Note: If you have your internet privacy preferences set to block "cookies," this feature will not work. ❖

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

FEARLESS FINANCE: TIPS FOR THERAPISTS

Pricing: Sliding Scale vs. Different Hourly Rates

By Lori Atwood



When it comes to pricing, it is better for your client and for you if your prices are simple. Your client needs your service and they want to know, in an objective and simple way, what they have to pay for that service.

You may have clients who have serious financial constraints or you are not

sure what your client's financial situation is, but he asks you for a discount. You want to help the client, and that's an admirable aspiration, but the end result can be several or even a dozen clients on a dozen different hourly rates within your practice.

Although it feels like you are helping your clients on an individual basis with a discounted rate, in the long run it's not good for either of you. For you, it presents a dilemma, because you have no pricing policy. You have to subjectively decide who gets a discount and who does not. Then you have to decide how much of a discount this person "deserves," which introduces more subjectivity. In most cases, clinicians cannot assess financial status of a patient and therefore discounts become a "crap shoot."

Your prices are subjectively set, and your bookkeeping is a mess: lose/lose. Your clients are better served by a clear and simple pricing policy that applies equally to everyone. It also makes your operations (bookkeeping, accounting and your earnings) much simpler and allows you to treat everyone the same.

I encourage clinicians to have *at most* two prices for hourly therapy: 1) your A rate for typical clients; and 2) your B rate for clients who have demonstrated need. You can also have a policy on the duration B-level clients can remain on B-level pricing. You can specify that you will charge B-level pricing for six months only and then your clients move onto A rates.

If you think you are too much of "softy" and your clients seem to convince you of deeper financial need than even your B-level pricing, remember that you are not necessarily helping them by offering a deeper discount for your services. People need to pay others for services at the rate they value the services and if you want to have the right therapist-client relationship, you want your client to value your services as you do. Therefore, you can offer a discount (B-level), but it should have a specific duration and it should not be a discount greater than 20% of your A level rate.

For example, if your typical rate is \$175/hour, you may offer a B level rate to clients who need it at \$140 for six months. What does 'demonstrate need' mean? Clients who were just laid-off, clients who recently lost a spouse prior to retirement, or had some other financial catastrophe occur. Simply not earning enough to afford therapy is not enough because it will not create a distorted 'value' dynamic.

How do you migrate current clients who have many levels of pricing to a new two-tiered system? Use the beginning of a new quarter (January 1, April 1, July 1, October 1). Give your current discounted clients at least three months of notice and tell them on January 1 my rates will change to \$140/hour, which is discounted from my regular rate (using the example above). Tell them you are working on your operations and finances for your practice and this shift is part of it.

The bottom line is that you want your clients to value your hours of therapy as you do and you want to remove as much subjectivity from your pricing as possible to fair to all your clients. ❖

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.

GWSCSW BOOK CORNER

Loving Me First

C.P. White, PhD, MSW, MA

Reviewed by Emily Hershenson

GWSCSW Member and military veteran C.P. White, PhD, MSW, MA, has written a book entitled *Loving Me First* (May 2014, self-published at Createspace.com). In an interview with *News & Views*, Dr. White described the work as a “unisex self-help book for everyone.” Her motivation to write the book came after she served in Iraq and witnessed the impact that chronic uncertainty had on soldiers’ and civilians’ personal safety. The various ways in which enlisted personnel and civilians faced those challenges to their well-being and the repercussions it had on their relationships back home gave her the idea to write the book. Dr. White characterizes the book as a means to help individuals “understand that you cannot change others, but you can change the lens through which you see them.”

Her goal with the publication of *Loving Me First*, she says, is to help instill hope in readers. Dr. White points out, “You can’t change the past, but you can grow from experience.”

Dr. White, who now works for the Department of State and also maintains a private psychotherapy practice as a licensed independent social worker, shares that her book is informed by the work of Shawn Achor and Tony Robbins, two individuals known for heralding positivity as an approach to relational conflict and personal growth.

Loving Me First is divided into three parts—lessons from the “lips, hips and heart.” The various sections of the book focus on communication and respect, as well as independence, the role of fatherhood and the importance of attitude and deeper intimacy in relationships. While the book is written from a Christian perspective, the author maintains that the universality of the life lessons she shares transcend cultural and religious divides. The book is available on amazon.com. ❖

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



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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.

Margot Aronson has been named Deputy Director for Policy and Practice by the Clinical Social Work Association (CSWA). Margot assists Laura Groshong in CSWA's advocacy initiatives and represents CSWA at the monthly meetings of the Mental Health Liaison Group, a longstanding coalition of more than 70 national organizations lobbying on mental health issues.

Theresa A. Beeton PhD, LCSW has received notice that her research article, "System level spatial-frequency EEG changes coincident with a 90-day cognitive-behavioral therapy program for couples in relationship distress," has been accepted for publication in the journal, *Brain Imaging and Behavior*. The article is available before publication online: <http://link.springer.com/article/10.1007%2Fs11682-014-9319-7#page-1>

Gil Bliss had three blog posts published on HelpPro.com. The topics were "Healing After Sexual Trauma: a different dynamic," "Three A's to Thrive: Approval, Affirmation and Affection," and "Adam and Eve: an approach to couples work." They can be found on the blog link at www.HelpPro.com.

Emily Brown's work was cited recently in the book *Willful Blindness* by Margaret Heffernan and by Hanna Rosin writing in *Slate*. Emily also provided training to mental health professionals throughout the U.S. and in Canada, Portugal, Singapore, etc. on how to work with the issues surfaced by infidelity.

Jan Freeman is currently teaching an 8-month course on Assessment and Treatment of Complex Trauma and Dissociative Disorders. The course curriculum was developed by some of the finest minds in the complex trauma field and copyrighted by the International Society for the Study of Trauma and Dissociation (ISSTD). Jan also has a private consultation group for therapists interested in discussing their complex trauma/dissociation cases in a group setting.

Evelyn Goldstein presented a 90-minute workshop on Boundary Setting, Confidentiality & Self Disclosure to eighty volunteers from the non-profit organization Senior Connections in September.

Chana Lockerman launched her private practice, Rock Creek Counseling, with a workshop titled "Why Is Everyone Shouting?! An Experiential Workshop on Family Systems." Rock Creek Counseling offers home-based therapy for new and expectant parents, and those dealing with pregnancy loss and issues around reproductive health.

Helen Power and **Sheri Mitschelen**, along with Elizabeth Fong, gave a presentation entitled "Playful Termination" at the American Play Therapy Association's annual conference in Houston in October. In their training, they explored termination in play therapy, both theoretically and experientially, using case examples to further illustrate the unique quality of play therapy and termination. ❖

Welcome New Members!

Full

Joan Bellsey
David Cavanaugh
Mollie Churchill
Lisa Dominguez
Kelley Donovan
Kathleen Hanagan
Preet Kang
Arlene Levinson
Rosemary Moulton
Joann Stern
Kelly Trimble

Graduate

Molly Boehm
Stephanie Brown
Tammi Hogan
Kathryn Holden
Gabrielle Katz
Sharon Light

Student

Amanda Benjamin
Brad Friedman
Kathryn Korengold

COMMITTEE REPORTS

Continuing Education

Linda Hill & Barbara Kane
cecommittee@gwscsw.org

Visit our website at www.gwscsw.org/education.php for information about courses coming up. Preregistration is required for all workshops. Please register early so our presenters can plan.

We have simplified the workings of our CEU Committee by only having one to two meetings a year for the sole purpose of reading continuing education proposals and making selections. The co-chairs will handle all of the administrative tasks which will make it easier on the committee.

Please see our announcement in this issue for our call for CEU proposals for the 2015–2016 year. Deadline for proposals is January 15, 2015. We welcome you to call us anytime—even with the seed of an idea and we can all develop it into a quality presentation.

If you are interested in being on the CE committee, please call us at 301-657-4329 or email us at the address above. Our meeting will be held on January 27, 2015 from 12:00–2:00 p.m. at 4400 East-West Highway, #907, Bethesda, MD 20814. We need you to come in person for an effective discussion.

Early Career & Graduate

Juleen Hoyer & Amanda Slatus
earlycareergraduate@gwscsw.org

The Early Career & Graduate Committee has had a productive fall. We have been excited to welcome Amanda Benjamin (University of Maryland) and

Shauntia White (Catholic University) as the new Co-Student Representatives to the Board.

Our October committee meeting included a Resume Workshop facilitated by member Sara Yzaguirre. Sara shared information on crafting effective resumes, and led attendees in supporting each other through a resume peer review.

The EC&Grad Committee plans to host another workshop, “The First 3,000 Hours,” in the spring.

We welcome current MSW students, recent grads, LGSWs, and others early in their careers to attend a committee meeting or a committee-hosted workshop! Our meetings always include an opportunity to network and gain support, as well as an easy way to get more involved in your professional organization (watch the listserv or check the calendar on www.gwscsw.org for event schedules).

Please email us at earlycareergraduate@gwscsw.org for more information.

Leadership/Nominating

Sydney Frymire & Susan Post
leadership@gwscsw.org

We have much so much to report on that we need a separate article within this issue! See page 4 for information about the 40th Anniversary and how we ourselves started out as “reluctant leaders” who have gained so much.

We also want to share updates on members old and new and how they can and do contribute to our Society.

Legislation & Advocacy

VACANT
dirlegislation@gwscsw.org

The GWSCSW Director for Legislation & Advocacy monitors and coordinates the activities of the legislative committees in each of our three jurisdictions; the position is currently vacant. With three strong committees in place, there is an excellent opportunity for a volunteer with an interest in advocacy to learn on the job. To learn what the committees have been up to this fall, see this newsletter’s legislative pages.

Membership

Sue Stevens
membership@gwscsw.org

Every fall and spring, we host a new member tea or brunch. It is a great opportunity for new members to learn about the benefits of the Society and to network with colleagues. It is always so amazing to hear about all things our members do and their varied areas of expertise. Although we invite new members specifically, all members are welcome to join us.

Looking forward, we are planning our University outreach. We have reps go to each local University to introduce the students to the Society. A new addition this year will be beautiful new GWSCSW signs which will be used at each school.

Besides new members for the Society, we would love to have new members for our committee. Working with us is a wonderful way to get more involved. We have fun and won’t demand a lot

of your time. You can even just do one project. We'd love to hear from you.

Newsletter

Jen Kogan

newsletter@gwscsw.org

In the spirit of our 40th year, we want to celebrate all we do as clinical social workers and members of our growing Society. Please send us any ideas and topics of interest that you'd love to read or write about. Do you have a specialty? Is there an issue you want to learn more about? Let us know by contacting me at the address above. Thanks!

Professional Development

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

The Professional Development Committee met on October 12 to generate potential topics and plan workshops for the upcoming year. In the works is "Social Work Licensing: DC, MD, VA," which will be held in late January/early February at Catholic University and will offer speakers from each of the three jurisdictions. In addition, on April 12, "Clinical Case Management in Social Work Practice," will feature an overview provided by Joel Kanter (many thanks Joel!), as well as a panel of speakers representing a range of practice areas to include schools, health care settings, assistance to refugees and services to aging. Stay tuned to the GWSCSW website for details.

The new page of information and online applications for the Mentor Program are now up on the GWSCSW website and can be found by clicking on the Professional Resources tab on the left

side of the main page. Much appreciation goes to Nancy Harris for assuming the responsibility of this program and questions can be addressed to her atnlharris1214@gmail.com or 301-385-3375. 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.

Our committee continues to welcome new members and ideas for future workshops. Please contact Karen or Sydney if interested or to offer suggestions.

Social Media

Sara Feldman & Juleen Hoyer
socialmedia@gwscsw.org

The Social Media Committee is enthusiastic about improving our community by helping people connect through social media. We are continuing to update the GWSCSW Facebook page with articles, events, and photos. Please visit the page, like/comment on the posts, and remember to email us photos of GWSCSW events to add to the page! We are exploring ways to increase member use of the GWSCSW Facebook page, so let us know if you have an idea.

We are in the process of planning our next workshop and welcome any ideas as well as help with the planning. We hope to hold this workshop in the spring. We will also be gearing up to promote the Society's 40th anniversary in the 2015 calendar year.

We will continue to post helpful technology hints on the listserv, as various topics become relevant. Feel free to email us at socialmedia@gwscsw.org if there is something 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. We'd love more help, so contact us at socialmedia@gwscsw.org if you're interested in joining the Social Media Committee!

Volunteers

Theresa Beeton

volunteer@gwscsw.org

Theresa Beeton, who graciously stepped up to coordinate the volunteer committee, is now looking for ways to support each committee by finding people to join those committees. Members are encouraged to contact Theresa Beeton (theresa_beeton@gmail.com) and look into ways that they could help enrich the Society by volunteering. Volunteering helps to make our organization stronger and we can always find a spot to represent each member's individual interests and talents. ❖

Volunteers!

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

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

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

Theresa Beeton

Volunteer@gwscsw.org

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 18 & 19, 2015

**Level 2 Training in Gottman Couples Therapy:
Assessment, Intervention and Co-Morbidities** (20.25 CE)
(Prerequisite: Level 1)
Virginia: May 15–17, 2015

Level 3 Practicum in Gottman Couples Therapy (20 CE)
(Prerequisites: Levels 1 & 2)
Virginia: October 23–25, 2015 | Maryland: December 5–7, 2014

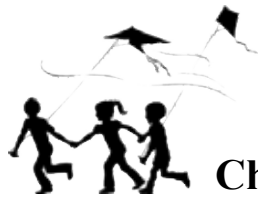


The Art
& SCIENCE
of Couples Therapy

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



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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.

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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

ANNANDALE – Thinking about relocating or starting a private practice? We have office space available for rent during the week or weekend. Our townhouse office is centrally located in Annandale near the Beltway, 66, 395 and Little River Turnpike (Duke St.). Rent by the hour, block of time or full day. Referral and consultation possibilities. For Information: Roger Rothman, LCSW, 703-642-1112, rothmania@aol.com.

DEL RAY – Share fully furnished office in heart of Del Ray. Available Mondays, Fridays, weekends as well. Contact Kathleen at Kathleen@TurnOnYourLight.com.

DOWNTOWN/METRO CENTER – Nicely furnished part-time office sublet. Professional building with full amenities. Across from Metro Center at 12th and G St NW. Contact christinegreeroconnor@gmail.com, 202-630-2519.

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 \$15/hr, \$50/half day, \$100/day, lowered as hours increase. Contact Za McDonnell, 202-331-1999, za@zamcdonnell.com.

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

FALLS CHURCH – Lovely, large, light filled office with glass door to outdoor patio. Serene, welcoming waiting room. We are a group of 6 independent offices in an established private practices. 5 min walk from East Falls Church Metro / I 66, 10 minutes from Tysons and 4 miles from DC. WE ATTRACT ABUNDANCE. Rental fee negotiable. Contact: Dianne Model, 703-304-7443.

ROCKVILLE – Great location! Near the new Pike and Rose! Noise insulated offices in the Executive Office Park. Room is 10x12, furnished with new couch and chairs. Waiting area and breakroom with bottled water, micro and fridge and table. Will rent full or half time. Helene Dubov, 301-537-3692 or hdb.9471@gmail.com.

SILVER SPRING – Part-time M/W/F/Sa morning hours available in attractive, peaceful 2-room+ waiting room suite, 4th floor, elevator. Shared with two part-time adult/child psychotherapists and a full-time movement therapist. Metro is 10 minute walk, ample public parking nearby. Contact Carol Boggs, carol.s.boggs@gmail.com or 301-681-8318.

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.

WORKSHOPS / GROUPS

GESTALT THERAPY WORKSHOP – Learn by doing and through demonstrations. Workshop ongoing, two hours monthly. Contact Marilyn Lammert at drmarilynammert@gmail.com or 301.951.9645.

SUPERVISION GROUPS – Bethesda, 1–2 spaces available. Monthly group, Sunday 4–6 pm; twice monthly group alternating Sunday and Tuesday evenings. Maryland Approved Supervisor. 301-951-9645; Drmarilynammert1@gmail.com.

2015 Membership Directory

This year you **MUST OPT-IN** if you want to receive a printed directory.

To request a printed directory, go to: www.gwscsw.org/directorychoice.php

Please join GWSCSW in being GREEN!

To opt-out, you don't need to do anything.

Remember, our online directory is available to members only at

www.gwscsw.org

The online directory is easily searchable by name, and is updated daily!

(Is your information current? Log in and update your info no later than December 31 to make sure your contact information is correct for the directory.)

NEWS & VIEWS SUBMISSION GUIDELINES

We welcome GWSCSW members to write articles, contribute to one of the columns, or share your news in Out & About.

Deadlines at <http://www.gwscsw.org/newsletter.php>

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.

Send all submissions to newsletter@gwscsw.org

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



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SAVE THE DAY, FEEL EMPOWERED!

ADVOCACY WORKSHOP & LEGISLATIVE DINNER

Tuesday, January 27, 2015
Annapolis Yacht Club

Workshop: 3:30–6:00 pm, 2½ Category1 CEUs, registration required
Members: \$25 (for CEUs) | Non-members: \$45 | Students: Free
Dinner: 6:00–8:30 pm
Members: Free | Non-members: \$65 | (drinks not included)

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

Please join us at the Annapolis Yacht Club, 2 Compromise Street, Annapolis, Maryland, for an enjoyable evening of learning and schmoozing.

We will begin the event with an Advocacy Workshop with our dynamic Maryland lobbyist, Alice Mutch. Alice is able to help us translate our concerns into language the legislature understands. We will increase our sense of empowerment over the environment we practice in.

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

PRE-REGISTRATION IS REQUIRED.
ALTHOUGH THIS IS A FREE EVENT, SEATS ARE LIMITED.
PLEASE REGISTER EARLY TO ENSURE YOUR ATTENDANCE.

For information and registration, visit our website
www.gwscsw.org



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